



# **NORTH COAST PRIMARY HEALTH CARE WORKFORCE PROJECT**

## **SUMMARY REPORT**

February 2018

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# 1 Executive Summary

Building a highly skilled and capable primary health care workforce is critical to ensuring a healthy community. Primary health care services in Australia, meaning health services delivered outside of acute health care settings, have traditionally been fragmented, uncoordinated and only partly digitised. Unlike the public hospital system where clinicians are employed by a single government agency primary health care services are spread across thousands of small independent services without an agency responsible for collecting consolidated information on who they are, the services they provide and what they do. In addition, multiple different national organisations are responsible for accrediting primary health care professions with only half of all allied health professions registered through the Australian Health Practitioner Regulation Agency. These issues present significant challenges to accurately understanding if the primary health care workforce available is equipped to meet the community's health needs.

Primary Health Networks were established by the Australian Government in 2015 to make the health system, particularly primary health care services, more coordinated and efficient. In 2017 the North Coast Primary Health Network (NCPHN) identified workforce planning as a key area for development.

The North Coast Primary Health Care Workforce Project (the Project) was implemented from July to October in 2017 by NCPHN, with support from Grosvenor Management Consulting, to better understand the North Coast primary health care workforce. The Project investigated the trends, challenges and opportunities that impact workforce planning in the region and what next steps were required to ensure closer alignment between population health care needs and workforce availability. The Project was overseen by a Steering Committee of primary health care clinicians, academics and workforce planning representatives.

The Project successfully delivered on its objectives and developed the first known North Coast Primary Health Care Workforce Profile (*Appendix I*) revealing an estimated 6,200 primary health care professionals working in non-government services across 22 professions and 46 occupation titles. NCPHN was found to be engaging with/and or knew of 46 per cent of the estimated total primary health care workforce. 'Engaged and/or known' was defined as being on NCPHN's internal database or on the National Health Services Directory and/or HealthPathways.

A strong local knowledge of general practitioners (GPs) and practice nurses was found to exist locally. There was also a strong local knowledge of occupational therapists, orthotists, pharmacists, podiatrists and psychologists. Local and national knowledge gaps were identified for Aboriginal and Torres Strait Islander workers and practitioners, counsellors, mental health nurses, nurses working in residential aged care facilities, optometrists, oral health professionals and social workers.

No single point of information for primary health care workforce data was found for all disciplines either nationally or locally. These challenges restricted NCPHN, and other health care organisations and workforce planning organisations, to determine with

precision the number, location, qualifications, skills set and services offered by the primary health care workforce, and how these were changing over time. Next steps are proposed within the Summary Report to rectify this.

The expansion of primary health care, integrated care initiatives, new workforce models of care and eHealth were found through Project activities to be national trends impacting the North Coast primary health care workforce. Local trends, challenges and opportunities were also identified. Dominant local themes included communication and collaboration, demand and supply, accessibility, governance and regulation.

The implementation of the Primary Health Care Workforce Planning Framework (*Appendix II*), is recommended as the building block of the development of a comprehensive North Coast primary health care workforce strategy to ensure a comprehensive, collaborative and reflective approach to primary health care workforce planning is implemented on the North Coast in the future.

## 1.1 Recommendations

### **Primary Health Care Workforce Profile**

1. That NCPHN work collaboratively with the Mid North Coast and Northern NSW Local Health Districts, private hospitals and other partner organisations to map nurses and allied health professionals delivering primary health care services in NSW Health facilities and medical specialists delivering services in private rooms to gain a full picture of the primary health care workforce.
2. That NCPHN collect and validate data gaps identified through the North Coast Primary Health Care Workforce Profile (*Appendix I*) through direct engagement, liaison with national professional associations and desktop research.

### **Data Collection and Maintenance**

3. That NCPHN adopt a whole of enterprise client management solution to primary health care workforce data collection, validation and maintenance by:
  - embedding the recommended data fields (*Appendix VI*) into ChilliDB and HealthPathways.
  - validating existing known data through manual desktop research and direct contact approaches.
  - regularly refreshing data gaps by considering the establishment of a self-service automated online platform which is linked with the National Health Services Directory and ChilliDB.
  - developing internal business rules, clear lines of accountability and performance measures for data management, validation and maintenance.

## **Trends, Challenges and Opportunities**

4. That NCPHN prioritise the development of initiatives to improve understanding, communication and collaboration between primary health care professionals.
5. That NCPHN publish a series of 'What is a Primary Health Care Professional?' or 'Who is My Care Team and What Do They Do?' fact sheets (concept drafts provided at Appendix IX) explaining the role of different professions and care models.
6. That NCPHN advocate and work with the Department of Health, Australian Health Practitioner Regulation Agency (APHRA) and other relevant bodies to develop a single, consistent and comprehensive approach to the regulation of allied health clinicians; noting NCPHN's limitations in coordinating and implementing such an approach.
7. That NCPHN undertake further mapping and analysis of North Coast clinicians working in new and emerging professions such as low intensity mental health providers such as counsellors, case workers and peer workers; noting the importance of these professions in creating coordinated and stepped care for mental health patients.

## **Workforce Planning Framework**

8. That NCPHN adopt the Workforce Planning Framework (Refer Appendix II) and take steps to:
  - a. systematically identify and address workforce gaps and capacity issues.
  - b. capturing learnings, regularly evaluating and adjusting workforce priorities as needed.
9. That NCPHN establish a North Coast primary health care workforce planning governance mechanism in collaboration with relevant local, state and national agencies to foster a collaborative workforce planning approach on the North Coast.

## 2 Objectives

The objectives of the Project were to investigate:

- the spread and depth of the workforce (including number, type, scope of practice and expertise, and location as well as, availability and accessibility of in-scope clinicians)
- challenges and their implications for the region’s health care workforce
- primary health care workforce trends (locally, nationally and internationally) and their key drivers
- how to efficiently and effectively capture, validate and maintain workforce data
- next steps and proposed activities that will support the development of NPCHN’s primary health care workforce strategy.

## 3 Approach

A seven-stage process centred around the collection, review and analysis of workforce information and data was undertaken between July and October 2017. The Project was led by a Project Team and overseen by a Steering Committee comprising local clinicians, NCPHN, Grosvenor Management Consulting the, Mid North Coast Local Health District, the Northern NSW Local Health District, the University Centre for Rural Health and Southern Cross University representatives. Figure 1 below provides details of the process followed.

**Figure 1: The NCPHN Workforce Project consisted of seven stages**



In undertaking the collection, review and analysis of workforce information and data, several key activities were undertaken including the:

- review of workforce datasets and repositories
- completion of existing dataset
- mapping of the workforce
- development of a Benchmark Typology
- development and implementation of an Allied Health and Nursing Survey which received 327 responses (*Appendix X*)
- review of local, national and international health workforce and service trends and
- undertaking of qualitative Interviews (Interviews) (*Appendix XI*).

An explanation of each activity, including purpose and approach, is provided at *Appendix IV – Summary of Project Activities*.

The Summary Report is not intended to be academic but rather a practical guide for health planners working on the North Coast. Research and literature that informed the Summary Report are provided as a reference list at the end of the Summary Report, not within the report itself.

The scope of the Project was not exhaustive of all primary health care professions. A summary of the health professions considered in scope for the Project is provided at *Appendix V – Summary of In-Scope Health Professionals*. Clinicians providing primary health care services in NSW Health facilities and medical specialists operating private rooms were not included in-scope of the Project. It was noted that to gain a full picture of the clinicians delivering primary health care services on the North Coast these clinicians needed to be understood and should be an area of future investigation.

#### **Recommendation 1**

*That NCPHN work collaboratively with the Mid North Coast and Northern NSW Local Health Districts, private hospitals and other partner organisations to map nurses and allied health professionals delivering primary health care services in NSW Health facilities and medical specialists delivering services in private rooms to gain a full picture of the primary health care workforce.*

## 4 Project Scope

Several factors impacted the Project and accordingly NCPHN's capacity to develop a robust understanding of the primary health care workforce project, including its spread and depth. Many of these limitations are widely recognised, not unique to the North Coast and their complexity means they cannot be overcome quickly or independently.

The limitations encountered in this project included:

- project scope
- accessibility, quality and consistency of national health workforce data
- completeness of local and national data repositories
- time lags
- health worker density and benchmarks
- application of the Survey.

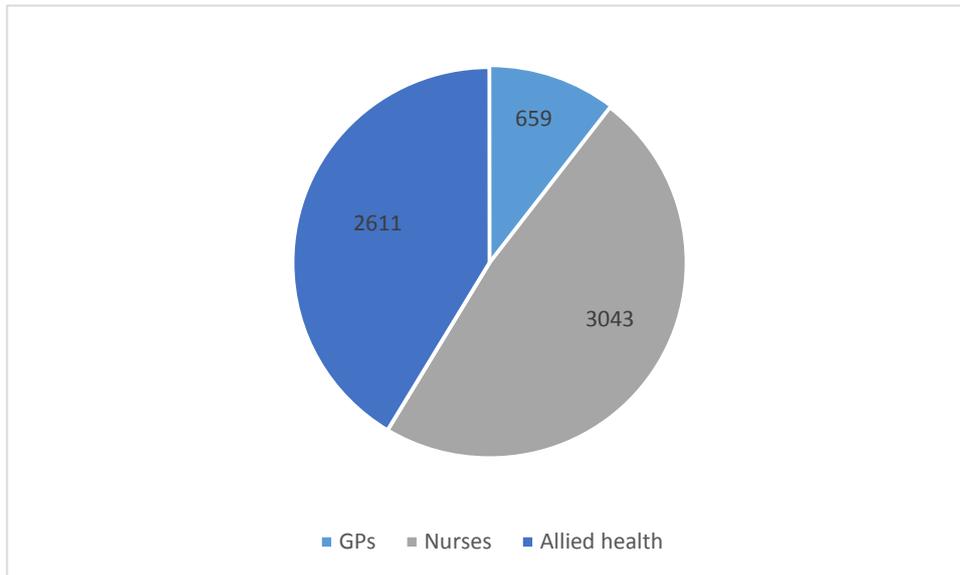
## 5 Primary Health Care Workforce Profile

A skilled, competent, accessible and professional primary health care workforce is one of the fundamental enabling pillars for delivering quality health care. Through Project activities it was found there were at least 6,300 primary health care professionals working on the North Coast across 22 professions and 46 occupation titles. These health professionals were spread across the region with the majority working in the major regional centres of Tweed Heads, Lismore, Ballina, Coffs Harbour and Port Macquarie in general practices, residential aged care facilities, allied health services and specialist medical practices.

Through the Data Review, Data Completion and Workforce Mapping activities the North Coast Primary Health Workforce Profile (*Appendix I*) was developed showing for the first time the known and estimated number of primary health care professionals working in non-government services on the North Coast. This was confirmed through the alignment of local NCPHN data and national estimations of clinicians working on the North Coast compiled with Australian Bureau of Statistics and from national associations data. Nurses were found to make up the largest group of primary health care professionals (3,043) followed by allied health professionals (2,611) and GPs (659). The data demonstrates the number of individual clinicians', not full time equivalents for which it would be less.

NCPHN was found to be engaging with and/or knew of 46 per cent of the estimated total primary health care workforce. A strong local knowledge of GPs and practice nurses was found to exist locally. There was also a strong local knowledge of occupational therapists, orthotists, pharmacists, podiatrists and psychologists. Local and national knowledge gaps were identified for Aboriginal and Torres Strait Islander workers and practitioners, counsellors, mental health nurses, nurses working in residential aged care facilities, optometrists, oral health professionals and social workers. National data was unable to be found for nutritionists, mental health and drug and alcohol peer workers, nurse practitioners, asthma educators, mental health occupational therapists and diabetes educators.

**Figure 2: North Coast primary health care workforce**



The Survey confirmed national trends with regards to the allied health professional and nursing workforce’s demographic and disciplines. There was a strong disparity in gender across the workforce, with approximately four in five clinicians identifying as female. Males were represented most strongly in health professions which were more technical or manual, within the fields of science, technology, engineering and mathematics, and more closely associated with physical rehabilitation and sport. These included the fields of podiatry, physiotherapy and dentistry. Males were also more likely than females to be self-employed and, on average, work more hours each week (females 30.4 hours; males 35.6 hours).

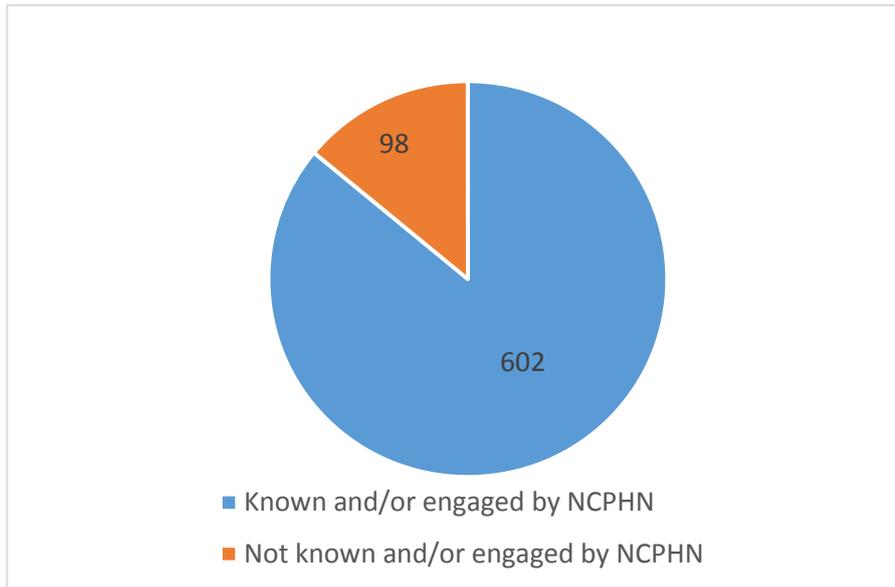
### 5.1 General Practitioners

GPs coordinate patient’s care including making referrals to medical specialists and allied health professionals and apply a whole of person approach to people’s health in the context of their work, family and community. According to the Australian Bureau of Statistics Survey of Health Care (2016) 94 per cent of Australians will see a GP at least once every year. 46 per cent will see a GP 2-5 times.

Project activities found there were 659 GPs (includes registrars) working in 178 general practices on the North Coast. The majority of GPs were spread across the major regional centres in Tweed Heads, Lismore, Coffs Harbour and Port Macquarie. There were 3.4 medical practitioners (GPs and medical specialists) per 1,000 people on the North Coast, according to Health Workforce Australia data. This was lower than the NSW rate of 3.8 per 1,000 people.

The majority of GPs (91 per cent) were known and/or engaged by NCPHN (see Figure 3).

**Figure 3: Known and/or engaged GPs**



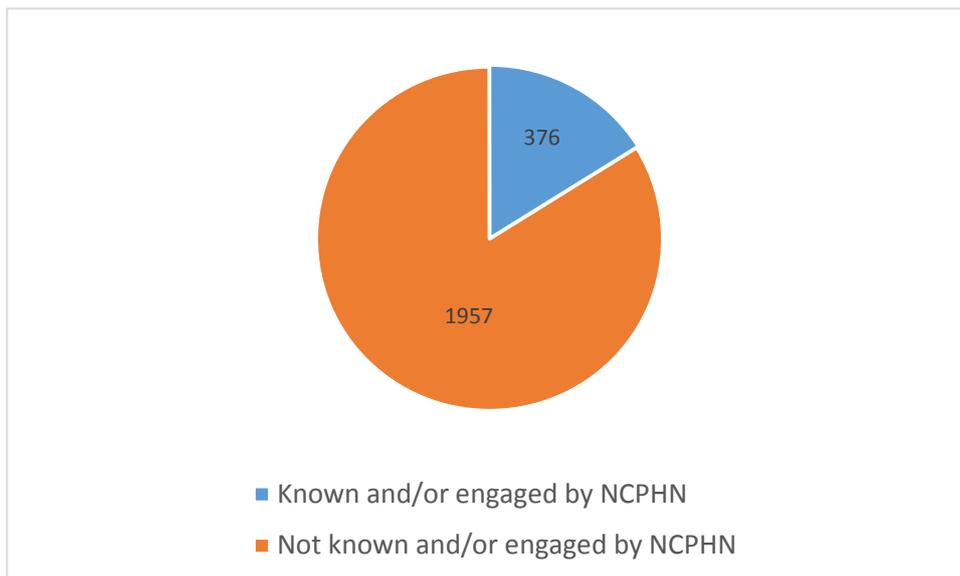
The North Coast is at high risk of GP shortage. The Mid North Coast region had the highest number of GP vacancies in NSW, at 43, in June 2017 according to NSW Rural Doctors Network data. In addition the ageing of the rural GP workforce on the North Coast was more pronounced than for NSW Rural as a whole. 59 of the GPs that operated solo practices were aged over 55. One in six (98) GPs were aged 65 years or more. GP registrars made up 13 per cent of the rural GP workforce which was notably smaller than the state average of 21 per cent. This may be because positions were filled with permanent doctors.

## 5.2 Primary Care Nurses

Nurses provide evidence-based health care, organise and coordinate patient's care and provide education. Nurses work in a diverse range of clinical specialities and settings such as medical nursing, aged care, general practice, mental health, midwifery, community health, oncology, surgical nursing, operating theatres, paediatrics, rural and remote, rehabilitation, intensive care and Aboriginal health.

Project activities found there were 3,043 nurses working in primary care services across the North Coast. The majority of primary health care nurses were registered nurses working in residential aged care facilities (1,614) and general practices (322). General practice nurses were known well locally by NCPHN but fewer nurses were known that worked in aged care and other allied health and social services. Only 19 per cent of all primary care nurses were known and/or engaged by NCPHN (see Figure 4).

**Figure 4: Known and/or engaged primary health care nurses**



The Project Survey confirmed national trends that the nursing workforce is ageing with more than 80 per cent of nursing respondents saying they were aged between 45 years or older. The majority of nursing respondents held a bachelors degree with many indicating they held post graduate qualifications in diabetes education, midwifery and immunisation. The majority of nursing respondents said they provided services to patients face to face.

### 5.3 Allied Health Professionals

Allied health professionals prevent, diagnose and treat a range of conditions and illnesses. Allied health professionals work across more than 20 professions in a range of diagnostic, therapeutic and specialist roles.

It was identified through the Workforce Profile (*Appendix I*) that there were at least 2,500 allied health professionals working on the North Coast. 60 per cent of these clinicians were known and/or engaged by NCPHN (see Figure 5). There was also a strong local knowledge of occupational therapists, orthotists, pharmacists, podiatrists and psychologists.

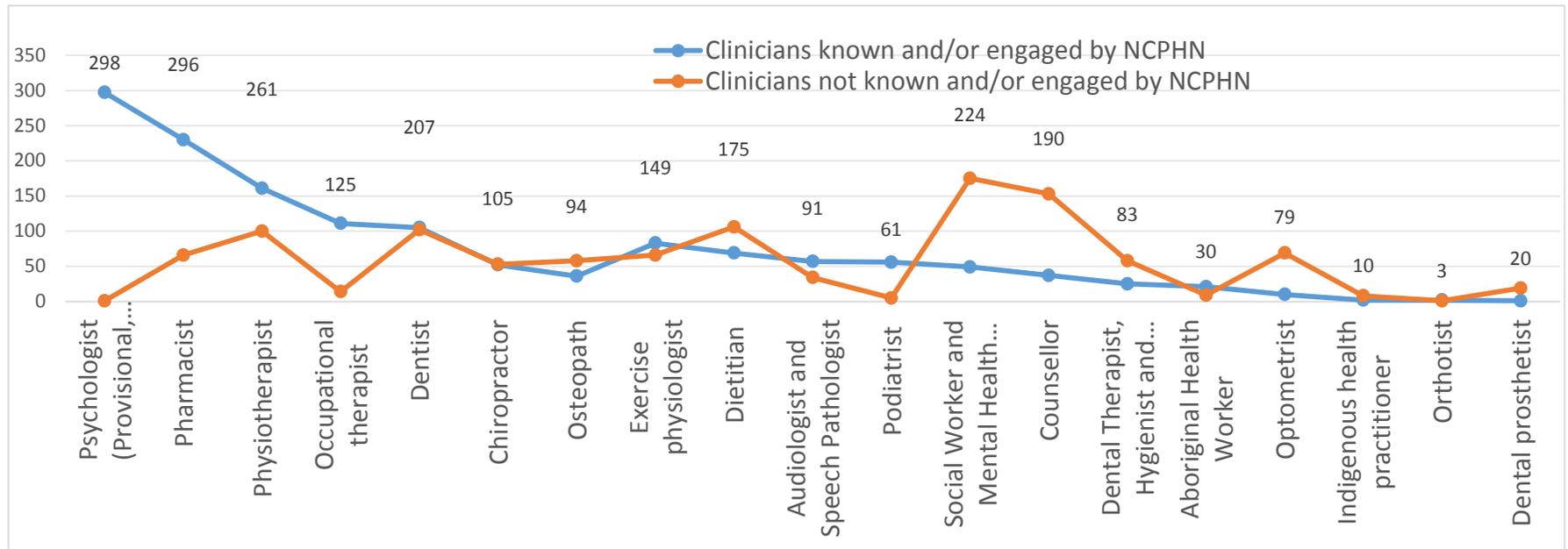
Barriers to accessing allied health professionals was found to exist across the North Coast due to the limitations provided under the Medicare Benefits Schedule and the high numbers of community members with limited financial ability to pay out of pocket consultation costs.

