



**HEALTHY
NORTH COAST**

Health workforce

TRENDS AND FORECAST REPORT

Health Needs Assessment 2021

phn
NORTH COAST

An Australian Government Initiative

Healthy North Coast is an independent, not-for-profit organisation proudly delivering the PHN program in North Coast NSW. We are committed to improving the health of our communities through quality primary health care. The PHN program is an Australian Government initiative.

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Acknowledgement of Country

Healthy North Coast acknowledges the traditional custodians of the lands across our region, which includes the Githabul, Bundjalung, Yaegl, Gumbayngirr, Dunghutti and Birpai nations. We pay respect to the Elders past, present and emerging. We recognise these lands were never ceded and acknowledge the continuation of culture and connection to land, sky and sea. We acknowledge Aboriginal and Torres Strait Islander peoples as Australia's First Peoples and honour the rich diversity of the world's oldest living culture.

Approval

This version of the Health Workforce Trends and Forecast Report has been approved for publication.

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Abbreviations / Definitions

Term	Meaning
ABS	Australian Bureau of Statistics
AIHW	Australian Institute of Health and Welfare
AHPRA	Australian Health Practitioners Regulation Agency
ASGS	Australian Statistical Geography Standard, a social geography developed to reflect the location of people and communities
DoH	Australian Department of Health
ERP	Estimated Resident Population
FTE	Full-time equivalent
GPs	General practitioners
Healthy North Coast	A not-for-profit health care organisation that delivers the North Coast PHN program across the NNSW and MNC regions of NSW; also referred to as NCPHN
HNA	Health Needs Assessment - a document that captures the population health profile of the North Coast communities; it provides evidence of a systematic approach to understanding the health needs of the resident population, using quantitative and qualitative health and socio-economic information to identify and prioritise health and service needs
LGA	Local Government Area
LHDs	NSW Local Health Districts, part of the NSW Ministry of Health
MNC	Mid North Coast
NHWDS	National Health Workforce Dataset
NNSW	Northern NSW
NSW Health	NSW Ministry of Health
RACF	Residential Aged Care Facility

1 Executive Summary

1.1 Introduction

Health workforce presents a challenge for health policymakers and service planners, particularly in rural and remote Australia. The challenges of geographic spread, low population density, limited infrastructure and the higher costs of delivering healthcare in rural and remote Australia can impact adversely on access.¹ At the same time, health workforce oversupply can result in the provision of services above levels where it is likely to improve health outcomes.

Currently, imbalances exist in Australia's health workforce resulting in maldistribution across metropolitan, regional, rural and remote areas. Since 2013, there has been a trend for all registered health professions indicating that the number of employed FTE clinicians decreased with remoteness or relative to the distance from a metropolitan area. There are more registered health professions in major cities than in all regional and remote areas of Australia combined. In 2018, there were more the 347,000 FTE clinicians working in major cities compared with 115,000 in all other geographic locations.²

1.2 Purpose

The purpose of this paper is twofold:

- to analyse current and emerging health workforce trends across the Healthy North Coast region (hereafter referred to as the region)
- to apply model-based analyses to develop medium-term health workforce forecasts for the region.

1.3 Data Sources and Methods

In this paper, time-series data from the NHWDS and ABS ERP data were used to analyse workforce trends over the previous 5 years and to project workforce forecasts 5 years. The findings were validated through cross-verification with other national and state government data sources, including data from the AIHW and NSW Health.

The NHWDS is compiled by the Australian Department of Health from AHPRA annual registration data together with a workforce survey that is voluntarily completed by registrants.

¹ AIHW 2020, Rural and remote health, Australian Government, Canberra, available at: [Rural and remote health - Australian Institute of Health and Welfare \(aihw.gov.au\)](https://www.aihw.gov.au/our-work/health-reports/rural-and-remote-health)

² AIHW 2020, Health Workforce Snapshot, Australian Government, Canberra, available at: [Health workforce - Australian Institute of Health and Welfare \(aihw.gov.au\)](https://www.aihw.gov.au/our-work/health-reports/health-workforce-snapshot)

The workforce survey has a response rate of over 90 per cent and is considered statistically valid and reliable.³ Many people employed in the health sector work in occupations that are not registered with AHPRA, including ambulance officers/paramedics, some allied health practitioners, medical technicians, dental assistants, and personal care workers. There is less comparable data available for these groups of workers, and consequently, they have not been included in this report.²

The workforce forecasts were prepared using the exponential triple smoothing method. This method works by removing minor deviations in the time series by detecting cyclical patterns and confidence intervals and is well suited to forecasting health workforce data which has strong seasonal or other cyclical features. While it is not possible to predict the future course of the health workforce in the region with complete accuracy, the strong cyclical features in the workforce data make it possible to say with reasonable certainty what is likely to happen over the short to medium-term.

1.4 Key Findings

The key findings of this report are as follows:

- overall, the region's health workforce has grown significantly over recent years, and this is expected to continue over the short to medium-term
- the majority of health professionals are employed in the acute and primary health care sectors
- the midwifery workforce is in long-term decline
- there is maldistribution of the workforce across the region, with registered health professionals concentrated in the larger population centres of Tweed, Port Macquarie-Hastings, Coffs Harbour and Lismore LGAs
- this imbalance may have contributed to health workforce shortages in disadvantaged areas such as Richmond Valley, Kempsey and Clarence Valley LGAs
- the Aboriginal and Torres Strait Islander health workforce across the region remains small but has experienced strong growth in recent years
- Aboriginal and Torres Strait Islander health professionals are concentrated in the primary health care sector.

³ Department of Health n.d., Health Workforce Data, Australian Government, Canberra, available at: [Department of Health | Health Workforce Data](#)

2 Medical Workforce

2.1 GP Workforce

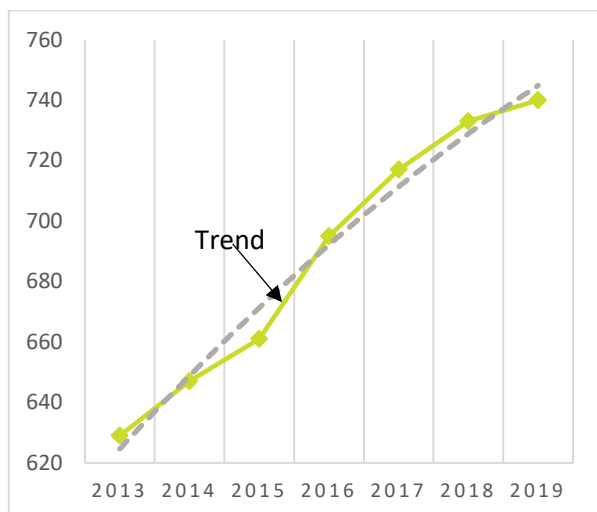
2.1.1 Summary

The GP workforce across the region is showing strong growth, which is expected to continue over the medium-term. On a per capita basis, the number of GPs across the region is above relevant NSW and Australian averages. GPs are not evenly distributed across the region, with more than half (52%) located in the larger regional population centres of Tweed, Port Macquarie-Hastings, Coffs Harbour and Lismore LGAs. There are relative shortfalls in the Richmond Valley, Kempsey and Clarence Valley LGAs.

2.1.2 Recent Trends in the GP Workforce

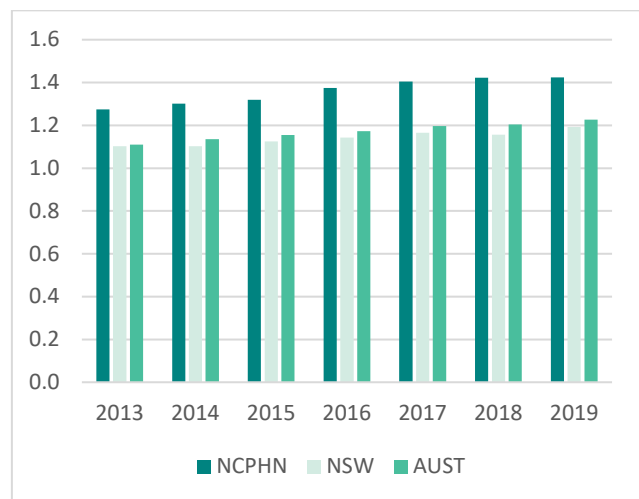
- NHWDS reveals that the number of GPs across the region increased from 629 in 2013 to 740 in 2019 (see Figure 1).
- This equates to a 17.6% increase over the period, which exceeds the projected population growth of 5.4%.
- On a per capita basis, the number of GPs across the region has remained steady at approximately 1.4 per 1,000, which is above the relevant NSW and Australian averages (see Figure 2).