#### **Recommendation 2**

*That NCPHN collect and validate data gaps identified through the North Coast Primary Health Care Workforce Profile (Appendix I) through direct engagement, liaison with national professional associations and desktop research.*



Figure 5: Known and/or engaged allied health professionals



## 5.4 Data Collection and Maintenance

Access to comprehensive, reliable and timely primary health care workforce data is necessary for workforce planners to develop workforce initiatives that meet population health care needs.

The Data Review and Data Completion project activities demonstrated that NPCHN, like other health and workforce planning organisations, was found to be challenged by there being:

- no national minimum dataset to capture and maintain allied health workforce data. Medicare and the Australian Health Practitioner Regulation Agency (AHPRA) maintain records of some primary health care professional data and activity but this information is not readily available for extraction.
- inconsistencies in the classification of allied health professions. The consolidation of the list of In-scope Clinicians (*Appendix V*), was collated as a part of Project activities based on literature.
- existing data sources, such as information published on Health Workforce Australia, did not consistently indicate the employment arrangements of clinicians or provide aggregate totals for the allied health profession (e.g. full-time or part-time, full time equivalent (FTE), location by postcode or if clinicians are working in the private, public or not-for-profit sector).

These challenges restricted NCPHN in determining with precision the number, location, qualifications, skills set and services offered by the primary health care workforce or how these were changing over time.

Locally the maintenance of three systems, ChilliDB, the National Health Services Directory (NHSD) and HealthPathways (refer to Table 1), was shown to be ineffectual in generating consistent knowledge of the primary health care workforce. Data duplication existed across the systems and no dataset was complete meaning there was no 'single source of truth'. Further the irregular collection and validation processes made it difficult to assess the level of accuracy of information across the systems and reduced the efficacy and feasibility of validating and maintaining workforce data.

While the establishment of a national platform for the collection, validation and maintenance of primary health care workforce data was assessed as being the preferred model, it was recognised that such an approach was out of the scope of influence of NCPHN. Alternatives were therefore investigated and progressed via the Project to improve the knowledge of the primary health care workforce locally. Through the Data Review and Data Completion activities existing data sets were consolidated and fields streamlined. Data fields were consolidated and aligned with Commonwealth and state definitions, including the National Health Services Directory and the Australian Institute of Health and Welfare. See the Recommended Data Fields (*Appendix VII*) for more information.

**Table 1: North Coast primary health care workforce data platforms**

DATA SYSTEM	EXPLANATION OF SYSTEM	FINDINGS
<b>ChilliDB</b>	Customer Relation Management System used by NCPHN. Maintained by NCPHN staff.	Data and information regarding GPs and nursing professionals working in general practice was found to be largely accurate against national estimations. Allied health professionals information was found to be limited.
<b>National Health Services Directory (NHSD)</b>	NHSD is a system established by Healthdirect Australia, an organisation formed from a joint initiative of all Australian Governments. NHSD data is updated via self-reported updates by individual services. NCPHN access the information in the NHSD using the public access portal and do not have administration access to the system or make alterations to the content within. NCPHN can request to upload data via bulk updates but the process is managed by NHSD.	NHSD data was found to be limited against national estimations for both GPs, nurses and allied health services.
<b>HealthPathways</b>	An online manual used by health clinicians in the North Coast providing the referral route for a range of conditions. NCPHN and Local Health District staff administer and update Health Pathways. Connectors are in place to regularly update changes in HealthPathways to the National Health Services Directory.	Some specialist service provider contact details were available. No general practice and limited allied health professional information was found.

It was recommended NCPHN adopt a whole of enterprise client management solution to primary health care workforce data collection, validation and maintenance with clear guidelines for its management through the guidance of NCPHN’s internal ChilliDB Circle. NCPHN should document and regularly review the process to ensure efficiencies are maximised and information collected continues to meet the organisation’s needs. The adoption of a continual and cyclical approach to data collection, validation and maintenance will also streamline and reduce administrative burden. The ChilliDB platform, already in operation, was seen to be the most efficient option. It was also recommended that NCPHN increase the automation of cross-system data migration to allow updates in any system to be reflected in all systems which could be enabled through a range of different options, as described in the Data Collection, Validation Maintenance appendix (*Appendix VIII*). It was noted that a manual updating process had already begun between NHSD and HealthPathways but was currently not linked with ChilliDB.

### **Recommendation 3**

*That NCPHN adopt a whole of enterprise client management solution to primary health care workforce data collection, validation and maintenance by:*

- *embedding the recommended data fields (Appendix VI) into ChilliDB and HealthPathways.*
- *validating existing known data through manual desktop research and direct contact approaches.*
- *regularly refreshing data gaps by considering the establishment of a self-service automated online platform which is linked with the National Health Services Directory and ChilliDB.*
- *developing internal business rules, clear lines of accountability and performance measures for data management, validation and maintenance.*

## **6 Trends, Challenges and Opportunities**

Primary health care workforce and service trends over the last decade have largely been driven by the following phenomena:

- population growth
- ageing and changes in composition
- rising rates of chronic conditions
- workforce challenges, including supply and distribution and technological advances and
- government responses to address the above.

These changes have resulted in a series of trends including the expansion of primary health care, integrated care, workforce models of care and eHealth. These trends have supported efficiencies in the delivery of health care services, collaboration between health care professionals and improvements in health outcomes.

### **Expansion of primary health care**

The size, diversity and complexity of primary health care continues to increase in response to changes in workforce demand and supply. The spread and depth of the allied health workforce has mushroomed and new professions, which offer alternatives to more traditional services, continue to emerge with changes in the composition, health conditions and preferences of the population. Changes in health funding at the state and federal level have further supported the expansion of primary health care and the workforce delivering it.

The expansion of primary health care presents significant challenges for workforce planners, particularly with regards to regulation, access and coordination. There is a strong role for regulatory bodies, health associations and PHNs to actively support initiatives that seek to ensure patients can access the primary health care services they need, the workforce feels supported, and community health outcomes continue to improve.

### Integrated care

There has been an increasing recognition for the need for coordinated management and delivery of health services across the health sector, both between and within acute and primary care sectors. There has been an emphasis, focus and emergence of health groups to collaborate and take shared responsibility from providing coordinated care and managing access, quality and costs.

NCPHN is an example of an organisation established to support the integration of health services, particularly within the primary health care sector.

### Workforce models of care

New and more appropriate workforce models are being developed which emphasise team-based and multidisciplinary approaches to health care delivery. These models seek to enhance the health experience for patients and allow for a more efficient allocation of resources. Evidence demonstrates that these new workforce models can result in improved health outcomes, such as a reduction in hospital admissions, improvements in chronic disease management and support of vulnerable populations. Examples of new models of care implemented in North Coast primary health care services include GP SuperClinics, co-location of health professions, patient-centred medical homes and increasing the scope and team base approach of traditional health care roles.

NCPHN has an opportunity to further understand how it can support new workforce models of care to drive efficiency, reduce costs, improve access, empower the primary health care workforce and enhance chronic disease management.

### eHealth

Advances in technology have supported innovation in the delivery of health services. National trends gaining the most traction include:

- telehealth and video conferencing (e.g. Skype consultations)
- mHealth (e.g. use of smartphone apps, SMS reminders)
- social media (e.g. Facebook pages, dissemination of information via Twitter, health blogs)
- electronic health records (e.g. My Health Records (MYHR) to be introduced from May 2018).

eHealth allows for greater flexibility and agility in the provision of health care and promotes patient-centred care. Digital service delivery and recording have shown to improve the quality of care, enhance communication and increase the accessibility of services.

When undertaking workforce planning NCPHN has an opportunity to further investigate how technology can be used by the primary health care workforce to:

- support collaboration between health clinicians
- increase the accessibility of primary health care services
- improve the public's experience using primary health care services.

## 6.1 Challenges and Opportunities Impacting the North Coast

While primary health care workforce and service trends in the North Coast region are consistent with national and international trends, significant challenges persist which limit the region's capacity to improve health outcomes, drive efficiency, improve access and empower the primary health care workforce to be the drivers of health system improvement.

Challenges and opportunities impacting the North Coast primary health care workforce, can be categorised into four broad themes:

- communication and collaboration
- demand and supply
- accessibility and
- governance and regulation.

## 6.2 Communication and Collaboration

Communication and collaboration was a strong theme emerging from the Survey and Qualitative Interviews.

It was found there was a general lack of understanding of the services and outcomes health clinicians deliver among different allied health professions, between GPs and allied health professions and within the community. Inaccurate information found online, and provided through unqualified advice (e.g. personal trainer providing nutritional advice) was shown to further contribute to the lack of clarity and understanding of health services. For example a Survey respondent said, "I am a diagnostic audiologist and follow a medical model. I am often compared to other clinicians who only fit hearing aids and are not audiologists." Another said there was "difficulty in reducing prejudices around seeing a dietitian e.g. people think they will have to follow a strict plan and give up the food they love - this is not the case". Concept draft 'What is a primary health care clinician' fact sheets (*Appendix IX*) were developed using the Benchmark Typology and NCPHN's 2016 Needs Assessment Survey data as an example of how NCPHN could share information about the scope of practice, qualifications and number of different health professionals on the North Coast. The Project Steering Committee suggested that the fact sheets may be more

effectively centred around models of care rather than individual professions and presented as ‘Who is My Care Team and What Do They Do?’ in recognition of the changing nature of primary health care towards a more multidisciplinary and team care based care models and also recent advocacy by Services for Australian Rural and Remote Allied Health to expand rural generalists in allied health.

The Benchmark Typology found there was:

- no consistent approach to the classification of allied health professions
- limited public and standardised information available for non-APHRA registered professions
- different sources provided contrasting workforce data/ information
- little information was publicly available for emerging professions
- no correlation between the size of the profession and the volume of information publicly available.

Poor communication and networking was also a strong theme emerging from the Survey and Qualitative Interviews. A lack of strong partnerships, communication and collaboration was found among different allied health professions, between GPs and allied health professions and between the primary health workforce and the North Coast community. This could be attributed to regulatory constraints and the confidentiality of information, the boundaries and tensions between different professions and occupational titles, poor availability of workforce data and knowledge, the use of different and incompatible systems and a hesitation of some health professions and clinicians to collaborate.

The difficulty to disseminate information was highlighted by health professionals working in primary health care services, the education sector and in professional associations.

#### **Recommendation 4**

*That NCPHN prioritise the development of initiatives to improve understanding, communication and collaboration between primary health care professionals.*

#### **Recommendation 5**

*That NCPHN publish a series of ‘What is a Primary Health Care Professional?’ or ‘Who is My Care Team and What Do They Do?’ fact sheets (concept drafts provided at Appendix IX) explaining the role of different professions and care models.*

## 6.2 Demand and Supply

Project activities identified a number of challenges relating to the demand of the primary health care workforce. Opportunities to better understand North Coast primary health care workforce demand and supply were identified through the analysis of existing health workforce supply (*Appendix I*) against population health needs.

NCPHN's annual health Needs Assessment identifies key health issues and opportunities relevant to the North Coast. NCPHN undertook a comprehensive Needs Assessment in 2016 to determine the population's health and service needs and priorities through a survey of over 3,000 community members and 1,250 health professionals. NCPHN's 2016 Needs Assessment identified significant disparity in socio-economic status, isolation, health status and means to access services. It was also found the North Coast population faces high rates of chronic disease and preventable disease. These factors, combined with the population's poor access to or awareness of services, and its limited health literacy, have important impacts on the demand of the primary health care workforce.

Project activities found changes in the demand for primary health care were driven by:

- increasing demand for at home care (driven by ageing population and disabled members of the population)
- population growth (in some areas of the region)
- increasing mental health issues, particularly among youth
- ageing population, particularly in remote areas
- greater consumer choice and informed patients (e.g. through NDIS).

It was identified there were significant workforce shortages relating to:

- mental health services, particularly treating adolescents and children
- specialists within fields of practice (e.g. Trauma Psychologist)
- health clinicians in more regional/rural areas and not-for-profit organisations
- clinicians with relevant experience, particularly in most regional/ rural areas.

Poor funding and an inability to build profitable businesses in regional/rural locations can be partly attributed to some of the shortages in workforce supply.

The current misalignment in the demand and supply for primary health care services in the North Coast is likely to increase in the short and medium term, led by factors including high rates of retirement of primary health care professionals expected in most regional/rural areas of the region.

Health care professionals responding to the Survey and Interviews expressed a strong intention to engage in further training and professional development in the next five years. Many clinicians reported they would participate in more professional development initiatives than they currently do, however were restricted by the cost and long travel often associated. Others identified there were opportunities to more effectively market learning and development available locally and nationally to North Coast clinicians. These findings were consistent with assertions made by professional associations and national health bodies such as the Australian Institute of Health and Welfare.

## 6.3 Accessibility

Survey respondents and insights provided by stakeholders consulted as part of the Interviews showed that accessibility was a significant concern on the North Coast.

Low socio-economic status and discretionary income, coupled with limited Medicare rebates for allied health services, prevented people accessing the services they needed. Poor coverage of services outside of the large regional centres, and few options to receive services via telehealth, video conferencing and online technologies exacerbated accessibility issues.

The Survey demonstrated the majority of health care practices operated on weekdays only and did not offer services after 5pm. More than a third of health practices were open on Saturdays, however few (approximately 5 per cent) provided services on Sundays.

Many allied health clinicians, particularly those which were self-employed or working in small independent practices said they found it difficult to build their patient base and compete with large practices. This was exacerbated in areas where allied health professionals were co-located or annexed next to large multidisciplinary general practices.

While most patients treated by clinicians were eligible for a Medicare Rebate, a significant proportion of the population requiring health care services were unable to afford out of pocket expenses. Clinicians cited low socio-economic status and discretionary incomes of a large proportion of the population, as well as high gap fees for services, as key drivers influencing the accessibility of services. One Survey respondent said there was a “lack of intervention because people are unable to pay fee for service”. An inability of clinicians to build profitable business models in rural and remote locations further impeded access to required primary health care services.

## 6.4 Governance and Regulation

Through Project activities the allied health sector was found to be highly fragmented with a lack of central leadership and coordination of professions and services. Different levels of government were responsible for funding, service provision, registration and data capture and education and training. This was further complicated by different regulatory requirements of allied health professions.

These challenges and their implications were widely recognised across the health sector at a national level. Anecdotal evidence from respondents to the Survey and insights provided by stakeholders consulted as part of the Interviews suggested the lack of a single regulatory body and mandatory standards of practice across the allied health workforce meant:

- clinicians and patients were sceptical of the value and claimed health outcomes of select allied health professions.
- it was difficult for health professionals to develop a coordinated health care program for patients. Clinicians were limited in their ability to adopt a co-ordinated approach to planning for, and responding to patients' needs.
- health professionals were uncertain of how to best manage their patients' care.

Sentiments collected from NCPHN stakeholders also indicated that instability of government reforms, programs and funding presented significant challenges to the delivery of primary health care services in the region. Changes in government policies (local, state and federal), created uncertainty and trepidation for the workforce, as changes could significantly change demand and supply for primary health care services and clinicians' capacity to practice.

Challenges at the forefront of clinicians' minds included:

- unknown ramifications and roll out of the National Disability Insurance Scheme (NDIS)
- changes in Medicare rebates and patient out of pocket expenses
- changes in Government funding and financial distribution models.

These challenges were widely recognised and not unique to NCPHN and their complexity was seen to mean they cannot be overcome quickly or independently.

The advent of emerging professions such as art therapy, music therapy and low intensity mental health services including counsellors, case workers and peer workers created further complexity. Limited understanding was gained of this workforce through the Survey and Benchmark Typology activities due to the unavailability of publicly available information and lack of professional associations and advocacy groups. Further work was needed in this area to better understand the spread, depth and scope of practice of low intensity mental health clinicians on the North Coast due to the importance of this field of work in creating stepped care for mental health patients.

A national solution that establishes a single, consistent and comprehensive approach to the regulation of allied health clinicians would maximise efficiency and eliminate challenges resulting from the current uncoordinated and disparate model.

### **Recommendation 6**

*That NCPHN advocate and work with the Department of Health, Australian Health Practitioner Regulation Agency (APHRA) and other relevant bodies to develop a single, consistent and comprehensive approach to the regulation of allied health clinicians; noting NCPHN's limitations in coordinating and implementing such an approach.*

### **Recommendation 7**

*That NCPHN undertake further mapping and analysis of North Coast clinicians working in new and emerging professions such as low intensity mental health providers such as counsellors, case workers and peer workers; noting the importance of these professions in creating coordinated and stepped care for mental health patients.*

## **7 Workforce Planning Framework**

Effective workforce planning and the development of a comprehensive North Coast workforce strategy is critical to maintaining a sustainable, flexible and skilled workforce to meet the population's health care needs.

Best practice workforce planning processes involve extensive review and analysis of demand and supply drivers, and consideration of the opportunities and constraints imposed on the workforce externally. These include political, economic, socio-economic, technological, environmental and regulatory factors. Workforce strategies reflect consideration of these influences and provide a roadmap to maintaining the capacity and capability required to meet the health needs of the population.

NCPHN's proposed Primary Health Workforce Planning Framework, Figure 6 (*Appendix II*), demonstrates the key drivers impacting workforce need and availability and the steps necessary to ensure alignment. The Framework demonstrates how workforce planning is an iterative and cyclical process. As cited previously new models of care are changing the way traditional professions deliver health care. Therefore future workforce models should look beyond traditional professional demarcations and service delivery structures to enable team based care approaches and collaborative planning across different health professions and settings.

NCPHN's annual Needs Assessment provides a strong foundation for undertaking the first step of the Framework. The North Coast Primary Health Care Workforce Profile (*Appendix I*) and the enhanced understanding of the challenges primary health care professionals face have largely achieved step two. Initial analysis of national trends, unique local issues and health population needs began step three. It is recommended NCPHN complete steps one to three and begin steps four to six. NCPHN should also consider how to refresh and maintain the information gained through the Project over the long term and the mechanisms needed to ensure accuracy.

Understanding the different roles local, state and national organisations play in workforce planning on the North Coast was seen as a high priority by the Steering Committee, many of whom were representing an organisation with a workforce

planning focus. It is recommended that NCPHN define the role of each agency actively involved in workforce planning on the North Coast and assess for duplication.

It is also recommended that a group, similar to the Steering Committee convened for the Project, is established to provide governance and advice across the workforce planning cycle. The Steering Committee provided a unique, valuable and collaborative space for discussing primary health care workforce planning issues and seeking feedback on Project activities. The purpose of the group would be to provide advice and input on the development and implementation of NCPHN's Workforce Planning Framework. The group would provide a transparent and regular mechanism for engaging key stakeholders and an opportunity to gain the input and perspective of primary health care clinicians on key topics. It would also ensure the active collaboration of other health and social organisations working locally or with a strong interest in the North Coast primary health care workforce and the sharing of knowledge across organisations.

Equipped with a robust understanding of the demand and supply drivers for primary health care in the North Coast, in conjunction with best practice service delivery models of care, NCPHN can investigate, assess and test the health service models and skillsets required in the future.

#### **Recommendation 8**

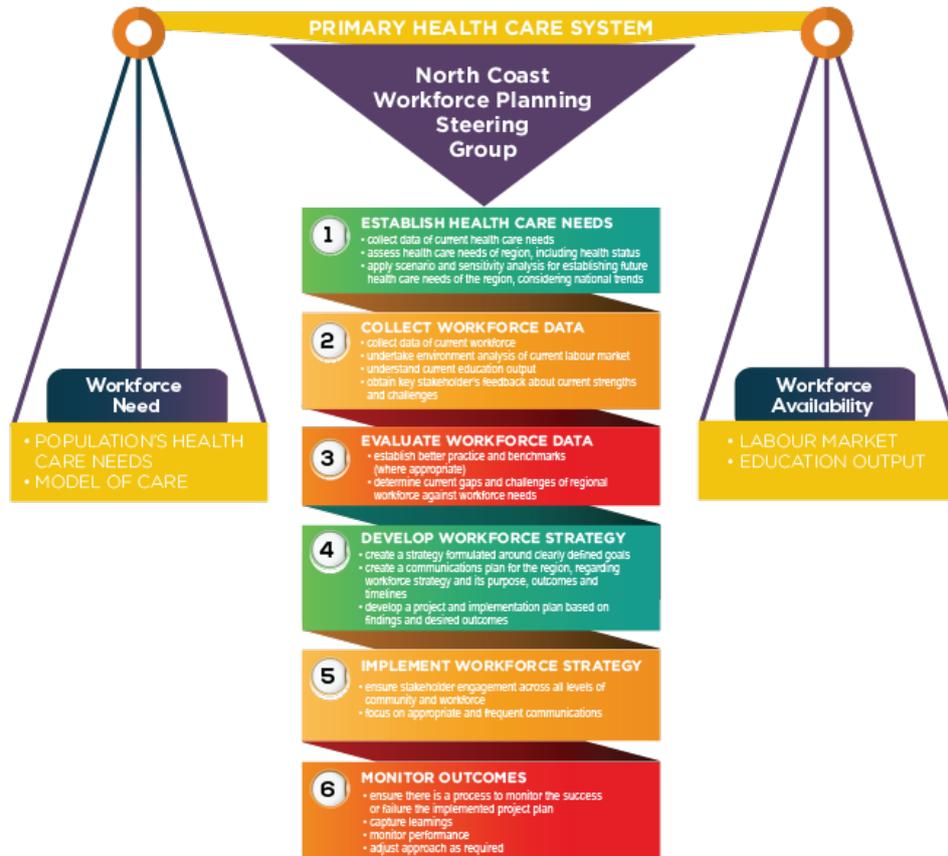
*That NCPHN adopt the Workforce Planning Framework (Refer Appendix II) and take steps to:*

- a. systematically identify and address workforce gaps and capacity issues.*
- b. capturing learnings, regularly evaluating and adjusting workforce priorities as needed.*

#### **Recommendation 9**

*That NCPHN establish a North Coast primary health care workforce planning governance mechanism in collaboration with relevant local, state and national agencies to foster a collaborative workforce planning approach on the North Coast.*

Figure 5: NCPHN's Workforce Planning Framework



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The following resources were used in the development of the report.

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## 9 Appendices

- I. North Coast Primary Health Care Workforce Profile
- II. NCPHN Workforce Planning Framework
- III. Steering Committee and Project Team
- IV. Summary of Project Activities
- V. In-Scope Health Professionals
- VI. Recommended Data Fields
- VII. Options for Data Collection, Validation and Maintenance
- VIII. 'What is a Primary Health Care Professional?' Fact Sheets
- IX. Allied Health and Nursing Survey
- X. Qualitative Interviews



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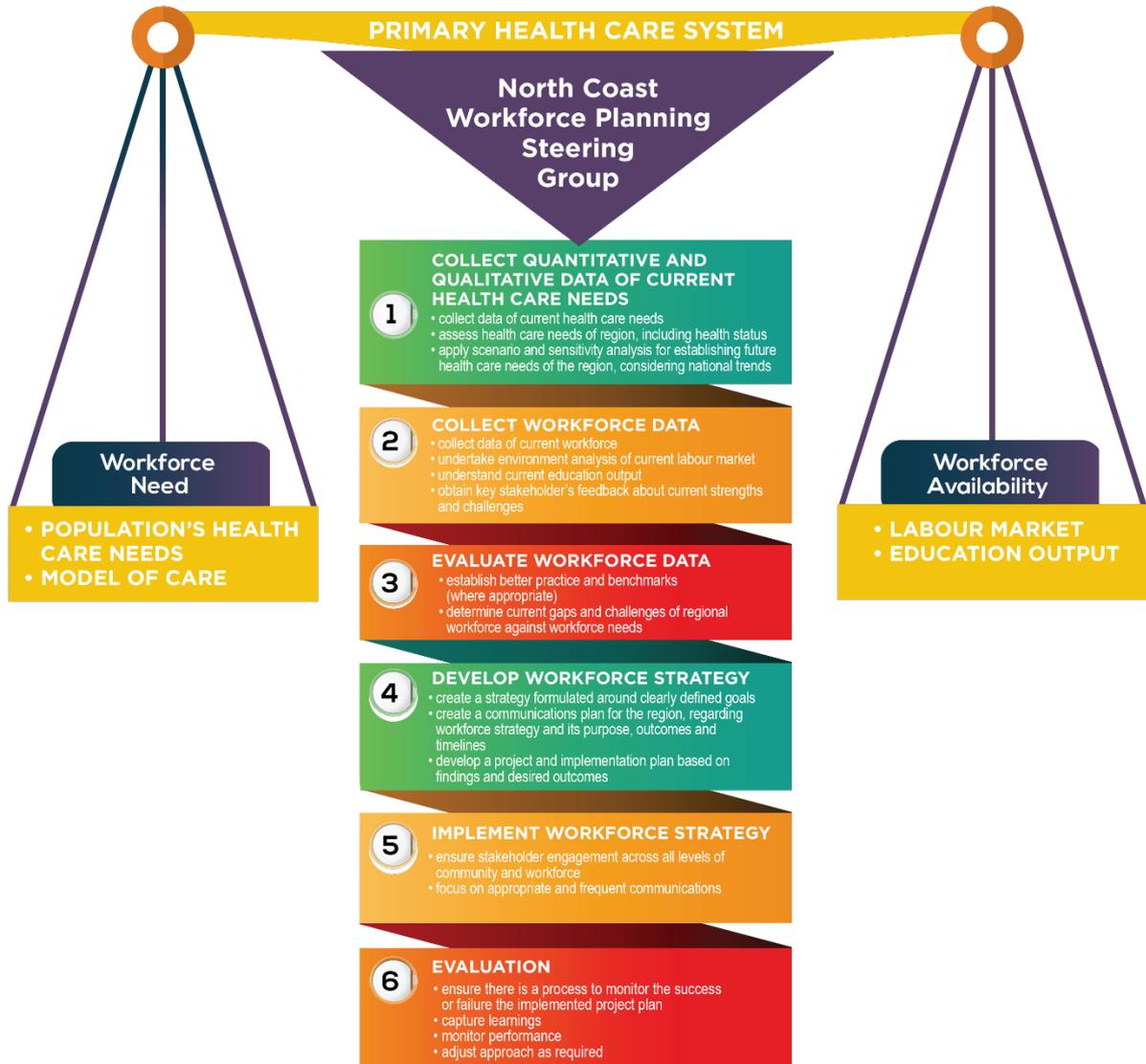
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## Appendix I: North Coast Primary Health Care Workforce Profile

Profession	Occupation Title	Number of engaged and/or known clinicians	Number of estimated clinicians	% of total known and/or engaged clinicians	Source of Estimate
Aboriginal and Torres Strait Islander health practice	Aboriginal and Torres Strait Islander health practitioner	2	10	20.0%	Grosvenor
	Aboriginal health worker	21	30	70.0%	Grosvenor
Audiology	Audiologist	13	91	62.6%	ABS (2016)
Speech pathology	Speech pathologist	44			
Allied health assistance	Allied health assistant	44	NA	NA	NA
Case work	Drug and alcohol worker	9	NA	NA	NA
	Youth worker	32	NA	NA	NA
Chiropractor	Chiropractor	52	105	49.5%	Grosvenor
Osteopathy	Osteopath	36	94	38.3%	Grosvenor
Counselling	Counsellor	37	190	19.5%	ABS (2016)
Dietetics and nutrition	Dietitian	69	175	39.4%	Dietitians Association of Australia (DAA)
	Nutritionist	2	NA	NA	NA
Exercise physiology	Exercise physiologist	83	149	55.7%	Exercise and Sports Science Australia
Medicine	General practitioner (GP) and resident medical officer	602	659	91.4%	NSW RDN (2017) 575 GPs and 84 Registrars
Mental health and drug and alcohol peer work	Mental health and drug and alcohol peer worker	8	NA	NA	NA
Nursing	Assistant in nursing	30	NA	NA	NA
	Enrolled nurse	54	281	19.2%	ABS (2016)
	Registered nurse (residential aged care facilities)	376	1614	16.1%	ABS (2016)
	Registered nurse (specialists, social sector, allied health services etc)		719		ABS (2016)
	Nurse practitioner	4	NA	NA	NA
	Practice nurse	279	322	86.6%	ABS (2016)
	Credentialed mental health nurse	9	28	32.1%	Australian College of Mental Health Nurses
	Mental health nurse	6	27	22.2%	Australian College of Mental Health Nurses
	Asthma educator	0	NA	NA	NA
	Midwife	23	47	48.9%	ABS (2016)
	Lactation consultant	4	5	80.0%	Lactation Consultants of Australia and New Zealand website
Diabetes education	Diabetes educator	9	NA	NA	NA
	Credential diabetes educator	6	38	15.8%	Australian Diabetes Educator Association (ADEA)
Occupational therapy	Occupational therapist	111	125	88.8%	ABS (2016)
Optometry	Optometrist	10	79	12.7%	ABS (2016)
Orthotics	Orthotist	2	3	66.7%	The Australian Orthotic Prosthetic Association
Oral health	Dentist	105	207	50.7%	ABS (2016)
	Dental therapist	5	83	30.1%	ABS (2016)
	Dental hygienist	12			
	Oral health therapist	8			
Dental prosthetist	1	20	5.0%	ABS (2016)	
Pharmacy	Pharmacist	229	296	77.7%	ABS (2016)
	Pharmaceutical chemist	1			
Physiotherapy	Physiotherapist	161	261	61.7%	ABS (2016)
Podiatry	Podiatrist	56	61	91.8%	ABS (2016)
Psychology	Provisional psychologist	7	298	99.0%	ABS (2016)
	Psychologist	158			
	Registered psychologist	61			
	Clinical psychologist	71			
Mental health occupational therapist	2	NA	NA	NA	
Social work	Mental health social worker (Medicare registered)	25	224	21.9%	ABS (2016)
	Social workers	24			
<b>Total</b>		<b>2903</b>	<b>6282</b>	<b>46%</b>	<b>Multiple</b>

# Workforce Planning Framework



## Appendix III: Steering Committee and Project Team

### Steering Committee

The Steering Committee included health organisation and university representatives, clinicians and Grosvenor and NCPHN staff\*. It met three times during the course of the Project, face to face, in Ballina and via video and teleconference on 2 August 2017, 25 September 2017 and 20 December 2017. The Steering Committee provided input into the Survey design, the Benchmark Typology and other general feedback about workforce planning on the North Coast and engagement with allied health professionals. Some Steering Committee members took part in the Qualitative Interviews.

### Steering Committee members

ORGANISATION	NAME	POSITION
North Coast Primary Health Network	Dr Vahid Saberi	Chief Executive
	Dr Dan Ewald	Lead Clinical Adviser
	Ms Monika Wheeler	Clinician Engagement Coordinator (Project Manager)
	Ms Amy Tyrell	Planning Coordinator
Mid North Coast Local Health District (LHD)	Ms Chris Chick	Workforce Planning Manager
	Ms Deborah Doyle	Senior Dietitian & Nutritionist
Northern NSW Local Health District (LHD)	Ms Karen Wickham	Workforce Planning Manager
University Centre for Rural Health	Dr Michael Douglas	GP and Director of Education
	Ms Lindy Swain	Pharmacist Academic
North Coast Allied Health Association	Ms Robyn Fitzroy	Executive (also University Centre for Rural Health)
Southern Cross University	Professor Susan Nancarrow	Registered Nurse and Senior Lecturer Speech Pathologist and Lecturer
	Dr Christina Aggar	
	Ms Debbie James	
Rural Doctors Network	Ms Emer O'Callaghan	Senior Manager - Recruitment and Retention
	Mr Mike Edwards	Manager - Planning, Systems and Data Analysis
	Ms Christine Roach	Workforce Support Services team
Right Foot Podiatry	Mr David Shaw	Podiatrist

\*GP Synergy was invited to participate in the Steering Committee but did not nominate a representative.

### Project Team

The Project Team met regularly throughout the project.

## Project Team members

NAME	POSITION	ORGANISATION
Hannah Cotching	Senior Consultant (Grosvenor Lead)	Grosvenor Management Consulting
Monika Wheeler	Clinician Engagement Coordinator (Project Manager)	North Coast Primary Health Network
Mira Shennan	Senior Manager (Grosvenor Sponsor)	Grosvenor Management Consulting
Deborah McPherson	A/Director – Quality and Innovation (NCPHN Sponsor)	North Coast Primary Health Network
Georgina Roberts	Manager	Grosvenor Management Consulting
Jes Burnes	Senior Consultant	Grosvenor Management Consulting Grosvenor Management Consulting
Jacob Richter	Consultant (Information Technology)	Grosvenor Management Consulting Grosvenor Management Consulting
Dan Ewald	Lead GP Clinical Adviser	North Coast Primary Health Network
Amy Tyrrell	Senior Data Analyst	North Coast Primary Health Network
Tony Seto	ChilliDB Manager	North Coast Primary Health Network
Megan Lawrance	Director, Mental Health & Services Integration	North Coast Primary Health Network

## Appendix IV: Summary of Project Activities

WORKFORCE PROJECT ACTIVITY	PURPOSE	APPROACH
<p><b>1. Reviewed current datasets and repositories</b></p>	<p>To assess gaps and limitations in data, including whether the data is held in an appropriate format, (making it accessible, searchable and analysable, including consistency of terminology), and identifying potential missing data categories.</p>	<p>Collected data from all available existing datasets and repositories, (included Health Pathways, ChilliDB, National Health Services Directory and miscellaneous spreadsheets), and reviewed for consistencies and to make comparisons with best practice. Internal stakeholders were consulted to further understand how each of the data systems were used across NCPHN.</p>
<p><b>2. Completed existing dataset</b></p>	<p>To develop a single, comprehensive dataset for primary health clinicians working on the North Coast.</p>	<p>Collated and manually completed data and information from available sources, including Health Pathways, ChilliDB, National Health Services Directory and Allied Health and Nursing Survey. There were substantial gaps, inconsistencies and duplication in the available sources, which required significant effort to fill (gaps included missing location data and contact information) and validate. This process was manually intensive and relied on desktop research. Data was reviewed and cleansed to enable it to be easily analysed and used.</p>
<p><b>3. Workforce Mapping</b></p>	<p>To provide a visual presentation of the data collected, including the distribution of the primary health care workforce by field of practice and place of employment. The interactive maps enable NCPHN to appreciate how many clinicians work in each field of practice and role, as well as the number of health practices which exist in the region.</p>	<p>Tableau was selected as it allows users to easily manipulate data to produce impressive, easy to interpret visuals. Tableau is a data visualisation and business intelligence software package that was used to map the North Coast primary health workforce.</p> <p>The maps were produced through the collation of data from NCPHN's existing datasets and repositories, including ChilliDB and Health Pathways, as well as external data available from the National Health Services Directory. This was further complemented by data gathered through the Allied Health and Nursing Survey and desktop research. The workforce mapping was limited by the quality of data available.</p>
<p><b>4. Benchmark Typology</b></p>	<p>To gain a stronger understanding of the capabilities and attributes of the primary health care workforce, including services and qualifications attained. Details of the size of the workforce, regulatory bodies and Medicare funding have also been included where applicable.</p>	<p>A broad sweep of credible literature made publicly available was consulted to strengthen understanding of allied health professions. Sources include, but are not limited to, publications and information made available by:</p> <ul style="list-style-type: none"> <li>• Australian Institute of Health and Welfare (AIHW)</li> <li>• Commonwealth Department of Health's Health Workforce Data (HWD)</li> <li>• Australian Health Practitioner Regulation Agency (AHPRA)</li> </ul>

WORKFORCE PROJECT ACTIVITY	PURPOSE	APPROACH
		<ul style="list-style-type: none"> <li>• NSW Health</li> <li>• relevant industry bodies, regulatory agencies and other state and federal government agencies.</li> </ul> <p>The Benchmark Typology is organised into two sections:</p> <ul style="list-style-type: none"> <li>• Australian Health Practitioner Regulation Agency (AHPRA) registered allied health professions</li> <li>• other allied health professions.</li> </ul> <p>The segmentation of allied health professions reflects the accessibility of workforce data and information. More accurate data on the number, services and characteristics of AHPRA registered allied health professions is accessible due to the mandatory registration requirement. The number of practicing allied health professions not registered with AHPRA is more difficult to collect, as registration is not always mandatory and/or the data may not be publicly available. This includes speech pathologists, social workers, exercise physiologists and dieticians.</p>
<p><b>5. Allied Health and Nursing Survey</b></p>	<p>To strengthen NCPHN's understanding of the primary health care workforce in the region. To fill gaps in NCPHN's existing data repositories and increase the breadth of data available. To gain a stronger understanding of the depth and spread of health care workforce, as well as clinicians' intentions to continue to provide services in the future.</p>	<p>Two surveys were distributed using the survey tool Survey Monkey:</p> <ol style="list-style-type: none"> <li>1. a survey to be completed by Service Owners, Practice Managers and Administration Support Staff working at a primary health service</li> <li>2. a survey to be completed by in scope primary health care professionals*.</li> </ol> <p>*While in scope of this project and included in the final workforce profile, General Practitioners (GPs) were not asked to complete this survey and are not accounted for in the findings summarised below. It was determined that relevant data and information for GPs working in the North Coast could be more efficiently and effectively captured through other resources available to NCPHN (e.g. NCPHN's Practice Support Team).</p> <p>Questions were designed around the following themes:</p> <ul style="list-style-type: none"> <li>• workforce demographic</li> <li>• service delivery</li> <li>• accessibility of services for patients</li> <li>• qualifications and relevant health care experience</li> <li>• employment</li> <li>• future intentions</li> <li>• workforce trends and challenges in the North</li> </ul>

WORKFORCE PROJECT ACTIVITY	PURPOSE	APPROACH
		<p>Coast region.</p> <p>The Survey was distributed, via an email with a direct link, to the target audience who could be identified in NCPHN's existing dataset or in any other health workforce dataset collated through this project. 'Survey Champions' were identified and various marketing activities undertaken to promote the Survey and encourage professionals within their reach to complete it.</p> <p>The Survey was released on 21 August 2017 and closed 6 September 2017. An email reminding professionals of the Survey was sent several days before the Survey closed.</p>
<p><b>6. Review of international, national and local trends</b></p>	<p>To identify broad workforce trends and best practice approaches to health care workforce planning that deliver improved effectiveness, efficiency and health outcomes.</p>	<p>Data and information regarding broader trends and initiatives in primary health care collected through consultations with stakeholders was verified and supplemented by a review of relevant literature. This was literature which was reliable, of sufficient quality and applicable to the North Coast primary health workforce.</p>
<p><b>7. Stakeholder consultations</b></p>	<p>To collect qualitative workforce information complementing the Allied Health and Nursing Survey, and improve NCPHN's understanding of current and anticipated challenges faced by the local primary health care workforce.</p>	<p>Primary health clinicians and health care leaders familiar with the provision of primary health care services in the North Coast were consulted. Stakeholders were identified based on their experiences in and knowledge of the primary health care sector, their current role in the provision of health care services in the North Coast region, and their alignment to NCPHN's six key priority areas.</p> <p>Stakeholders shared their insights of trends and initiatives in primary health care, potential workforce issues and pressures experienced by health care professionals working in the North Coast.</p>

## Appendix V: In-Scope Health Professionals

Health professionals considered in scope for this project, and for which the workforce data and information was collected, are those which meet the following criteria:

- primary care clinician (not working in a tertiary facility, i.e. specialist or related to acute care)
- private practitioners accepting self-referred patients (not working for NSW Health facility)
- are aligned to one of NCPHN's six priority areas (Mental Health and Alcohol and Other Drugs, Aboriginal Health, Older Persons, Population Health)
- hold a tertiary qualification (with the exception of practitioners considered as part of a current or planned commissioning activity i.e. low intensity mental health services).