Fig. 1: GP headcount, HNC, 2013-2019



Source: NHWDS

Fig. 2 : GPs per 1,000 population, HNC, 2013-2019

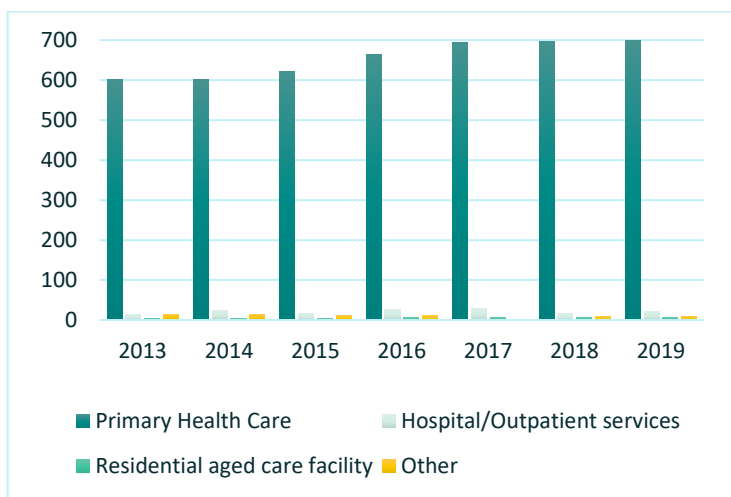


Source: NHWDS & ABS ERP

2.1.3 Work Setting

- In 2019, 700 GPs (95%) of the GP workforce identified the primary health care sector as their principal place of practice (see Figure 3).
- 22 GPs worked in hospitals and/or outpatient services and 6 identified RACFs as their principal place of practice.

Fig. 3: GPs headcount by work setting, HNC, 2013-2019



Source: NHWDS

2.1.4 Distribution of the GP Workforce

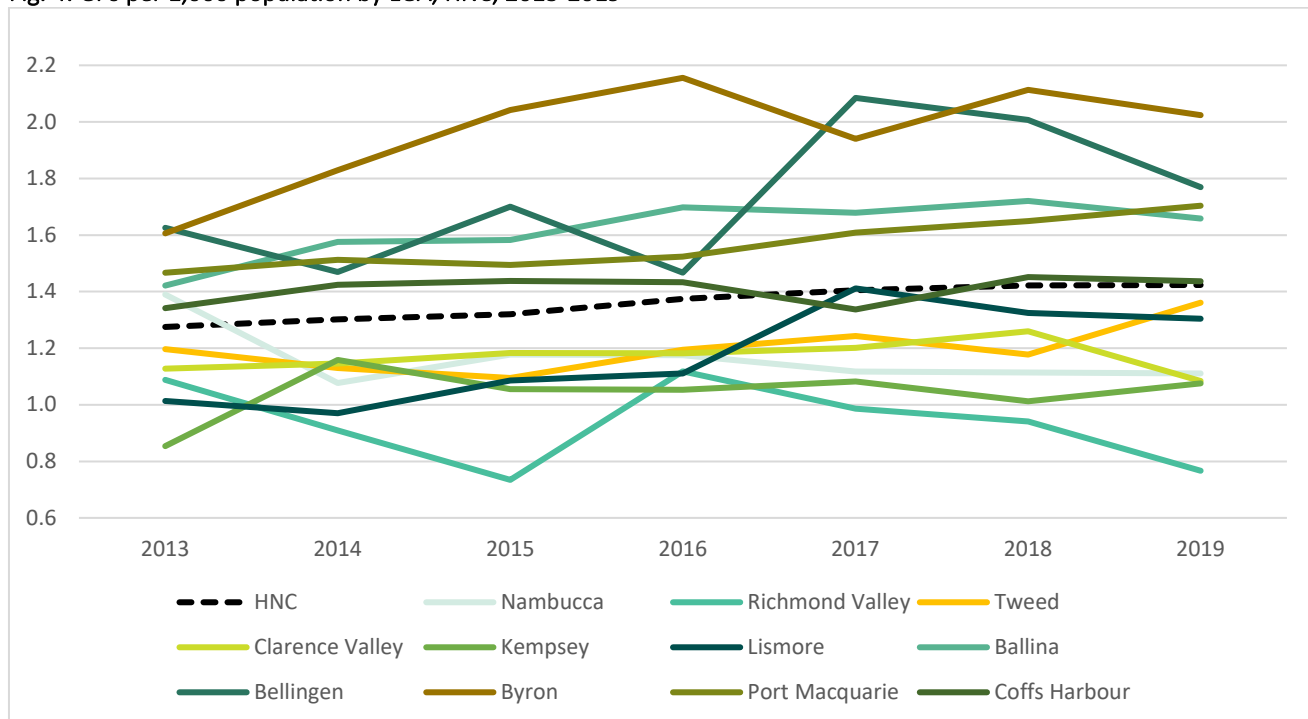
- In 2019, 52.3% of the region’s GP workforce were located in the larger population centres, including Tweed, Port Macquarie-Hastings, Coffs Harbour and Lismore LGAs (see Table 1).
- In per capita terms, Byron LGA had the highest rate of GPs in the region at around 2.0 per 1,000 population or 1.4 times higher than the rate for the region overall (see Figure 4).
- Richmond Valley, Kempsey and Clarence Valley LGAs recorded the lowest per capita rates of GPs from across the region (see Figure 4).