### In-Scope Primary Health Care Clinicians\*

PROFESSION	OCCUPATION TITLE
Aboriginal and Torres Strait Islander Health Practice	Aboriginal and Torres Strait Islander health practitioner Aboriginal health worker
Audiology	Audiologist
Allied health assistance	Allied health assistant
Case work	Drug and alcohol worker Youth worker
Chiropractor	Chiropractor
Counselling	Counsellor Low intensity counsellor
Dietetics and nutrition	Dietitian
Exercise physiology	Exercise physiologist
Medicine	General practitioner (GP)**
Mental health and drug and alcohol peer work	Mental health and drug and alcohol peer worker
Nursing	Assistant in nursing Enrolled nurse Registered nurse Nurse practitioner Practice nurse Credentialed mental health nurse Mental health nurse Drug and alcohol nurse Diabetes educator Asthma educator Midwife Lactation consultant
Occupational Therapy	Occupational therapist

PROFESSION	OCCUPATION TITLE
Optometry	Optometrist Optical dispenser
Orthoptics	Orthoptist
Orthotics	Orthotist Surgical boot maker Prosthetist
Osteopathy	Osteopath
Oral health	Dentist Dental therapist Dental hygienist Dental prosthetist Oral health therapist
Pharmacy	Pharmacist Pharmaceutical chemist
Physiotherapy	Physiotherapist
Podiatry	Podiatrist
Psychology	Provisional Psychologist Registered Psychologist Clinical Psychologist Mental Health occupational therapist
Speech pathology	Speech pathologist
Social Workers	Mental Health Social Worker (Medicare Registered) Social Workers Peer worker

*\*Health professionals providing primary care services in NSW Health facilities and medical specialist Visiting Medical Officers operating from private rooms were not considered in-scope of the project. It was recognised, however, that it was important for these groups to be better understood in terms of their spread and depth across the region via additional activities.*

*\*\*General Practitioners (GPs) were included in-scope of the project, however, they were not included in the Allied Health and Nursing Survey, as relevant data and information was assessed as being be more efficiently and effectively captured through other resources available.*

## Appendix VI: Recommended Data Fields

Table 1: Recommended primary data requirements for primary health care professionals

DATA FIELD	DESCRIPTION	COMMENTS TO COMPLETE
<b>Name</b>	The health professional's full name	Open text with following fields: <ul style="list-style-type: none"> <li>• First name</li> <li>• Last name</li> </ul>
<b>Profession</b>	The field of practice of the health professional (e.g. General Practitioner, Nurse etc.)	Select most appropriate from predetermined list validated by trusted industry associations and regulatory bodies
<b>Occupational Title</b>	The occupational title of the health professional (Enrolled Nurse, Registered Nurse)	Select most appropriate from predetermined list validated by trusted industry associations and regulatory bodies
<b>Position title</b>	The health professional's position title as determined by their place of work	Open text
<b>Place of employment</b>	The name of all health care services/practices the health professional provides health care services for	Select from drop down menu (if organisation not in database then add separately)  elasticSearch on health care service/practice names to avoid system duplicates
<b>Contact details</b>	The health professional's personal contact information, including phone number, email address and mobile phone number	Three separate boxes with open text <ul style="list-style-type: none"> <li>• Phone Number</li> <li>• Email</li> <li>• Mobile Number</li> </ul>
<b>Gender</b>	Sex the health professional's identifies with	Select from drop down menu: <ul style="list-style-type: none"> <li>• Male</li> <li>• Female</li> <li>• Non- binary (neither male or female)</li> <li>• Different identity (please specify)</li> </ul>
<b>Age</b>	The health professional's age at the extract date	Selected from drop down menu: <ul style="list-style-type: none"> <li>• values 16 - 75</li> </ul>
<b>Hours</b>	Number of hours the health	Selected from drop down menu:

DATA FIELD	DESCRIPTION	COMMENTS TO COMPLETE
	professional works per week	<ul style="list-style-type: none"> <li>• values 1 – 60</li> <li>• over 60</li> </ul>
<b>Job area</b>	The principle area of the health professional's main job	Option to select multiple fields from predetermined list validated by trusted industry associations and regulatory bodies
<b>Main language used</b>	The languages the health professional uses in patient/client encounters	Option to select multiple fields: <ul style="list-style-type: none"> <li>• English</li> <li>• Indigenous language</li> <li>• Mandarin</li> <li>• Greek</li> <li>• Italian</li> <li>• Hindi</li> <li>• Spanish</li> <li>• Arabic</li> <li>• Cantonese</li> <li>• Vietnamese</li> <li>• German</li> <li>• French</li> <li>• Swedish</li> <li>• Polish</li> <li>• Other (please specify)</li> </ul>

Table 2: Primary data requirements for health practices

DATA FIELD	DESCRIPTION	COMMENTS TO COMPLETE
<b>Name</b>	The name of the health care services/practices	Open text elasticSearch on health care service/ practice names to avoid system duplicates
<b>Services</b>	The primary health care professions of the health professional's employed at the health care service/ practices (e.g. General Practitioner, Nurse etc.)	Select most appropriate from predetermined list validated by trusted industry associations and regulatory bodies
<b>Location/ address</b>	The address of the health care service/practices	Open text with following fields: <ul style="list-style-type: none"> <li>• Address Line 1</li> <li>• Address Line 2</li> <li>• Town/ Suburb/ Locality</li> <li>• Postcode</li> </ul>
<b>Contact details</b>	The contact information of all the health care service/ practice	Three separate boxes with open text <ul style="list-style-type: none"> <li>• Phone Number</li> <li>• Email</li> <li>• Fax</li> <li>• Website</li> </ul>
<b>Opening hours</b>	The hours of the day, for each day of the week, the health service/ practice accepts patients	Selected from drop down menu for each day of the week, using 24 hour time in 30 minute increments
<b>Comments/ Description</b>	Any comments or further description of the services the health practice/ service provides	Open text

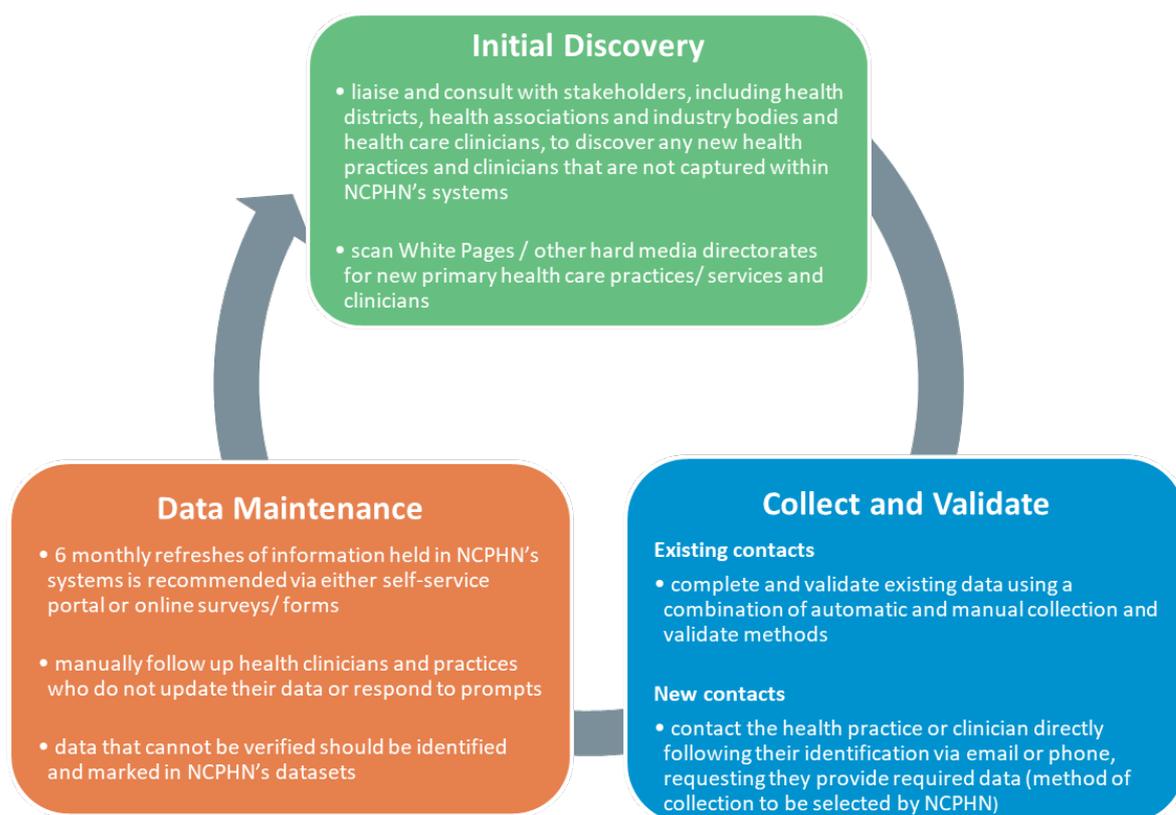
Table 3: Secondary data requirements for health professionals

DATA	DESCRIPTION	COMMENTS TO COMPLETE
<b>Employment status</b>	The health professional's employment arrangement at all health services	Select from drop down menu: <ul style="list-style-type: none"> <li>• Permanent</li> <li>• Casual</li> <li>• Contract</li> <li>• Self-employment</li> <li>• Other (please specify)</li> </ul>
<b>Indigenous status</b>	The health professional's indigenous status	Select from drop down menu: <ul style="list-style-type: none"> <li>• No</li> <li>• Yes – Aboriginal</li> <li>• Yes- Torres Strait Islander</li> <li>• Yes – Aboriginal and Torres Strait Islander</li> </ul>
<b>Service delivery model</b>	The methods the health professional uses to treat patients/ clients	Selected from drop down menu: <ul style="list-style-type: none"> <li>• Patient attends health practice</li> <li>• Home visit</li> <li>• Telehealth (phone or video conferencing)</li> <li>• Online (web-based portal, forums and/or conferencing)</li> <li>• Mobile phone application</li> <li>• School/ Care facility visit</li> <li>• other (please specify)</li> </ul>
<b>Institution of qualifications</b>	Educational institution which the health professional obtained their professional qualification	Option to select multiple fields from predetermined list validated by trusted industry associations and regulatory bodies
<b>Years worked</b>	Number of years the health professional has worked in the profession in Australia	Selected from drop down menu: <ul style="list-style-type: none"> <li>• values 1 – 40</li> <li>• over 40</li> </ul>
<b>Years intended to work</b>	Number of years the health professional intends to remain working in their profession in North Coast	Selected from drop down menu: <ul style="list-style-type: none"> <li>• values 1 – 40</li> <li>• over 40</li> </ul>

## Appendix VII: Options for data collection, validation and maintenance

The adoption of a continual and cyclical approach to data collection, validation and maintenance will facilitate a smoothing of administration effort, eliminating the erratic changes in workload that usually occurs when ad-hoc data collection processes are employed.

**Figure 1: Data management cycle**



### Validation of current data

Due to the age and completeness of records already stored in NCPHN's current datasets, as well as the uncertainty regarding their accuracy, it is recommended NCPHN conduct a comprehensive review and validation of its current data before migrating it into a single, centralised system.

This process will be manually intensive, and require NCPHN to contact primary health care practices and clinicians directly to verify and complete data fields (recommended data fields identified above).

It is recommended NCPHN attempt to validate and complete current data fields using the following means:

- desktop research (websites of health practices, industry associations, search of individual clinicians)
- White Pages
- contact health practices and clinicians via phone
- site visit where appropriate.

In instances where health practices and clinicians cannot be contacted or, if they elect to withhold the required information, they should be clearly identified and marked before they are migrated into the new, consolidated contact database (refer to recommendations made in Data Requirements). This will ensure the accuracy and quality of data in NCPHN’s systems going forward.

The processes described above should be tightly time bound and monitored regularly to ensure the resources are used to their greatest efficiency.

#### Collection and validation of new data

NCPHN should conduct two specific activities on an ongoing basis to increase the number of health clinicians and practices within the North Coast region captured in their system. These are:

1. Discover contact - identify new health practices/ services and clinicians
2. Collect and validate contact information - complete the data fields in NCPHN’s systems for identified health practices/ services and clinicians.

Details of each of the activities are provided in Table 7.

Table 1: Recommended data collection and validation activities

ACTIVITY	EXPLANATION
<b>Discover Contact</b>	<p>Consists of two distinct tasks:</p> <ol style="list-style-type: none"> <li>1. NCPHN conduct regular consultations with a broad range of stakeholders, including local health districts, health associations and industry bodies and health care clinicians, to discover any new organisations or health clinicians that are not captured within NCPHN’s systems. This should be undertaken monthly, at a minimum.</li> <li>2. Scanning of White Pages/other hard media directorates for new primary health care practices/services and clinicians. This should be undertaken weekly, at a minimum.</li> </ol>
<b>Collect and Validate Contact Information</b>	<p>NCPHN will be required to contact the health practice or clinician directly following their identification. Where NCPHN has obtained an email for the contact, it should send the individual a survey/ form to complete required data fields (refer to data collection and verification methods in Table 8)</p> <p>Where NCPHN has only a contact number for the new contact, it should obtain the required data by calling the health practice/ clinician directly.</p>

## Data maintenance

Data should be refreshed every six months to ensure it remains current and meaningful. In instances where data cannot be verified, it should be clearly identified and marked in NCPHN's dataset.

Grosvenor identified three methods NCPHN may employ to refresh data:

- Self-Service Web Portal (Figure 2)
- Online survey campaigns (distributed intermittently or on an ongoing basis) (Figure 3)
- Web form on the NCPHN website (Figure 4).

Details of each of the data collection and verification methods are provided in Table 2.

A cost-benefit analysis of each, which includes a summary of the risks, strengths and limitations of the method, is provided in Figures 2 - 4.

Table 2: Options for Data Collection, Validation Maintenance

OPTION 1 – SELF-SERVICE WEB PORTAL	OPTION 2 – ONLINE SURVEY CAMPAIGNS	OPTION 3 – WEB FORM ON THE NCPHN WEBSITE
<p>The development of a modern self-service portal which captures required data and allows user self-service across all functions.</p> <p>This system should automate 80% of the data collection and maintenance process. Some manual intervention will be required to validate inconsistent data collection, conduct data quality checks, resolve any user issues and provide guidance.</p> <p>Invitations to create profiles in the system would be distributed to health clinicians using known email addresses. Emails encouraging users to update their contact details would be sent automatically every six months to ensure data remains current.</p> <p>The capacity of the system to act as a news/updates channel and social media network for registered health clinicians/practices in the future should be emphasised to encourage registration and user participation.</p> <p>Data validation should be controlled in two ways:</p> <ol style="list-style-type: none"> <li>1. New users need to be manually validated by an administrator to ensure no duplicate profiles or spam</li> <li>2. Restriction of user information fields to be drop downs/multiselect, minimising the number of free text fields across the application</li> </ol> <p>An example user experience journey is provided in Figure 2.</p>	<p>This option involves the use of online survey or form tools and campaign managers, such as Survey Monkey, Google Forms, Microsoft Forms or Mailchimp.</p> <p>Surveys/forms would be distributed to health practices and clinicians every six months after their details are first validated in NCPHN’s datasets. NCPHN would be required to directly contact individuals who do not respond to the survey/form to verify their information and request they respond.</p> <p>The survey would be designed to limit the data fields which require open/free text responses to minimise the manual validation that is required before migrating information into the database.</p>	<p>Option 3 requires the integration of a static form onto the NCPHN website to allow health clinicians and practices to update their contact details and relevant data fields on an ad-hoc basis. Upon completion, the form would be emailed to NCPHN’s database administration group, who would be responsible for manually validating the information before uploading it in NCPHN’s dataset.</p> <p>This option should be combined with a six-monthly email campaign distributed to health practices and clinicians already captured in NCPHN’s systems, encouraging them to update their details.</p> <p>Option 3 is not recommended due to the significant level of manual validation and processing required by NCPHN administration staff.</p>

## Data Collection Option 1 – Self-Service Web Portal (RECOMMENDED)

Description – Self-Service Web Portal	
<p>A Self-Service Web Portal developed by a software development firm. This option will allow health clinicians and practices to register and provide information that can be automatically uploaded into NCPHN’s data system. Administration of the portal, such as user creation, data validation, data upload to database and password resets, would be fully automated. User registration would need to be verified and approved by a NCPHN system administrator to ensure security and quality of data. Six monthly data refresh reminders would be delivered via email, prompting users to either change their information or select “My information is up to date”.</p>	
Criteria	Commentary / Considerations
<b>Cost</b>	<ul style="list-style-type: none"> <li>highest initial cost due to development of the system, refinement of system properties and features will ultimately determine the absolute cost. The most basic system would be a minimum of \$5,000, with additional features costing more</li> <li>virtual assistants to administer systems vary from approximately \$25 a month (system monitoring and validation of new users only) to \$500 a month (equivalent fulltime) depending on the responsibilities they must undertake</li> </ul>
<b>Risks</b>	<ul style="list-style-type: none"> <li>development risk: Low risk of development of this type of platform, as system is simple, scope can be very clearly defined and is quite common in the industry</li> <li>Poor response and participation: use of the portal to distribute relevant and frequent news would encourage health practices and clinicians to keep their contact details up to date. NCPHN could also use more innovative solutions to encourage health practices and clinicians to register and actively use the portal</li> </ul>
<b>Requirements</b>	<ul style="list-style-type: none"> <li>development of system scope and feature roadmap, an agile development process should be undertaken with a focus on user centred design and continuous development</li> <li>procure a software development/ web development firm to undertake the work</li> <li>finalise data fields and selection options, and setup external database connections</li> </ul>
<b>Transition effort</b>	<ul style="list-style-type: none"> <li>ensure ChilliDB schema is finalised</li> <li>initial surge in support and administrative effort would be required as known users adopt new process, this would ease over time, especially if administration tasks are outsourced to a virtual assistant</li> </ul>
<b>NCPHN’s ongoing role and responsibilities</b>	<ul style="list-style-type: none"> <li>verify new users on an daily basis</li> <li>undertake weekly data audits and prepare audit reports to be used in system improvements and roadmap development</li> <li>manually follow-up health practices and clinicians who have not completed data refresh</li> <li>ongoing sending of sign-up links to new health practices and clinicians who are found during data collection</li> </ul>
Summary	
Advantages / Strengths	Disadvantages / Limitations
<ul style="list-style-type: none"> <li>+ near full automation of the collection, validation and upload process allows administrators to focus on following up on new contacts or contacts who have not responded to data refresh reminders</li> <li>+ allows future creation of social platform that can distribute updates or regular news</li> <li>+ utilisation of virtual managers could eliminate NCPHN’s administration effort entirely</li> </ul>	<ul style="list-style-type: none"> <li>- initial development resourcing time and cost requirements are higher than the other options</li> <li>- need to create an exposable connection to ChilliDB to automate data upload</li> <li>- reluctance for health practices and clinicians to join the platform due to technological or ability limitations</li> <li>- difficult to make ongoing changes to system</li> </ul>

Figure 2: Data Collection Option 1 – Self-service Web Portal (RECOMMENDED)

## Data Collection Option 2 – Online survey campaigns

Description – Online survey campaigns	
<p>Survey/ form would be distributed via an online survey/ form platform, such as Survey Monkey, on a regular basis. The survey/ form could always be kept open to allow health practices and clinicians to self-elect when details have changed, however the administration and collation of these responses would be demanding on NCPHN's resources.</p>	
Criteria	Commentary / Considerations
<b>Cost</b>	<ul style="list-style-type: none"> <li>subscription cost to survey/ form platform is generally on a monthly basis between approximately \$10-\$30</li> </ul>
<b>Risks</b>	<ul style="list-style-type: none"> <li>Poor response to the survey/ form</li> </ul>
<b>Requirements</b>	<ul style="list-style-type: none"> <li>creation of survey/ form and finalise data fields and selection options</li> <li>document administrative process to collate, validate and upload responses to NCPHN's system</li> </ul>
<b>Transition effort</b>	<ul style="list-style-type: none"> <li>minimal transition effort is required from current processes</li> </ul>
<b>NCPHN's ongoing role and responsibilities</b>	<ul style="list-style-type: none"> <li>administer the distribution of surveys to health practices and clinicians already within NCPHN's system</li> <li>manually follow up health practices and clinicians who did not respond to the survey via phone and manually update details in system</li> <li>validate and collate survey information to be digestible in bulk upload to NCPHN's system</li> <li>upload information from survey tool to NCPHN's system</li> <li>invite newly discovered health practices and clinicians to partake in the survey by sending an email with link</li> </ul>
Summary	
Advantages / Strengths	Disadvantages / Limitations
<ul style="list-style-type: none"> <li>+ the restriction of data fields and response options reduces the burden of manual data validation</li> <li>+ high configurability of solution means that ongoing changes can be made easily and quickly</li> </ul>	<ul style="list-style-type: none"> <li>- risk of annoyance and lower response rates due to frequency of survey emails</li> <li>- health practices and clinicians currently in the system cannot review what information is already captured and will need to completely update information every time requiring a large time commitment</li> <li>- significant level of administrative resources and effort is required to validate and process data</li> </ul>