Table 1: Distribution of GPs, HNC, 2019

LGA	GPs	GP DISTRIBUTION BY LGA	POPULATION DISTRIBUTION BY LGA
Ballina	74	10%	8.6%
Bellingen	23	3.1%	2.5%
Byron	71	9.6%	6.7%
Clarence Valley	56	7.6%	9.9%
Coffs Harbour	111	15%	14.9%
Kempsey	32	4.3%	5.7%
Lismore	57	7.7%	8.4%
Nambucca	22	3%	3.8%
Port Macquarie-Hastings	144	19.5%	16.3%
Richmond Valley	18	2.4%	4.5%
Tweed	132	17.8%	18.7%

Source: NHWDS and ABS ERP

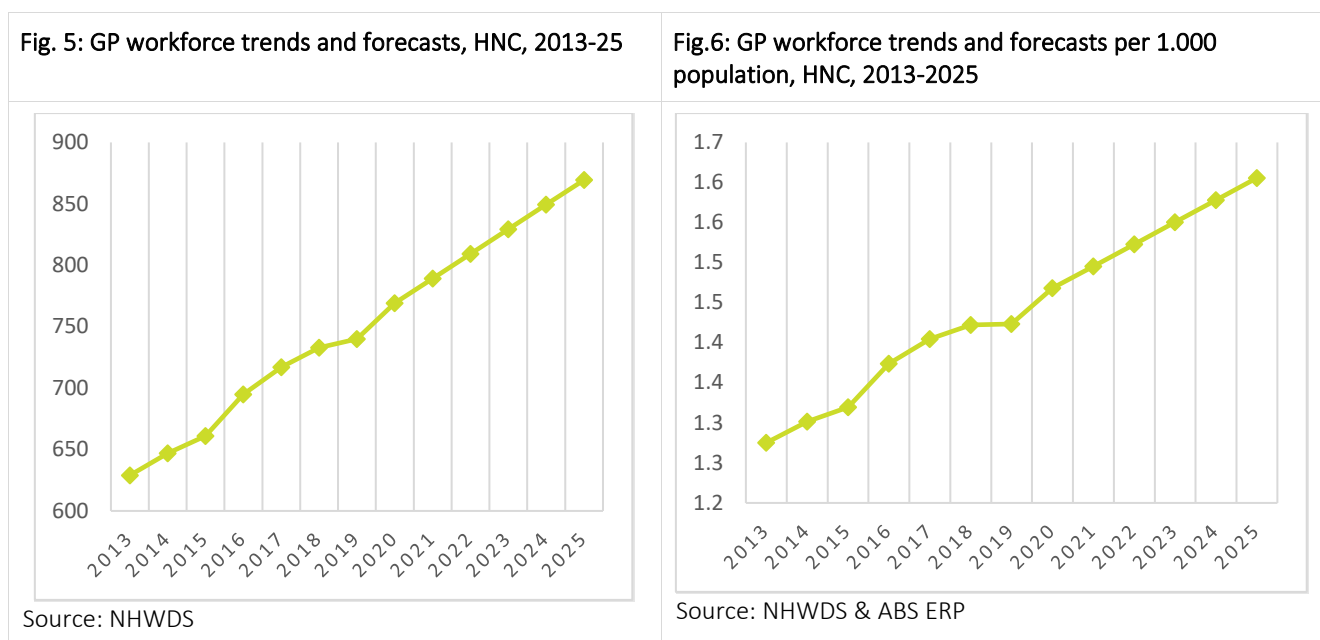
Fig. 4: GPs per 1,000 population by LGA, HNC, 2013-2019