Figure 3: Data Collection Option 2 – Online Survey Campaigns

## Data Collection Option 3 – Web form on the NCPHN website

Description – Web form on the NCPHN website	
Simple web form which is hosted on the NCPHN website where health practices and clinicians can fill out details and submit on an adhoc basis. Upon completion the form would be emailed to NCPHN's database administration group, who would be responsible for manually validating the information before uploading it in NCPHN's dataset.	
Criteria	Commentary / Considerations
<b>Cost</b>	<ul style="list-style-type: none"> <li>low development cost due to simplicity of solution. In house expertise may be available to develop this form depending on NCPHN's current website platform and staff expertise</li> </ul>
<b>Risks</b>	<ul style="list-style-type: none"> <li>no risks of implementation</li> <li>high risk of spam to NCPHN by web robots</li> <li>significant risk of under resourcing the required administration effort</li> </ul>
<b>Requirements</b>	<ul style="list-style-type: none"> <li>finalise data fields and selection options</li> <li>agree on frequency of updates and internal processes</li> <li>create an internal NCPHN email inbox to accept form submissions for processing</li> </ul>
<b>Transition effort</b>	<ul style="list-style-type: none"> <li>minimal transition effort is required from current processes</li> </ul>
<b>NCPHN's ongoing role and responsibilities</b>	<ul style="list-style-type: none"> <li>manually validate and cleanse form data as it is submitted on a daily basis</li> <li>manually upload information into NCPHN's systems on a daily basis to ensure most current dataset</li> <li>invite newly discovered health practices and clinicians to partake in the survey by sending an email with link</li> </ul>
Summary	
Advantages / Strengths	Disadvantages / Limitations
<ul style="list-style-type: none"> <li>+ cheapest solution and quickest to implement</li> <li>+ simplicity of solution means it is also the easiest to modify / change in the future</li> </ul>	<ul style="list-style-type: none"> <li>- large demand on resources to validate and input data</li> <li>- high risk of spam to NCPHN by web robots</li> <li>- minor restrictions on field inputs, data cleansing still required on every instance</li> <li>- health practices and clinicians currently in the system cannot review what information is already captured and will need to completely update information every time requiring a large time commitment</li> </ul>

Figure 4: Data Collection Option 3 – Web form on the NCPHN website

### Recommendations

It is recommended NCPHN develop and use Option 1: Self-Service Web Portal to collect and maintain data. The reasons why this option is the most appropriate, efficient and effective data collection and maintenance tool include:

- provides superior data validation when compared with Option 2 and 3, and allows automatic upload to database via connection
- allows NCPHN to verify and approve health clinicians and practices during registration and before data is incorporated into NCPHN's data system. This ensures NCPHN's contains only information on health practices and clinicians it wants
- provides a modern platform that will support ongoing projects (such as a news/ updates channel) and is highly scalable and accessible to the wider primary health care workforce and stakeholders
- creates automatic notifications for data refresh at a frequency determined by NCPHN
- has the capacity to generate administration dashboards to provide unparalleled insights into the current users (including the primary health care workforce).

A depiction of the user experience journey for Option 1: Self-Service Web Portal is provided in Figure 2.

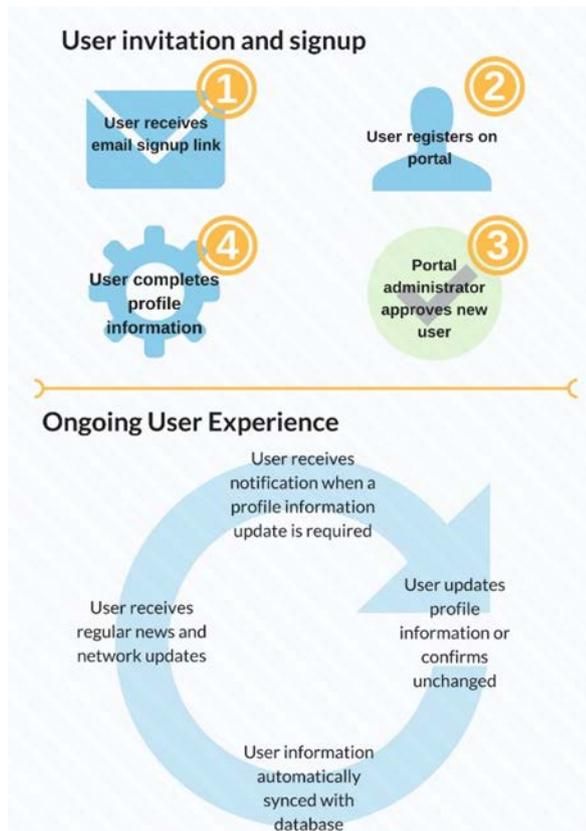


Figure 5: The user experience journey using Option 1 – Self-service Web Portal

# What is a Primary Health Care Professional?



## Aboriginal and Torres Strait Islander Health Practitioner

### What do they do?

Aboriginal and Torres Strait Islander Health Practitioners (AHPs) provide direct clinical and other health services to Aboriginal clients and communities. AHP is a protected title, meaning to work as an AHP the clinician must have completed mandatory training and be registered with AHPRA. Individuals studying to become an AHP undertake clinical practice and assessment, acquiring the knowledge and skills to perform a number of clinical procedures.

AHP provide a day to day health service within the context of Primary Health Care in a professional, confidential and culturally safe manner. The role of AHP's vary across Australia, depending on context, service need, organisational policy and regulatory framework. At a service level, an AHP's role will be determined by the services provided, model of care, team skill mix and roles, patient profile, supervision framework, facilities and the individual's scope of practice.

AHP's work with individuals who identify as Aboriginal and Torres Strait Islander, of all ages and genders.

AHP's work in remote, rural, regional and metropolitan locations. They are employed largely by the Aboriginal Community Controlled Health Sector, other Aboriginal Medical Services, mainstream and private health services.

#### Medicare Item Numbers

AHP

10950, 81300, 10983, 10984, 10987, 10988, 10989, 10997

It is mandatory an AHP is an Aboriginal and/or Torres Strait Islander person which means someone who is:

- of Aboriginal and/or Torres Strait Islander descent; and
- identifies as an Aboriginal and/or Torres Strait Islander; and
- is accepted as such by the Aboriginal and/or Torres Strait Islander community in which they live.

### Qualifications

	AHP
Certificate IV in Aboriginal and/or Torres Strait Islander Primary Health Care Practice	✓
Registration with AHPRA	✓
Minimum time until qualified (FT study load)	12 m

### Workforce

Number of AHPs registered in NCPHN (AIHW 2014)	5
Number of FTE AHPs practicing in NCPHN (AIHW 2014)	5
Number of practicing AHPs registered in NSW with AHPRA (2017)	109
Number of practicing AHPs in Australia with AHPRA (2017)	578

# What is a Primary Health Care Professional?



## Aboriginal Health Worker

### What do they do?

Aboriginal Health Workers (AHW) provides flexible, holistic and culturally sensitive health services to Aboriginal and Torres Strait Islander (ATSI) clients and the community, to achieve better health outcomes and better access to health services for ATSI people.

Traditionally, AHWs in NSW Health have provided services such as community liaison and engagement, advocacy, health promotion and education, culturally safe services, cultural education and brokerage, community development, and disease prevention.

Although AHW roles are diverse, the following characteristics have been found to be universal across Australia:

- the provision of Aboriginal primary health care
- cultural security and safety
- disease prevention and health promotion

In NSW, AHW are commonly known as:

- Aboriginal Community Health Workers
- Aboriginal Family Health Worker
- Aboriginal Hospital Liaison Officers
- Principal Aboriginal Health Workers
- Senior Aboriginal Health Workers

Senior Aboriginal Health Workers may also provide graduate tertiary level clinical/professional services to the Aboriginal community, have advanced skills in Aboriginal primary health care, manage specific Aboriginal services or programs, and are responsible for supervising other staff.

AHWs may work as a generalist or specialise in one field. Examples of these include:

- alcohol and other drugs
- mental health
- family violence
- maternal & infant health
- STI & BBV
- chronic care
- early childhood
- health promotion
- Aboriginal hospital liaison
- aged care
- youth health
- women's health & men's health

AHW's work in rural, regional, remote and urban locations. They are employed largely by the Aboriginal Community Controlled Health Sector, other Aboriginal Medical Services, mainstream and private health services.

It is mandatory an AHW is an Aboriginal and/or Torres Strait Islander person which means someone who is:

- of Aboriginal and/or Torres Strait Islander descent; and
- identifies as an Aboriginal and/or Torres Strait Islander; and
- is accepted as such by the Aboriginal and/or Torres Strait Islander community in which they live.

### Qualifications

	AHW
Certificate III in Aboriginal Primary Health Care (including undergoing recognition of prior learning processes against current qualifications)	✓
Minimum time until qualified (FT study load)	12 m

### Workforce

Number of AHWs known by NCPHN	21
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# What is a Primary Health Care Professional?



## Chiropractor

### What do they do?

Chiropractors provide diagnosis, management and prevention of mechanical disorders of the musculoskeletal system, with a particular focus on the spine. This extends to the effects of these disorders on the function of the nervous system and general health. Chiropractors practice a drug and surgery free method of treatment.

Primary services of a Chiropractor include:

- Taking patient medical history
- Diagnosis
- Treatment, which typically involves manual adjustments to joints, exercises, patient education, and other treatments or modalities
- Referral to other healthcare professionals as required

### Medicare Item Numbers

Chiropractor

10964 & 81345

**8.4%**

of respondents to the NCPHN Community Survey said it was hard or very hard to access a Chiropractor



### Qualifications

	Chiropractor
Bachelor of Chiropractic Science	✓
Master of Chiropractic	✓
Registration with Chiropractic Board of Australia	✓
Minimum time until qualified (FT study load)	5 yrs

### Workforce

Number of Chiropractors registered in NCPHN (AIHW 2014)	96.8
Number of FTE Chiropractors practicing in NCPHN (AIHW 2014)	82.1
Number of practicing Chiropractors registered in NSW with AHPRA (2017)	1,690
Number of practicing Chiropractors in Australia with AHPRA (2017)	4,953

# What is a Primary Health Care Professional?



## Dentist

### What do they do?

- Using oral exams, a patient's medical history, X-rays and tests to diagnose dental disease
- Providing preventive care via teeth cleaning, application of fluoride and other pharmaceutical interventions
- Restoring teeth using crowns, veneers, fillings and the like
- Replacing lost teeth with crowns and dentures
- Oral surgery e.g., the removal of wisdom teeth
- Supervising treatments by allied dental staff such as hygienists and prosthetists
- Writing of prescriptions to help in the control of pain and disease management
- An increased focus on preventive therapies over treatment, and on educating people so they are able to take an active role in the maintenance of their own oral health.

### Primary services of a Dental Therapist and Oral Health Therapist include:

- Primarily treat dental diseases in children and adolescents.

- Referring more complex dental issues to a dentist
- Creating awareness in the community of the sorts of healthy food options that aid good oral health.

### Primary services of a Dentist Hygienist and Oral Health Therapist include:

- Assessing the state of a person's oral health and advising ways to treat gum diseases and prevent build up of plaque and cavities
- Removing tartar, plaque and stains from teeth, as well as polishing them
- Applying fluoride treatments, gum dressings, dental mouth sheets and professional tooth whitening agents
- Administering and interpreting dental X-rays
- Use plaster models of the mouth to create customised mouthguards.

**A Dental Prosthetists** clinical role is focused on diagnostic, preventive and fabrication duties to provide a complete removable prosthetic service for the replacement and protection of natural teeth.

### Qualifications

	Dentist	Dental Therapist	Dental Hygienist	Dental Prosthetist	Oral Health Therapist
3 year Bachelor degree plus 4 year Doctor of Dental Medicine	✓				
Bachelor of Oral Health		✓	✓		✓
Advanced Diploma in Dental Prosthetics or a Bachelor of Oral Health in Dental Prosthetics				✓	
Registration with AHPRA	✓	✓	✓	✓	✓
Minimum Time until qualified (FT study load)	7 yrs	3 yrs	3 yrs	2-3 yrs	3 yrs

### WorkForce

Number of practicing Dentists registered in NCPHN (AIHW 2014)	275.7	23	18	33	17
Number of FTE Dentists in NCPHN (AIHW 2014)	250.2	17.3	13	33.6	14.4
Number of practicing Dentists registered in NSW with AHPRA (2017)	5,255	198	443	409	376
Number of practicing Dentists registered in Australia with AHPRA (2017)	16,684	963	1,437	1,232	1,467
Medicare item number	75800	N/A	N/A	N/A	N/A

# What is a Primary Health Care Professional?

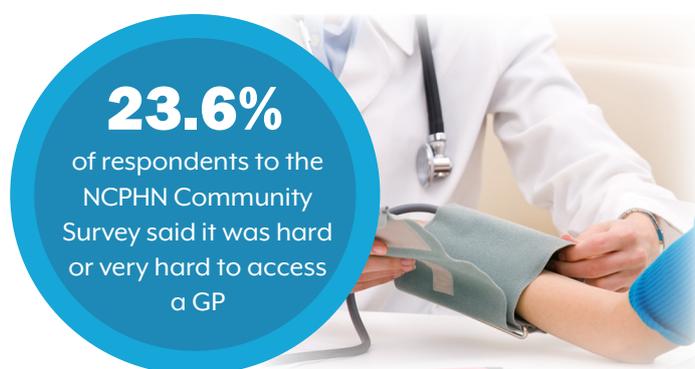


## General Practitioner

### What do they do?

- Is most likely the first point of contact in matters of personal health
- Coordinates the care of patients and refers patients to other specialists
- Cares for patients in a whole of person approach and in the context of their work, family and community
- Cares for patients of all ages, both sexes, children and adults across all disease categories
- Cares for patients over a period of their lifetime
- Provides advice and education on health care
- Performs legal processes such as certification of documents or provision of reports in relation to motor transport or work accidents.

Medicare Item Numbers	
General Practitioner	3 to 51, 193, 195, 197, 199, 597, 599, 2497-2559 and 5000-5067



### Qualifications

	General Practitioner
Undergraduate Bachelor degree at Medical School plus	✓
Complete an internship, usually in a hospital plus	✓
Complete a Residency program plus	✓
Complete 2 years supervised experience as a GP Registrar	✓
Minimum Time until qualified (FT study load)	8 yrs

### Workforce

Number of General Practitioners registered in NCPHN (AIHW 2014)	653.8
Number of FTE General Practitioners practicing in NCPHN (AIHW 2014)	643.3
Number of practicing General Practitioners registered in NSW with AHPRA (2017)	7,639
Number of practicing General Practitioners in Australia with AHPRA (2017)	24,943

# What is a Primary Health Care Professional?



## Nurse

### What do they do?

#### Enrolled Nurse

- Assessing, planning, implementing and evaluating nursing care for patients
- Working in consultation with other Health Professionals and members of health teams, and coordinating the care of patients
- Providing interventions, treatments and therapies and monitoring responses to treatment and care plan
- Promoting health and assisting in preventing ill health by participating in health education and other health promotion activities
- Maintaining accurate clinical documentation and patient information systems ensuring the data is accurate and complete
- Answering questions and providing information to patients and families about treatment and care

#### Registered Nurse as above and including:

- Supervising and coordinating the work of Enrolled Nurses and other health care workers

#### The Primary services of a Nurse Practitioner include:

- Diagnosing and treating acute health problems
- Treating and monitoring chronic diseases such as diabetes and hypertension
- Ordering, performing and interpreting specific diagnostic tests
- Supplying and prescribing specific formulary medications
- Referring to, and accept referrals from other health professionals as necessary.

#### The Primary services of a Midwife include:

- Providing advice and support during pre-conception, intrapartum, antenatal and postnatal periods in partnership with women
- Providing care and management of pregnancy and birth
- Conducting health education classes and seminars to promote the health of mothers and babies such as reproductive health, antenatal education, preparation for parenthood and breastfeeding.

### Qualifications

	Enrolled nurse	Registered nurse	Nurse Practitioner	Midwife
Diploma of Nursing	✓			
Registration with NMBA	✓	✓		
Registration with AHPRA	✓	✓	✓	✓
Endorsement from NMBA			✓	✓
Bachelor of Nursing		✓	✓	✓*

\*Bachelor of Nursing plus postgraduate studies in Midwifery or Bachelor of Midwifery

### WorkForce

Minimum time until qualified (FT study load)	12-24m	3 yrs	7 yrs	7 yrs
Number of practicing Nurses registered in NCPHN (AIHW 2014)	1115	5,211.7	N/A	N/A
Number of FTE practicing in NCPHN	931.8	4,596.1	N/A	N/A
Number of practicing Nurses registered in NSW with AHPRA (2017)	13,546	80,760	339	155
Number of practicing Nurses registered in Australia with AHPRA (2017)	62,085	280,493	1,519	110

# What is a Primary Health Care Professional?



## Occupational Therapist

### What do they do?

Occupational Therapy is a health profession concerned with promoting health and well being through occupation. In Occupational Therapy, occupations refer to the everyday activities that people do as individuals, in families and with communities to occupy time and bring meaning and purpose to life. Occupations include things people need to, want to and are expected to do.

Assessment includes the use of standardised procedures, interviews, observations in a variety of settings and consultation with significant people in the client's life. The results of the assessment are the basis of the treatment plan which includes short and long-term aims of treatment. The treatment plan is specific to the client's individual development stage, habits, roles, life-style preferences and the environment.

Intervention focuses on programs that are person oriented and environmental. These are designed to facilitate the performance of everyday tasks and adaptation of settings in which the person works, lives and socialises. Examples include teaching

new techniques and providing equipment which facilitate independence in personal care, reducing environmental barriers and providing resources to lessen stress.

### Medicare Item Numbers

Occupational Therapist

10958, 81330, 82010 & 82025



### Qualifications

	Occupational Therapist
Bachelor of Occupational Therapy	✓
Registration with AHPRA	✓
Minimum time until qualified (FT study load)	4 yrs

### Workforce

Number of Occupational Therapists registered in NCPHN (AIHW 2014)	250
Number of FTE Occupational Therapists practicing in NCPHN (AIHW 2014)	207.4
Number of practicing Occupational Therapists registered in NSW with AHPRA (2017)	5,284
Number of practicing Occupational Therapists in Australia with AHPRA (2017)	18,612

# What is a Primary Health Care Professional?



## Optometrist

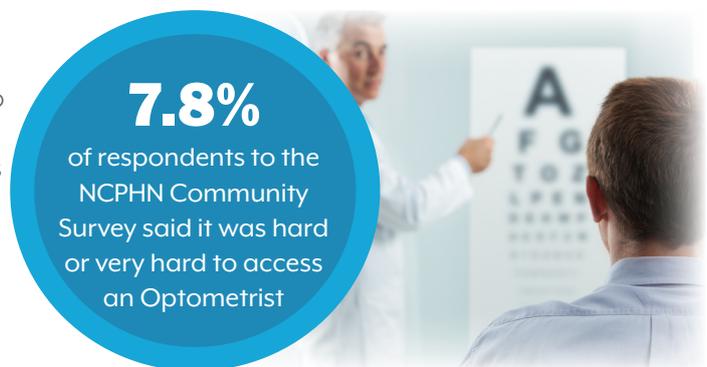
### What do they do?

An Optometrist is a primary care practitioner who examines eyes, gives advice on visual problems, and prescribes and fits glasses or contact lenses. If eye disease is detected, an optometrist will generally refer patients to a specialist for further management.

Optometrists work with a wide variety of health practitioners and medical specialists. Optometrists also communicate with general medical practitioners, and a range of health care workers including diabetologists and endocrinologists, paediatricians, neurologists, Aboriginal and Torres Strait Islander health workers, education psychologists and diabetes educators.

Optometrists treat any and all demographics of patients. Optometrists work in remote, regional and metropolitan locations, in the public and private sector.

Medicare Item Numbers	
Optometrist	82030, 82035, 10905, 10907, 10910 - 10916, 10918, 10925 - 109331, 10940 - 10948



### Qualifications

	Optometrist
Bachelor of Optometry	✓
Registration with AHPRA	✓
Minimum time until qualified (FT study load)	3.5 yrs

### Workforce

Number of Optometrists registered in NCPHN (AIHW 2014)	86.7
Number of FTE Optometrists practicing in NCPHN (AIHW 2014)	83.3
Number of practicing Optometrists registered in NSW with AHPRA (2017)	1,760
Number of practicing Optometrists in Australia with AHPRA (2017)	5,160

# What is a Primary Health Care Professional?



## Osteopath

### What do they do?

Osteopathy is a form of manual healthcare which recognises the important link between the structure of the body and the way it functions. Osteopaths focus on how the skeleton, joints, muscles, nerves, circulation, connective tissue and internal organs function as a holistic unit.

Using evaluation, diagnosis and a wide range of hands-on techniques, osteopaths can identify important types of dysfunction in the patients body. Osteopathic treatment uses techniques such as stretching and massage for general treatment of the soft tissues (muscles, tendons and ligaments) along with mobilisation of specific joints and soft tissues.

Osteopaths are primary healthcare practitioners and are trained to recognise conditions that require medical referral. They are also trained to perform standard examinations of the musculoskeletal, cardiovascular, respiratory and nervous systems.

Osteopaths treat any and all demographics of patients.

Osteopaths work in remote, regional and metropolitan locations, most commonly in the private sector.

### Medicare Item Numbers

Osteopath

10966 & 81350



### Qualifications

Bachelor of Science (Osteopathy)	✓
Registration with AHPRA	✓
Minimum time until qualified (FT study load)	5 yrs

Osteopath

### Workforce

Number of Osteopaths registered in NCPHN (AIHW 2014)	66
Number of FTE Osteopaths practicing in NCPHN (AIHW 2014)	55.7
Number of practicing Osteopaths registered in NSW with AHPRA (2017)	540
Number of practicing Osteopaths in Australia with AHPRA (2017)	2,120

# What is a Primary Health Care Professional?



## Pharmacist

### What do they do?

Pharmacists are experts in medicine. Dispensing is an integral service provided by pharmacists. They also provide professional advice and counselling on medications including their use and effects as well as general healthcare, in addition to dispensing prescribed and over the counter medications.

Pharmacists are accountable for every piece of advice and service provided in their pharmacies. Their continuing registration and approval to dispense medication under the PBS depends on them always being present in the pharmacy and abiding by the rules of the Pharmacy Board. A Pharmacist who loses registration cannot continue to work in or operate a pharmacy.

Pharmacists services are highly accessible – in the vast majority of cases, these services are offered to consumers free of charge and without the need to

make an appointment. Pharmacists develop strong relationships with their patients, as many people enjoy the benefits of patronising a single pharmacy.

Pharmacists are accessible to any and all demographics of patients. Pharmacists work in remote, regional and metropolitan locations, the majority in private community pharmacies.



### Qualifications

	Pharmacist
Bachelor of Pharmacy OR Bachelors degree plus Masters of Pharmacy plus;	✓
1 year internship	✓
Registration with AHPRA	✓
Minimum time until qualified (FT study load)	5 yrs

### Workforce

Number of Pharmacists registered in NCPHN (AIHW 2014)	366
Number of FTE Pharmacists practicing in NCPHN (AIHW 2014)	354.6
Number of practicing Pharmacists registered in NSW with AHPRA (2017)	8,391
Number of practicing Pharmacists in Australia with AHPRA (2017)	27,384

# What is a Primary Health Care Professional?



## Physiotherapist

### What do they do?

Physiotherapists are trained to assess, diagnose and treat conditions, diseases and disabilities with movement and exercise. They study body movement and function.

Using advanced techniques and evidence-based care, Physiotherapists assess, diagnose, treat and prevent a wide range of health conditions and movement disorders. Physiotherapy helps repair damage, reduce stiffness and pain, increase mobility and improve quality of life.

Physiotherapy extends from health promotion to injury prevention, acute care, rehabilitation, maintenance of functional mobility, chronic disease management, patient and carer education and occupational health.

Physiotherapists also work closely with GPs and other health clinicians to plan and manage treatment. Physiotherapists work in a range of settings including in private and public hospitals, community health services, in private clinics, or working with older people

in residential aged care facilities.

A typical session with a Physiotherapist is unique to a patient's needs and their health condition. Treatment also depends on the scope of practice of the Physiotherapist.

Physiotherapists treat any and all demographics of patients, with a wide variety of health concerns. Physiotherapists work in rural, regional and metropolitan locations, in public and private settings.

**24.0%**

of respondents to the NCPHN Community Survey said it was hard or very hard to access a Physiotherapist



### Qualifications

	Physiotherapist
Bachelor of Physiotherapy	✓
Registration with AHPRA	✓
Minimum time until qualified (FT study load)	4 yrs

### Workforce

Number of Physiotherapists registered in NCPHN (AIHW 2014)	406
Number of FTE Physiotherapists practicing in NCPHN (AIHW 2014)	351.2
Number of practicing Physiotherapists registered in NSW with AHPRA (2017)	8,528
Number of practicing Physiotherapists in Australia with AHPRA (2017)	28,921

# What is a Primary Health Care Professional?



## Podiatrist

### What do they do?

Podiatrists provide diagnosis, treatment, prevention and management of medical conditions and injuries of the foot, ankle and lower limb.

Podiatrists diagnose and treat a wide range of foot pathologies. The conditions Podiatrists treat include those resulting from bone and joint disorders such as arthritis and soft-tissue and muscular pathologies, as well as neurological and circulatory disease. Podiatrists are also able to diagnose and treat any complications of the above which affect the lower limb, including skin and nail disorders, corns, calluses and ingrown toenails. Foot injuries and infections gained through sport or other activities are also diagnosed and treated by Podiatrists.

Podiatrists treat any and all demographics of patient. Podiatrists work in rural, regional and metropolitan locations, in public and private settings. Podiatrists work in a variety of locations including community health centres, private practice, hospitals, sports medicine clinics and nursing homes. In order to

facilitate enhanced clinical care, podiatrists establish and maintain collaborative relationships with other health care providers, often working within a site-based, multi-disciplinary team.

### Medicare Item Numbers

Podiatrist

10962 & 81340

**12.8%**

of respondents to the NCPHN Community Survey said it was hard or very hard to access a Podiatrist



### Qualifications

Bachelor of Podiatry	✓
Registration with AHPRA	✓
Minimum time until qualified (FT study load)	3 yrs

### Workforce

Number of Podiatrists registered in NCPHN (AIHW 2014)	72.8
Number of FTE Podiatrists practicing in NCPHN (AIHW 2014)	70.3
Number of practicing Podiatrists registered in NSW with AHPRA (2017)	1,345
Number of practicing Podiatrists in Australia with AHPRA (2017)	4,781

Podiatrist

# What is a Primary Health Care Professional?



## Psychologist

### What do they do?

- Assess and diagnose major mental illnesses and psychological problems.
- Assist people overcoming everyday problems such as stress and relationship difficulties.
- Diagnose and treat people with mental illnesses

### Primary services of a Clinical Psychologist may include:

- Psychological assessment and diagnosis of major mental illnesses and psychological problems.
- Providing expert opinion in clinical and compensation areas.
- Applying psychological theory and scientific research to solve complex clinical psychology problems requiring individually tailored interventions.

Medicare item numbers	Provisional Psychologist	N/A
	Registered Psychologist	10968, 81355, 80100, 80105, 80110, 80115, 80120, 82000, 82015
	Clinical Psychologist	80000, 80005, 80010, 80015, 80020



### Qualifications

	Provisional Psychologist	Registered Psychologist	Clinical Psychologist
Primary services of a Registered Psychologist are provided under formal supervision arrangements	✓		
Bachelors Degree with Psychology major or Bachelors Degree with Graduate Diploma in Psychology		✓	✓
Research Honours or Coursework in Psychology plus		✓	✓
PHD or Masters or Internship		✓	✓
Registration with APHRA		✓	✓
Accredited doctorate in the approved area of practice with one year of approved supervised full-time equivalent practice or; An accredited Masters in the approved area of practice applied for, and a minimum of two years of approved supervised full-time equivalent practice.			✓
Minimum Time until qualified (FT study load)	4 yrs	6-9 yrs	10 yrs

### Workforce

Number of practicing Psychologists registered in NCPHN (AIHW 2014)	N/A	424.7	N/A
Number of FTE Psychologists in NCPHN (AIHW 2014)	N/A	360.1	N/A
Number of practicing Psychologists registered in NSW with AHPRA (2017)	1,421	9,333	2,404
Number of practicing Psychologists registered in Australia with AHPRA (2017)	46,75	28,026	7,744

# Appendix IX: Allied Health and Nursing Survey

## 1 Overview

An Allied Health and Nursing Survey (the Survey) was conducted to gather health professional workforce data with the aim to strengthen understanding of the primary health care workforce in the region. The information collected through the Survey was intended to increase the breadth of data available and increase NCPHN's understanding of the depth and spread of the primary health care workforce, as well as clinicians' intentions to continue to provide services in the future.

Details of the Allied Health and Nursing Survey (the Survey), including the seven key themes investigated, is depicted in Figure 1.

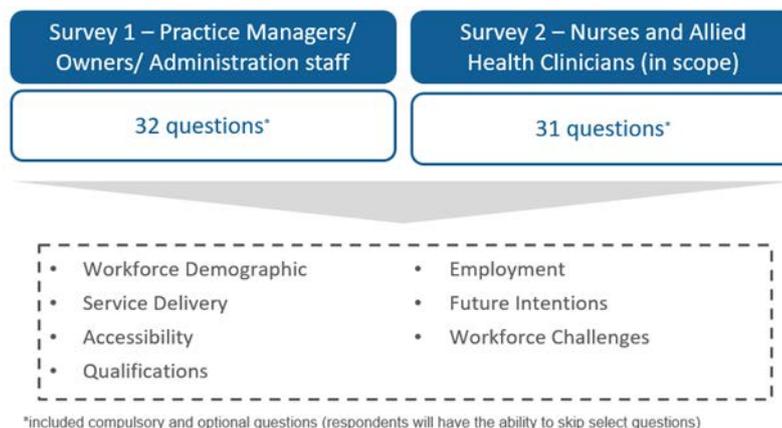


Figure 1: Two separate surveys were distributed to investigate seven key themes

## 2 Survey response statistics

Figure 8 shows the Survey's response statistics, highlighting that 580 professionals opened the survey and 56% completed the survey (80% health clinicians and 20% practice managers/ owners/ administration staff).

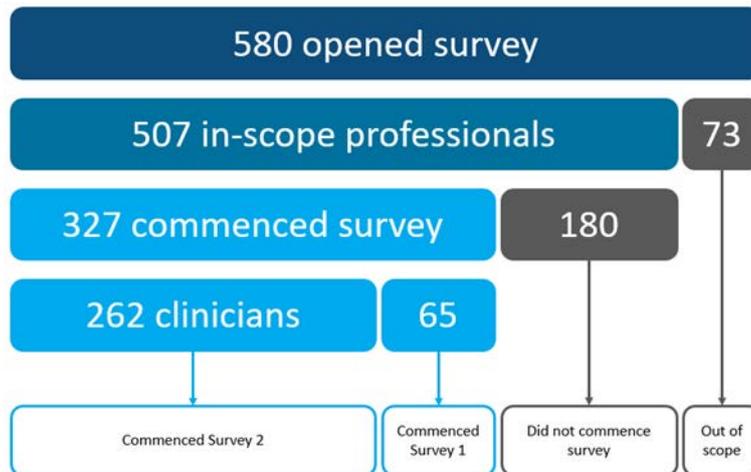


Figure 2: The Allied Health and Nursing Survey was opened by 580 professionals, 327 individuals completed it

Overall, the greatest response rates corresponded to efforts to actively publicise the Survey, such as reminder emails and phone calls to health practices. Some key outcomes included:

- professionals completing Survey 1 had a faster and greater dropout rate
- professionals completing Survey 2 were more likely to answer each question
- large number of responses from health clinicians working in nursing, occupational therapy, physiotherapy and psychology
- strong response rate\* from health clinicians working in speech pathology, physiotherapy, occupational therapy, osteopathy
- small number of responses from health clinicians working in optometry, chiropractic and Aboriginal and Torres Strait Islander health
- over half of respondents were aged over 50 years.

\*response rate based on total number of health clinicians in the field of practice identified in NCPHN's existing dataset or in any other health workforce dataset collated through this project.

### 3 Summary of survey findings

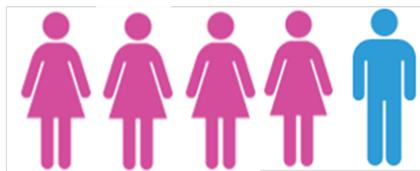
## NCPHN Allied Health and Nursing Survey

### Workforce Demographic

**Scope**

Respondents were asked about their:

- Age
- Gender identity
- ATSI status
- Languages spoken



**4 out of 5 health clinicians were female**

Males most strongly represented in the fields of podiatry, physiotherapy and dentistry

Less than 3% of clinicians identified as Aboriginal or Torres Strait Islander

Over half of respondents were over 50 years of age and 18% are over 60

Average age of clinicians varied by field of practice and level of remoteness



French and German most common non-English spoken language

## Service Delivery

**Scope**

Respondents were asked about:

- How they deliver services
- Co-location with other health services
- Practice operating hours
- How they deliver services



95% of clinicians delivered services in a health practice

Almost 50% of clinicians provided services in patients' homes

Occupational therapists, physiotherapists, mental health social workers and dietitians were most likely to provide services at home



1 in 5 clinicians provided services over the phone or via video conferencing

Clinical psychologists and dietitians were most likely to offer telehealth services

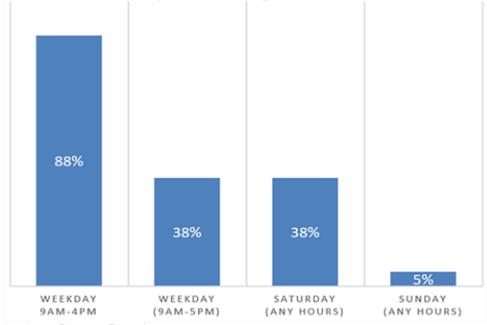
Less than 10% of clinicians provided services online, using mobile technology or at educational or aged care facilities

Clinicians who work after hours were most likely to deliver services at a health practice or at the patient's home



38% of health practices were co-located with other health services

## Operating Hours



Clinicians working in physiotherapy, psychology, pharmaceuticals and Aboriginal and Torres Strait Islander health were most likely to deliver services on the weekend

Less than 10% of health practices provided services after 7pm



1 in 20 practices were open on a Sunday

Scope

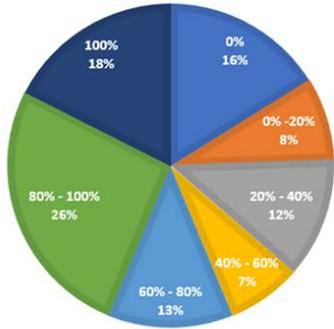
- Respondents were asked about:
- Patients' Medicare eligibility
  - Patients' average out of pocket expense to receive services
  - Accepting new patients
  - Average waitlist times

*Come in. WE'RE*  
**OPEN**

Almost all clinicians across all fields of practice were accepting new patients

1 in 5 *psychologists* indicated they were not accepting new patients

**Proportion of patients eligible for Medicare Rebate**



Average clinician gave Medicare Rebate to **58%** of patients

**MOST LIKELY** to give Medicare Rebate  
Nurses  
Psychologists  
Exercise Physiologists

**LEAST LIKELY** to give Medicare Rebate  
Speech Pathologists  
Occupational Therapists  
Osteopaths



**HIGHEST OUT OF POCKET EXPENSE\***

Psychologists  
Osteopaths  
Counsellors

Nurses  
Exercise Physiologists  
Podiatrists



**LOWEST OUT OF POCKET EXPENSE\***

**MOST LIKELY TO HAVE WAITLIST**

Psychologists  
Occupational Therapists  
Physiotherapists  
Mental Health Social Workers

Waitlists existed for all services across all areas of the North Coast



**20 days**

was the average waitlist for clinicians working in allied health and nursing

**5.7 weeks**

was the average waitlist for *speech pathologists*

**LONGEST WAITLISTS**

Speech Pathologists  
Psychologists  
Occupational Therapists

\*amount paid by patient after accounting for any Medicare Rebate

# Employment

Scope

Respondents were asked about:

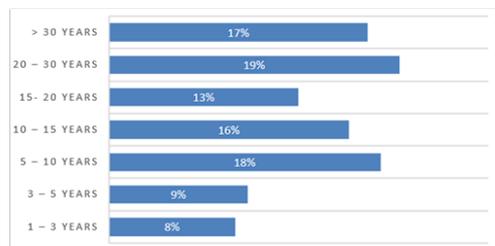
- Employment status
- Practices employed
- Hours employed
- Experience working in field of health and current profession



The average clinician worked **31.6 hours** each week

*Physiotherapists* worked more than any other allied health clinician, working, on average, 35.2 hours each week

**Nurses** worked the fewest hours each week, on average **24.8 hours**

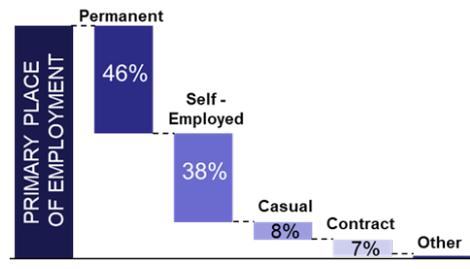


The average clinician had **17 years** of experience in their current field of practice and **20 years** working in the health care sector generally

**Women** worked, on average, **30.4 hours** each week

**Males** worked, on average, **35.6 hours** each week

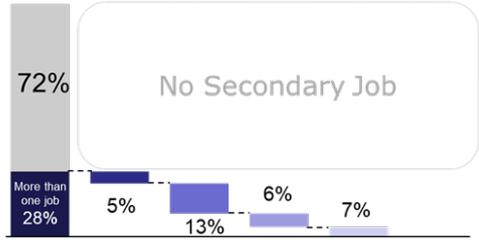
## Employment in primary and secondary places of employment



84% of clinicians are working in a permanent or self-employed position

**Over 90% of the casual workforce were women**

Over 50% of males were self-employed



Almost 50% of clinicians working in 2+ locations are employed casually at their secondary place of employment

**40 - 55** most likely to be employed in two or more practices

Health clinicians employed on a casual basis worked the fewest hours each week - on average 18 hours

## Qualifications

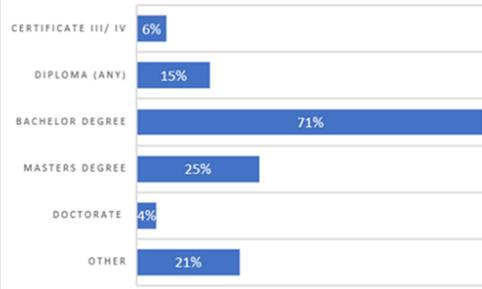
Scope  
 Respondents were asked about:

- Qualifications
- Studying institutions



62% of clinicians studied in New South Wales  
 35% of clinicians studied in Sydney

### Qualification levels of our clinicians



17% of clinicians studied in Queensland



7% of clinicians studied internationally



1 in 8 clinicians studied at Southern Cross University

Nurses, counsellors and social workers were most likely to be qualified to work in different health care capacities

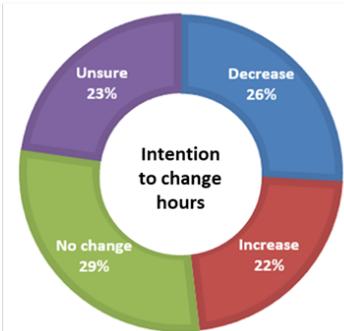


Clinical psychologists (73%) and osteopaths (67%) had the highest rate of Master's degrees

## Future Intentions

Scope  
 Respondents were asked about their intentions to:

- Change location of employment
- Remain in workforce
- Change hours of practice
- Upskill and/or change service offering



50% of clinicians planning to reduce their hours were over 55 years



21% of clinicians intended to stop practicing in the North Coast within the next 5 years

1 in 4 clinicians intending to increase their hours were aged 35 – 40 years

Intentions to stop practicing in the North Coast correlated with clinician's age profile



1 in 5 people intended to change the services they deliver within the next 5 years

82% of clinicians intended to undertake further professional development within the next 5 years



Clinicians who did not intend to undertake further professional development also did not intend to keep practicing in the North Coast in 5 years

## 4 Considerations for the design and distribution of future workforce surveys

SURVEY DESIGN	SURVEY DISTRIBUTION
<p>Survey should aim to be short (under 10 minutes to complete), and targeted. Questions are mostly easily able to be analysed when they are concise, clear and have limited capacity for interpretation.</p>	<p>It may be more effective to distribute long, more complex surveys that require more than 10 minutes to complete to health associations and industry bodies to complete on behalf of their members, rather than individual members of the workforce.</p>
<p>The number of open-ended (free text) questions should be kept at a minimum. Where possible, all questions should allow for self-selection from a pre-populated list.</p>	<p>Inform stakeholders and the target audience of the survey in advance. This could include details of when and why the survey will occur, who will be conducting the survey and what information will be required.</p>
<p>To strengthen the response rate, NCPHN should provide the target audience with an incentive to complete the survey. This requires NCPHN to clearly articulate the value to the target audience for completing the survey. Creative or innovative incentives could be used to increase the attractiveness of completing the survey.</p>	<p>Conduct survey during periods without a major holiday. This should reduce the likelihood that the target audience will be on leave or that health practices will be closed.</p>
<p>The survey tool used should be appropriate to the length, style and format of the survey and data collection. A tool, such as Wufoo, may be more suitable for surveys which require greater flexibility and customisation. In contrast, Survey Monkey is better for simple and generic surveys.</p>	<p>Survey needs to have wide support from leading and influential stakeholders and health organisations (public, private and not-for-profit), who are prepared to publicise and encourage the target audience to participate and complete the survey. Identifying 'survey champions' within specific health sectors or fields of practices is also recommended.</p>
<p>Utilising an online survey is the preferred method for data collection. Telephone interviews and faxed questions could be offered as a secondary collection mechanism to increase responsiveness.</p>	<p>Encourage the target audience to complete the survey by sending reminder emails at different stages of the open period. Note, the number of reminder emails distributed will vary according to the length the survey is live.</p>
<p>Surveys which are compatible with mobile and tablet technology, in addition to desktop computers and laptops, increase the accessibility of the survey.</p>	<p>Consider the duration the survey is live, this should be commensurate with the size of the target audience. For instance, surveys distributed to a large number of people may be required to be open longer than those targeted at a smaller population.</p>

*Table 1: Grosvenor recommends NCPHN consider the following factors when designing and distributing future surveys to the primary health workforce*

## 5 NCPHN Allied Health and Nursing Survey Design

### 5.1 Survey design

#	QUESTION	RESPONSE OPTIONS
1	<p><b>*Mandatory question</b></p> <p>Are you employed in a primary health care setting considered in scope for this Allied Health and Nursing Census?</p>	<p>Drop down:</p> <ul style="list-style-type: none"> <li>• Yes</li> <li>• No (show custom disqualification message)</li> </ul> <p><b>If 'No':</b></p> <p>“Thank you for your willingness to assist us to develop a primary health workforce profile of the North Coast region. At this time we are not collecting information related to the health care services you are engaged in.</p> <p>We look forward to connecting with you in the future.</p> <p>Thank you,</p> <p>North Coast Primary Health Network”</p>
<b>YOUR ROLE</b>		
2	<p><b>*Mandatory question</b></p> <p>Select one of the following options that best describes your role.</p>	<ul style="list-style-type: none"> <li>• You are Service Owner, Practice Manager or Administration Support staff (<b>Question logic links to Survey 1 – Survey for Service Owners / Practice Managers / Administration Support staff</b>)</li> <li>• You are a Primary Health Care Clinician (<b>Question logic links to Survey 2 – Survey for Allied Health and Nursing Clinicians</b>)</li> </ul>
<b>SURVEY 1</b>		
<b>SECTION 1: SERVICE OWNERS/PRACTICE MANAGERS/ADMINISTRATION SUPPORT-PUBLIC SERVICE INFORMATION</b>		
3	<p><b>*Mandatory question</b></p> <p>What is the name of the primary health care service you are completing this survey for?</p>	Open text
4	<p><b>*Mandatory question</b></p> <p>What is the address of the service?</p>	<p>Open text with following fields:</p> <ul style="list-style-type: none"> <li>• Address Line 1</li> <li>• Address Line 2</li> <li>• Street Address</li> </ul>

#	QUESTION	RESPONSE OPTIONS
		<ul style="list-style-type: none"> <li>• Town/ Suburb/ Locality</li> <li>• Postcode</li> <li>• State</li> </ul>
5	<p><i>*Mandatory question (complete at least 1 field)</i></p> <p>Please provide the contact information for the health care service.</p>	<p>Open text with following fields:</p> <ul style="list-style-type: none"> <li>• Phone Number</li> <li>• Email</li> <li>• Fax</li> <li>• Website</li> </ul>
6	<p><i>*Mandatory question</i></p> <p>What days and time is your service open?</p>	<p>Rows with days of the week and columns for “open from” time and “closes at” time with drop down boxes for each hour of the day</p>
7	<p><i>*Mandatory question</i></p> <p>How can patients of your service receive health care services?</p> <p><i>Please select all that apply.</i></p> <p><i>Note: This relates to how health care is provided rather than arranged or managed.</i></p>	<p>Option to select multiple fields (radio):</p> <ul style="list-style-type: none"> <li>• Patient attends service</li> <li>• Telehealth (phone or video conferencing)</li> <li>• Home visits</li> <li>• Online (web based portal, forums and/or conferencing)</li> <li>• Mobile phone application</li> <li>• Other (please specify)</li> </ul>
8	<p><i>*Mandatory question</i></p> <p>What type of after-hours services does your service provide?</p> <p><i>Select all that apply.</i></p> <p><i>Note: This relates to how health care is provided rather than arranged or managed.</i></p>	<p>Option to select multiple fields (radio):</p> <ul style="list-style-type: none"> <li>• Patient attends service</li> <li>• Telehealth (phone or video conferencing)</li> <li>• Home visits</li> <li>• Online (web based portal, forums and/or conferencing)</li> <li>• Mobile phone application</li> <li>• Other (please specify)</li> <li>• Do not provide after- hours services</li> </ul>
9	<p><i>*Mandatory question</i></p> <p>What fields of practice does your service provide health care services for?</p> <p><i>Select all that apply.</i></p>	<p>Option to select multiple fields (radio):</p> <ul style="list-style-type: none"> <li>• Aboriginal and Torres Strait Islander Health</li> <li>• Audiology</li> <li>• Allied health assistance</li> <li>• Chiropractic</li> <li>• Counselling (see below for psychology)</li> <li>• Dietetics and nutrition</li> </ul>

#	QUESTION	RESPONSE OPTIONS
		<ul style="list-style-type: none"> <li>• Exercise physiology</li> <li>• Medicine (General Practitioner)</li> <li>• Mental Health and Drug and Alcohol peer work</li> <li>• Nursing</li> <li>• Occupational Therapy</li> <li>• Optometry</li> <li>• Orthoptics</li> <li>• Orthotics</li> <li>• Osteopathy</li> <li>• Oral Health</li> <li>• Pharmacy</li> <li>• Physiotherapy</li> <li>• Podiatry</li> <li>• Psychology</li> <li>• Speech Pathology</li> <li>• Social Work</li> <li>• Other (please specify)</li> </ul>
10	<p><i>*Mandatory question</i></p> <p>Do any of the health practitioners speak any languages other than English?</p>	<p>Select from drop down menu:</p> <ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> </ul>
11	<p>If yes, what languages do health practitioners speak other than English?</p> <p><i>Select all that apply.</i></p>	<p>Option to select multiple fields:</p> <ul style="list-style-type: none"> <li>• Not applicable</li> <li>• Indigenous language</li> <li>• Mandarin</li> <li>• Greek</li> <li>• Italian</li> <li>• Spanish</li> <li>• Arabic</li> <li>• Cantonese</li> <li>• Vietnamese</li> <li>• Other (please specify)</li> </ul>
12	<p><i>*Mandatory question</i></p> <p>How many health practitioners are employed at the service? (head count)</p>	Open text
13	<p><i>*Mandatory question (complete at least 1 field)</i></p> <ul style="list-style-type: none"> <li>• Please provide the full name of each practitioner identified in Question 12.</li> </ul>	20x single open textboxes

#	QUESTION	RESPONSE OPTIONS
14	Please select a position title for each of the practitioners identified in Question 13	<p>20 drop down boxes labelled "Practitioner #" with the following options</p> <ul style="list-style-type: none"> <li>• Aboriginal and Torres Strait Islander Health Practitioner</li> <li>• Aboriginal and Torres Strait Islands Health Worker</li> <li>• Allied Health Assistant</li> <li>• Assistant in Nursing</li> <li>• Audiologist</li> <li>• Chiropractor</li> <li>• Clinical Psychologist (Endorsed)</li> <li>• Counsellor</li> <li>• Credentialed Mental Health Nurse</li> <li>• Dental Hygienist</li> <li>• Dental Prosthetist</li> <li>• Dental Therapist</li> <li>• Dentist</li> <li>• Diabetes Educator</li> <li>• Dietitian</li> <li>• Drug and Alcohol Nurse</li> <li>• Drug and Alcohol Worker</li> <li>• Enrolled Nurse</li> <li>• Exercise Physiologist</li> <li>• General Practitioner</li> <li>• Lactation Consultant</li> <li>• Low Intensity Counsellor</li> <li>• Mental Health and Drug and Alcohol Peer Worker</li> <li>• Mental Health OT (Medicare Registered)</li> <li>• Mental Health Social Worker (Medicare Registered)</li> <li>• Midwife</li> <li>• Non-Medicare registered Counsellor</li> <li>• Nurse Practitioner</li> <li>• Occupational Therapist</li> <li>• Optician</li> <li>• Oral Health Therapist</li> <li>• Orthoptist</li> <li>• Orthotist</li> </ul>

#	QUESTION	RESPONSE OPTIONS
		<ul style="list-style-type: none"> <li>• Osteopath</li> <li>• Peer Worker</li> <li>• Pharmaceutical Chemist</li> <li>• Pharmacist</li> <li>• Physiotherapist</li> <li>• Podiatrist</li> <li>• Practice Nurse</li> <li>• Prosthetist</li> <li>• Provisional Psychologist</li> <li>• Registered Nurse</li> <li>• Registered Psychologist</li> <li>• Speech Pathologist</li> <li>• Youth Worker</li> <li>• Other (please specify)</li> </ul>
15	<p>*Mandatory question</p> <p>Do you agree to the information provided above being added to the:</p> <p>National Health Services Directory? <a href="https://about.healthdirect.gov.au/nhsd">https://about.healthdirect.gov.au/nhsd</a></p> <p>HealthPathways? <a href="http://ncphn.org.au/healthpathways/">http://ncphn.org.au/healthpathways/</a></p>	<p>Select from a separate drop-down menu for each website:</p> <ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> </ul>
<p><b>SURVEY 1</b></p> <p><b>SECTION 2: SERVICE OWNERS/PRACTICE MANAGERS/ADMINISTRATION SUPPORT</b></p> <p>INFORMATION COLLECTED FROM THIS SECTION WILL BE KEPT CONFIDENTIAL AND NOT USED IN ANY MANNER THAT WILL PERSONALLY IDENTIFY YOU OR THE SERVICE/S WHICH YOU ARE EMPLOYED. NCPHN WILL NOT RELEASE IDENTIFIED DATA TO ANY OTHER ENTITY OR ORGANISATION.</p>		
16	What is your name?	<p>Open text with following fields:</p> <ul style="list-style-type: none"> <li>• First name</li> <li>• Last name</li> </ul>
17	What is your email address?	Open text
18	What is your position title at this health care service?	<p>Select from drop down menu:</p> <ul style="list-style-type: none"> <li>• Service Owner</li> <li>• Practice Manager</li> <li>• Receptionist</li> <li>• Administration Assistant</li> <li>• Other (please specify)</li> </ul>

#	QUESTION	RESPONSE OPTIONS
19	How many hours per week do you work at this primary health care service?	Open text
20	What is the operating structure of the primary health care service?	Select from drop down menu: <ul style="list-style-type: none"> <li>• Government</li> <li>• Non-government (for-profit)</li> <li>• Non-government (not-for-profit)</li> </ul>
21	What proportion of patients at your service are eligible for Medicare rebates?	Select from drop down menu: <ul style="list-style-type: none"> <li>• 0%</li> <li>• 0 – 20%</li> <li>• 20 – 40%</li> <li>• 40 – 60%</li> <li>• 60 – 80%</li> <li>• 80 – 100%</li> <li>• 100%</li> </ul>
22	What is the average out of pocket expense that your patients pay for your service per appointment?  <i>Out of pocket expense is the total fee paid by the patient minus any Medicare rebate or other concession.</i>	Open text
23	Is your service co-located with any other primary health services?  <i>Co-location occurs when multiple health service providers are located within the same building (there is internal access between the two services)</i>	Select from drop down menu: <ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> </ul>
24	If yes, what other health services are co-located with your service?  <i>Select all that apply.</i>	Option to select multiple fields (radio): <ul style="list-style-type: none"> <li>• Not applicable</li> <li>• Aboriginal and Torres Strait Islander Health</li> <li>• Audiology</li> <li>• Allied health assistance</li> <li>• Chiropractic</li> <li>• Counselling (see below for psychology)</li> <li>• Dietetics and nutrition</li> <li>• Exercise physiology</li> <li>• Medicine (General Practitioner)</li> <li>• Mental Health and Drug and Alcohol peer work</li> <li>• Nursing</li> </ul>

#	QUESTION	RESPONSE OPTIONS
		<ul style="list-style-type: none"> <li>• Occupational Therapy</li> <li>• Optometry</li> <li>• Orthoptics</li> <li>• Orthotics</li> <li>• Osteopathy</li> <li>• Oral Health</li> <li>• Pharmacy</li> <li>• Physiotherapy</li> <li>• Podiatry</li> <li>• Psychology</li> <li>• Speech Pathology</li> <li>• Social Work</li> <li>• Other (please specify)</li> </ul>
25	Does your service currently accept new patients?	Select from drop down menu: <ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> </ul>
26	Does your service currently have a waitlist?  <i>Select all services for which there is a waitlist.</i>	Option to select multiple fields (radio): <ul style="list-style-type: none"> <li>• Not applicable – No waitlist</li> <li>• Aboriginal and Torres Strait Islander Health</li> <li>• Audiology</li> <li>• Allied health assistance</li> <li>• Chiropractic</li> <li>• Counselling (see below for psychology)</li> <li>• Dietetics and nutrition</li> <li>• Exercise physiology</li> <li>• Medicine (General Practitioner)</li> <li>• Mental Health and Drug and Alcohol peer work</li> <li>• Nursing</li> <li>• Occupational Therapy</li> <li>• Optometry</li> <li>• Orthoptics</li> <li>• Orthotics</li> <li>• Osteopathy</li> <li>• Oral Health</li> <li>• Pharmacy</li> <li>• Physiotherapy</li> <li>• Podiatry</li> <li>• Psychology</li> </ul>

#	QUESTION	RESPONSE OPTIONS
		<ul style="list-style-type: none"> <li>• Speech Pathology</li> <li>• Social Work</li> <li>• Other (please specify)</li> </ul>
27	<p>If yes, how long is the current waitlist for each of the services identified in Q26? Has the waitlist changed significantly in the last three years?</p>	<p>Matrix of dropdown menus.</p> <p><b>Rows:</b></p> <ul style="list-style-type: none"> <li>• Not applicable – No waitlist</li> <li>• Aboriginal and Torres Strait Islander Health</li> <li>• Audiology</li> <li>• Allied health assistance</li> <li>• Chiropractic</li> <li>• Counselling (see below for psychology)</li> <li>• Dietetics and nutrition</li> <li>• Exercise physiology</li> <li>• Medicine (General Practitioner)</li> <li>• Mental Health and Drug and Alcohol peer work</li> <li>• Nursing</li> <li>• Occupational Therapy</li> <li>• Optometry</li> <li>• Orthoptics</li> <li>• Orthotics</li> <li>• Osteopathy</li> <li>• Oral Health</li> <li>• Pharmacy</li> <li>• Physiotherapy</li> <li>• Podiatry</li> <li>• Psychology</li> <li>• Speech Pathology</li> <li>• Social Work</li> <li>• Other (please specify)</li> </ul> <p><b>Columns (next to each service):</b></p> <ul style="list-style-type: none"> <li>• How long is the current waitlist for this service? <ul style="list-style-type: none"> <li>- &lt; 2 weeks</li> <li>- 2 – 4 weeks</li> <li>- 1 month – 3 months</li> <li>- 3 – 6 months</li> <li>- &gt; 6 months</li> </ul> </li> <li>• Has the waitlist changed</li> </ul>

#	QUESTION	RESPONSE OPTIONS
		<p>significantly in the last three years?</p> <ul style="list-style-type: none"> <li>- Yes – increased</li> <li>- Yes – decreased</li> <li>- No</li> <li>- Unsure</li> </ul>
28	How many health practitioners identify as Aboriginal and/or Torres Strait Islander?	Open text
29	What is the average age of health practitioners in the practice?	<p>Select from drop down menu:</p> <ul style="list-style-type: none"> <li>• Under 25 years</li> <li>• 25 – 35 years</li> <li>• 35 – 45 years</li> <li>• 45 – 55 years</li> <li>• Over 55 years</li> </ul>
30	<p>Please answer the following questions relating to each service applicable to your practice:</p> <ol style="list-style-type: none"> <li>1. Does the service have issues filling clinical vacancies?</li> <li>2. Does the service have issues recruiting clinicians?</li> </ol> <p>Does the service have issues retaining clinicians?</p>	<p>Matrix of drop down menus:</p> <p><b>Rows:</b></p> <ul style="list-style-type: none"> <li>• Aboriginal and Torres Strait Islander Health</li> <li>• Audiology</li> <li>• Allied health assistance</li> <li>• Chiropractic</li> <li>• Counselling (see below for psychology)</li> <li>• Dietetics and nutrition</li> <li>• Exercise physiology</li> <li>• Medicine (General Practitioner)</li> <li>• Mental Health and Drug and Alcohol peer work</li> <li>• Nursing</li> <li>• Occupational Therapy</li> <li>• Optometry</li> <li>• Orthoptics</li> <li>• Orthotics</li> <li>• Osteopathy</li> <li>• Oral Health</li> <li>• Pharmacy</li> <li>• Physiotherapy</li> <li>• Podiatry</li> <li>• Psychology</li> <li>• Speech Pathology</li> </ul>

#	QUESTION	RESPONSE OPTIONS
		<ul style="list-style-type: none"> <li>• Social Work</li> <li>• Other</li> </ul> <p><b>Columns drop down questions:</b></p> <ol style="list-style-type: none"> <li>1. Does the service have issues filling clinical vacancies? Yes/No/Unsure</li> <li>2. Does the service have issues recruiting clinicians? Yes/No/Unsure</li> <li>3. Does the service have issues retaining clinicians? Yes/No/Unsure</li> </ol>
31	How does your service support clinical professional development? Select all that apply	<p>Option to select multiple fields (radio):</p> <ul style="list-style-type: none"> <li>• Training grants</li> <li>• Subsidise training</li> <li>• Personal development plans</li> <li>• Training leave</li> <li>• Membership to affiliated professional body</li> <li>• We do not offer any of the supports listed above</li> <li>• Other (please specify)</li> </ul>
32	Does your service have any plans to increase the number of clinicians in the next five years? (head count)	<p>Select from drop down menu:</p> <ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> <li>• Unsure</li> </ul>
33	Would your service be interested in employing the following positions? Select all that apply	<p>Option to select multiple fields (radio):</p> <ul style="list-style-type: none"> <li>• Primary health care clinician student</li> <li>• Primary health care clinician graduate</li> <li>• Neither</li> </ul>
34	Please describe any trends or challenges that you are aware of related to your field of work on the North Coast (Port Macquarie-Tweed Heads).	Open Text

#### END OF SURVEY 1

THANK YOU FOR COMPLETING THE ALLIED HEALTH AND NURSING CENSUS. WE APPRECIATE THE TIME YOU HAVE TAKEN TO ASSIST US TO DEVELOP A PRIMARY WORKFORCE PROFILE FOR THE NORTH COAST REGION.

*WEBLINK TO REDIRECT RESPONDERS UPON COMPLETION: [HTTP://NCPHN.ORG.AU/](http://ncphn.org.au/)*

#### SURVEY 2

#	QUESTION	RESPONSE OPTIONS
<b>SECTION 1: PRIMARY HEALTH CARE PROFESSIONALS-PUBLIC SERVICE INFORMATION</b>		
35	<p><i>*Mandatory question</i></p> <p>What is your name?</p>	<p>Open text with following fields:</p> <ul style="list-style-type: none"> <li>• First name</li> <li>• Last name</li> </ul>
36	<p><i>*Mandatory question</i></p> <p>What is your current gender identity?</p>	<p>Select from drop down menu:</p> <ul style="list-style-type: none"> <li>• Male</li> <li>• Female</li> <li>• Non- binary (neither male or female)</li> <li>• Different identity (please specify)</li> </ul>
37	<p><i>*Mandatory question</i></p> <p>Do you identify as Aboriginal or Torres Strait Islander?</p>	<p>Option to select multiple fields:</p> <ul style="list-style-type: none"> <li>• No</li> <li>• Yes – Aboriginal</li> <li>• Yes- Torres Strait Islander</li> <li>• Yes – Aboriginal and Torres Strait Islander</li> </ul>
38	<p>Do you speak any languages other than English?</p>	
39	<p>If yes, what languages other than English do you speak? Select all that apply.</p>	<ul style="list-style-type: none"> <li>• Not applicable</li> <li>• Indigenous language</li> <li>• Mandarin</li> <li>• Greek</li> <li>• Italian</li> <li>• Hindi</li> <li>• Spanish</li> <li>• Arabic</li> <li>• Cantonese</li> <li>• Vietnamese</li> <li>• Other (please specify)</li> </ul>
40	<p><i>*Mandatory question</i></p> <p>What is your current position title?</p> <p><i>Select the position title that best describes the services you deliver.</i></p>	<p>Radio button (all possible answers displayed):</p> <ul style="list-style-type: none"> <li>• Aboriginal and Torres Strait Islander Health Practitioner</li> <li>• Aboriginal and Torres Strait Islands Health Worker</li> <li>• Allied Health Assistant</li> <li>• Assistant in Nursing</li> <li>• Audiologist</li> <li>• Chiropractor</li> </ul>

#	QUESTION	RESPONSE OPTIONS
		<ul style="list-style-type: none"> <li>• Clinical Psychologist (Endorsed)</li> <li>• Counsellor</li> <li>• Credentialed Mental Health Nurse</li> <li>• Dental Hygienist</li> <li>• Dental Prosthetist</li> <li>• Dental Therapist</li> <li>• Dentist</li> <li>• Diabetes Educator</li> <li>• Dietitian</li> <li>• Drug and Alcohol Nurse</li> <li>• Drug and Alcohol Worker</li> <li>• Enrolled Nurse</li> <li>• Exercise Physiologist</li> <li>• Lactation Consultant</li> <li>• Low Intensity Counsellor</li> <li>• Mental Health and Drug and Alcohol Peer Worker</li> <li>• Mental Health OT (Medicare Registered)</li> <li>• Mental Health Social Worker (Medicare Registered) Social Worker</li> <li>• Midwife</li> <li>• Non-Medicare registered Counsellor</li> <li>• Nurse Practitioner</li> <li>• Occupational Therapist</li> <li>• Optician</li> <li>• Oral Health Therapist</li> <li>• Orthoptist</li> <li>• Orthotist</li> <li>• Osteopath</li> <li>• Peer Worker</li> <li>• Pharmaceutical Chemist</li> <li>• Pharmacist</li> <li>• Physiotherapist</li> <li>• Podiatrist</li> <li>• Practice Nurse</li> <li>• Prosthetist</li> <li>• Provisional Psychologist</li> <li>• Registered Nurse</li> <li>• Registered Psychologist</li> <li>• Speech Pathologist</li> </ul>

#	QUESTION	RESPONSE OPTIONS
		<ul style="list-style-type: none"> <li>• Youth Worker</li> <li>• Other (please specify)</li> </ul>
41	<p><i>*Mandatory question</i></p> <p>What other position titles are you qualified to hold? Select all that apply.</p>	<p>Option to select multiple fields (radio):</p> <ul style="list-style-type: none"> <li>• Not applicable-not qualified to hold any other positions</li> <li>• Aboriginal and Torres Strait Islander Health Practitioner</li> <li>• Aboriginal and Torres Strait Islands Health Worker</li> <li>• Allied Health Assistant</li> <li>• Assistant in Nursing</li> <li>• Audiologist</li> <li>• Chiropractor</li> <li>• Clinical Psychologist (Endorsed)</li> <li>• Counsellor</li> <li>• Credentialed Mental Health Nurse</li> <li>• Dental Hygienist</li> <li>• Dental Prosthetist</li> <li>• Dental Therapist</li> <li>• Dentist</li> <li>• Diabetes Educator</li> <li>• Dietitian</li> <li>• Drug and Alcohol Nurse</li> <li>• Drug and Alcohol Worker</li> <li>• Enrolled Nurse</li> <li>• Exercise Physiologist</li> <li>• Lactation Consultant</li> <li>• Low Intensity Counsellor</li> <li>• Mental Health and Drug and Alcohol Peer Worker</li> <li>• Mental Health OT (Medicare Registered)</li> <li>• Mental Health Social Worker (Medicare Registered) Social Worker</li> <li>• Midwife</li> <li>• Non-Medicare registered Counsellor</li> <li>• Nurse Practitioner</li> <li>• Occupational Therapist</li> <li>• Optician</li> <li>• Oral Health Therapist</li> <li>• Orthoptist</li> </ul>

#	QUESTION	RESPONSE OPTIONS
		<ul style="list-style-type: none"> <li>• Orthotist</li> <li>• Osteopath</li> <li>• Peer Worker</li> <li>• Pharmaceutical Chemist</li> <li>• Pharmacist</li> <li>• Physiotherapist</li> <li>• Podiatrist</li> <li>• Practice Nurse</li> <li>• Prosthetist</li> <li>• Provisional Psychologist</li> <li>• Registered Nurse</li> <li>• Registered Psychologist</li> <li>• Speech Pathologist</li> <li>• Youth Worker</li> <li>• Other (please specify)</li> </ul>
42	<p><i>*Mandatory question</i></p> <p>How many different health care services are you currently employed/ provide services for?</p> <p><i>Note: This includes self-employment or employment at another health care organisation.</i></p> <p><i>It includes health care services delivered other health services, at home, online, through mobile phone applications, patient home / residence or telehealth.</i></p>	<p>Select from drop down menu:</p> <ul style="list-style-type: none"> <li>• 1</li> <li>• 2</li> <li>• 3</li> <li>• 4</li> <li>• 5</li> <li>• &gt;5</li> </ul>
43	<p><i>*Mandatory question</i></p> <p>What is the name of the health care service you identify as your primary place of work?</p>	Open text
44	<p><i>*Mandatory question</i></p> <p>What is the address of your primary place of employment?</p>	<p>Open text with following fields:</p> <ul style="list-style-type: none"> <li>• Address Line 1</li> <li>• Address Line 2</li> <li>• Town/ Suburb/ Locality</li> <li>• Postcode</li> </ul>
45	<p><i>*Mandatory question</i></p> <p>Please provide the contact information of your primary place of employment requested below:</p>	<p>Three separate boxes with open text</p> <ul style="list-style-type: none"> <li>• Phone Number</li> <li>• Email</li> <li>• Fax</li> </ul>
46	<p><i>*Mandatory question</i></p> <p>Do you agree to the information provided</p>	Select from a separate drop down menu for each website:

#	QUESTION	RESPONSE OPTIONS
	<p>above being added to the:</p> <p>National Health Services Directory? <a href="https://about.healthdirect.gov.au/nhsd">https://about.healthdirect.gov.au/nhsd</a></p> <p>HealthPathways? <a href="http://ncphn.org.au/healthpathways/">http://ncphn.org.au/healthpathways/</a></p>	<ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> </ul>

## SURVEY 2

### SECTION 1: PRIMARY HEALTH CARE PROFESSIONALS-SECONDARY PLACE OF EMPLOYMENT

47	What is the name of the health care service you identify as your secondary place of employment?	Open text
48	What is the address of your secondary place of employment?	<p>Open text with following fields:</p> <ul style="list-style-type: none"> <li>• Address Line1</li> <li>• Address Line 2</li> <li>• Town/ Suburb/ Locality</li> <li>• Postcode</li> </ul>
49	Please provide the contact information of your secondary place of employment.	<p>Open text with following fields:</p> <ul style="list-style-type: none"> <li>• Phone Number</li> <li>• Email</li> <li>• Fax</li> </ul>

## SURVEY 2

### SECTION 2: PRIMARY HEALTH CARE PROFESSIONALS-YOUR EDUCATION

INFORMATION COLLECTED FROM THIS SECTION WILL BE KEPT CONFIDENTIAL AND NOT USED IN ANY MANNER THAT WILL PERSONALLY IDENTIFY YOU OR THE SERVICE/S WHICH YOU ARE EMPLOYED. NCPHN WILL NOT RELEASE IDENTIFIED DATA TO ANY OTHER ENTITY OR ORGANISATION.

50	What is your age?	<p>Select from drop down menu:</p> <ul style="list-style-type: none"> <li>• &lt; 20 years</li> <li>• 20 – 25 years</li> <li>• 25 – 30 years</li> <li>• 30 – 35 years</li> <li>• 35 – 40 years</li> <li>• 45 – 50 years</li> <li>• 50 – 55 years</li> <li>• 55 – 60 years</li> <li>• &gt; 60 years</li> </ul>
51	What qualifications have you obtained related to your current health care position?	<p>Option to select multiple fields:</p> <ul style="list-style-type: none"> <li>• None</li> <li>• Certificate III</li> </ul>

#	QUESTION	RESPONSE OPTIONS
	<i>Select all that apply.</i>	<ul style="list-style-type: none"> <li>• Certificate IV</li> <li>• Diploma</li> <li>• Advanced Diploma</li> <li>• Associate Diploma</li> <li>• Bachelor degree</li> <li>• Masters degree</li> <li>• Doctorate</li> <li>• Other (please specify)</li> </ul>
52	What is the name of each qualification you identified in the previous question and the name of the institution from where you gained the qualification?	10x open text boxes provided <ul style="list-style-type: none"> <li>• Qualification Name &amp; Institution 1</li> <li>• Qualification Name &amp; Institution 2</li> </ul>
53	What other qualifications have you obtained for the delivery of health services that are not applicable to your current health care position?  <i>Select all that apply.</i>	Option to select multiple fields: <ul style="list-style-type: none"> <li>• None</li> <li>• Certificate III</li> <li>• Certificate IV</li> <li>• Diploma</li> <li>• Advanced Diploma</li> <li>• Associate Diploma</li> <li>• Bachelor degree</li> <li>• Masters degree</li> <li>• Doctorate</li> <li>• Other (please specify)</li> </ul>
54	What is the name of each of the qualifications you identified in Question 50?	10x open text boxes <ul style="list-style-type: none"> <li>• Qualification Name &amp; Institution 1</li> <li>• Qualification Name &amp; Institution 2 etc</li> </ul>

## SURVEY 2

### SECTION 2: PRIMARY HEALTH CARE PROFESSIONALS-YOUR EMPLOYMENT

55	How many years have you been working in your current field of practice?  <i>(For example: Aboriginal and Torres Strait Islander Health, Dietetics and nutrition, Pharmacy, Nursing, etc)</i>	Select from drop down menu: <ul style="list-style-type: none"> <li>• 1– 3 years</li> <li>• 3– 5 years</li> <li>• 5– 10 years</li> <li>• 10– 15 years</li> <li>• 15– 20 years</li> <li>• 20– 30 years</li> <li>• &gt; 30 years</li> </ul>
56	How many years have you been providing	Select from drop down menu:

#	QUESTION	RESPONSE OPTIONS
	health care services?	<ul style="list-style-type: none"> <li>• 1– 3 years</li> <li>• 3– 5 years</li> <li>• 5– 10 years</li> <li>• 10– 15 years</li> <li>• 15– 20 years</li> <li>• 20– 30 years</li> <li>• &gt; 30 years</li> </ul>
57	What is your employment status at your primary place of work?	<p>Select from drop down menu:</p> <ul style="list-style-type: none"> <li>• Permanent</li> <li>• Casual</li> <li>• Contract</li> <li>• Self-employment</li> <li>• Other (please specify)</li> </ul>
58	How many hours per week (on average) do you work at your primary place of work?	Open text
59	What is your employment status at your secondary place of employment?	<p>Select from drop down menu:</p> <ul style="list-style-type: none"> <li>• Not applicable</li> <li>• Permanent</li> <li>• Casual</li> <li>• Contract</li> <li>• Self-employment</li> <li>• Other (please specify)</li> </ul>
60	How many hours per week (on average) do you work at your secondary place of employment?	<p>Select from drop down menu:</p> <ul style="list-style-type: none"> <li>• Not applicable</li> <li>• &lt; 5 hours</li> <li>• 5 – 10 hours</li> <li>• 10 – 15 hours</li> <li>• 15 – 20 hours</li> <li>• 20 – 25 hours</li> <li>• 25 – 30 hours</li> <li>• 30 – 35 hours</li> <li>• 35 – 40 hours</li> <li>• 40 – 45 hours</li> <li>• 45 – 50 hours</li> <li>• &gt; 50 hours</li> </ul>
61	Would you like to increase the number of hours per week you currently provide health care services in you qualified	Select from drop down menu:

#	QUESTION	RESPONSE OPTIONS
	capacity?	<ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> </ul>
<b>SURVEY 2</b>		
<b>SECTION 2: PRIMARY HEALTH CARE PROFESSIONALS-YOUR PATIENTS</b>		
62	<p>How do you currently deliver health care services?</p> <p><i>Select all that apply.</i></p> <p><i>Note: This relates to how health care is provided rather than arranged or managed.</i></p>	<p>Option to select multiple fields:</p> <ul style="list-style-type: none"> <li>• Patient attends service</li> <li>• Telehealth (phone or video conferencing)</li> <li>• Home visits</li> <li>• Online (web based portal, forums and/or conferencing)</li> <li>• Mobile phone application</li> <li>• Other (please specify)</li> </ul>
63	<p>What proportion of your patients are eligible for a Medicare rebate?</p>	<p>Select from drop down menu:</p> <ul style="list-style-type: none"> <li>• 0%</li> <li>• 0 – 20%</li> <li>• 20 – 40%</li> <li>• 40 – 60%</li> <li>• 60 – 80%</li> <li>• 80 – 100%</li> <li>• 100%</li> </ul>
64	<p>What is the average out of pocket expense that your patients pay for your service per appointment?</p>	<p>Open text</p>
65	<p>Are you currently accepting new patients?</p>	<p>Select from drop down menu:</p> <ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> </ul>
66	<p>Do you currently have a waitlist for your services?</p>	<p>Select from multiple choice menu:</p> <ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> </ul>
67	<p>If yes, how long is the current waitlist for your services?</p>	<p>Option to select from radio fields</p> <ul style="list-style-type: none"> <li>• &lt;2 weeks</li> <li>• 2-4 weeks</li> <li>• 1 month-3 months</li> <li>• 3-6 months</li> <li>• &gt; 6 months</li> <li>• Unknown</li> </ul>

#	QUESTION	RESPONSE OPTIONS
68	If yes, has the waitlist changed significantly in the last three years?	Select from drop down menu: <ul style="list-style-type: none"> <li>• Yes – increased</li> <li>• Yes – decreased</li> <li>• No</li> </ul>
<b>SURVEY 2</b>		
<b>SECTION 2: PRIMARY HEALTH CARE PROFESSIONALS-YOUR FUTURE</b>		
69	How long do you intend to remain practicing in your current field of practice and locality?  <i>Note: Locality refers to the town/ suburb you are currently working within the North Coast region. It does not include the entire North Coast region.</i>  <i>(Field of practice e.g. Aboriginal and Torres Strait Islander Health, Dietetics and nutrition, Pharmacy, Nursing, etc)</i>	Select from drop down menu: <ul style="list-style-type: none"> <li>• 1 – 3 years</li> <li>• 3 – 5 years</li> <li>• 5 – 10 years</li> <li>• 10 – 15 years</li> <li>• &gt; 20 years</li> <li>• Unsure</li> </ul>
70	How long do you intend to remain practicing in your current field of practice within the North Coast region?	Select from drop down menu: <ul style="list-style-type: none"> <li>• 1 – 3 years</li> <li>• 3 – 5 years</li> <li>• 5 – 10 years</li> <li>• 10 – 15 years</li> <li>• &gt; 20 years</li> <li>• Unsure</li> </ul>
71	Do you intend to change the number of hours you work per week in the next 5 years?	Select from drop down menu: <ul style="list-style-type: none"> <li>• Yes – increase</li> <li>• Yes - decrease</li> <li>• No</li> <li>• Unsure</li> </ul>
72	Do you intend to undertake any further professional development within your current field of practice in the next 5 years?	Select from drop down menu: <ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> <li>• Unsure</li> </ul>
73	Do you intend to change the current health care services you provide patients in the next 5 years?	Select from drop down menu: <ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> <li>• Unsure</li> </ul>
74	If yes, identify what services you intend to provide in the next 5 years.	Open text

#	QUESTION	RESPONSE OPTIONS
75	Please provide details of any workforce trends and challenges you are aware of on the North Coast (Port Macquarie – Tweed Heads).	Open text
<b>SURVEY 2</b> <b>PRIMARY HEALTH CARE NEWS-PERMISSIONS</b>		
76	<p>By completing this Allied Health and Nursing Census you will be added to NCPHN's communication distribution list to receive primary health care news and event invitations.</p> <p>If you do not wish to receive primary health care news and event information please select here.</p>	<p>Option to select:</p> <ul style="list-style-type: none"> <li>• Keep me on the NCPHN communication distribution list</li> <li>• Remove me from the NCPHN communication distribution list</li> </ul>
<b>END OF SURVEY 2</b> THANK YOU FOR COMPLETING THE ALLIED HEALTH AND NURSING CENSUS. WE APPRECIATE THE TIME YOU HAVE TAKEN TO ASSIST US TO DEVELOP A PRIMARY WORKFORCE PROFILE FOR THE NORTH COAST REGION. <i>WEBLINK TO REDIRECT RESPONDERS UPON COMPLETION: <a href="http://NCPHN.ORG.AU/">HTTP://NCPHN.ORG.AU/</a></i>		

## Qualitative interviews

Stakeholders were consulted to collect qualitative workforce information to complement the Allied Health and Nursing Survey, and improve NCPHN's understanding of current and anticipated challenges faced by the local primary health care workforce. Stakeholders included primary health clinicians and health care leaders familiar with the provision of primary health care services in the North Coast.

Stakeholders were identified based on their experiences in and knowledge of the primary health care sector, their current role in the provision of health care services in the North Coast region, and their alignment to NCPHN's six key priority areas.

Stakeholders shared their insights of trends and initiatives in primary health care, potential workforce issues and pressures experienced by health care professionals working in the North Coast. Details of the stakeholders consulted and the time the consultations took place are provided in the table below.

STAKEHOLDER	POSITION AND ORGANISATION	DATE OF CONSULTATION
<b>Rob Curry</b>	Current Chair of Services for Australian Rural & Remote Allied Health (SARRAH) Board member of North Coast Allied Health Association (NCAHA)	Wednesday 13 <sup>th</sup> September
<b>Susan Nancarrow</b>	Deputy Vice Chancellor (Research) Professor of Health Sciences Southern Cross University	Monday 18 <sup>th</sup> September
<b>Lindy Swain</b>	Academic Lead, Allied Health & Pharmacy University Centre for Rural Health North Coast	Wednesday 20 <sup>th</sup> September
<b>Dan Ewald</b>	Lead Clinical Adviser North Coast Primary Health Network General Practitioner employed in various locations on the North Coast	Monday 25 <sup>th</sup> September
<b>Leisa Hoffmann</b>	Peer Worker Youth Community Living Support Service (YCLSS)	Friday 29 <sup>th</sup> September