Source: NHWDS & ABS ERP

2.1.5 Outlook

- Consistent with the underlying positive trendline growth, the GP workforce is forecast to continue to grow over the short to medium-term.
- Using these forecasts, the supply of GPs is expected to increase from 740 in 2019 to 869 by 2025.
- This represents a projected increase of 129 GPs or 17.4% over the forecast period (see Figure 5).
- In per capita terms, the supply of GPs is forecast to increase from 1.4 per 1,000 in 2019 to 1.6 per 1,000 by 2025 (see Figure 6).



2.2 Specialist Medical Workforce

2.2.1 Summary

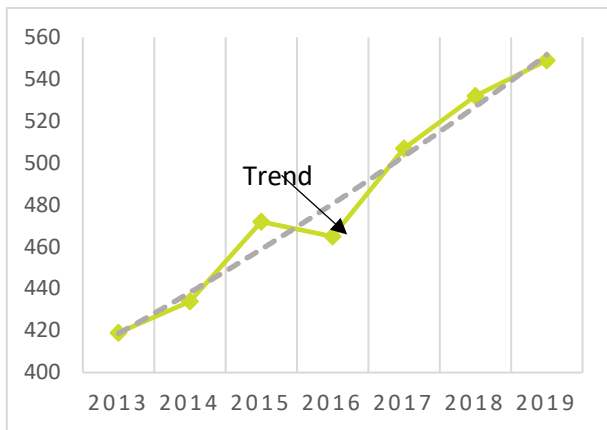
The specialist medical workforce across the region is growing very strongly. This trend is expected to continue over the medium term. However, on a per capita basis, the number of medical specialists remains below relevant NSW and Australian averages. Medical specialists are located in close proximity to larger referral hospitals and health infrastructure, with 86% being based in the larger population centres of Tweed, Port Macquarie-Hastings, Coffs Harbour and Lismore LGAs.

2.2.2 Recent Trends in the Medical Specialist Workforce

- NHWDS reveals that the number of medical specialists across the region increased from 419 in 2013 to 549 in 2019 (see Figure 7).
- This equates to a 31% increase over the period, which exceeds projected population growth of 5.4%.

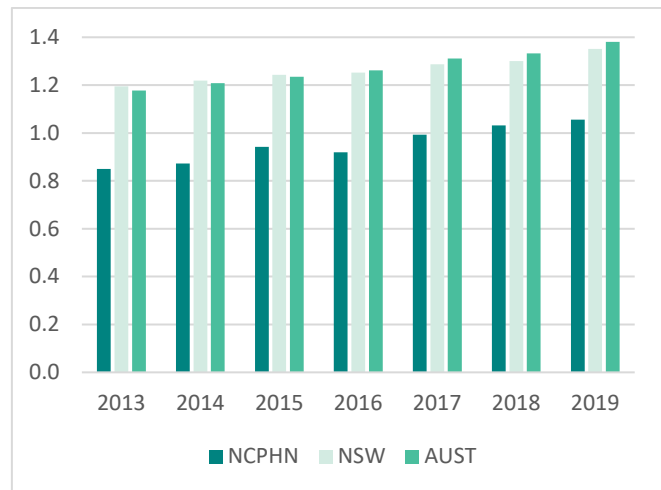
- On a per capita basis, the number of medical specialists across the region has increased from 0.8 per 1,000 (2013) to 1.1 per 1,000 (in 2019), but has remained below the relevant NSW and Australian averages (see Figure 8).

Fig. 7: Medical specialists headcount, HNC, 2013-2019



Source: NHWDS

Fig. 8: Medical specialists per 1,000 population, HNC, 2013-2019

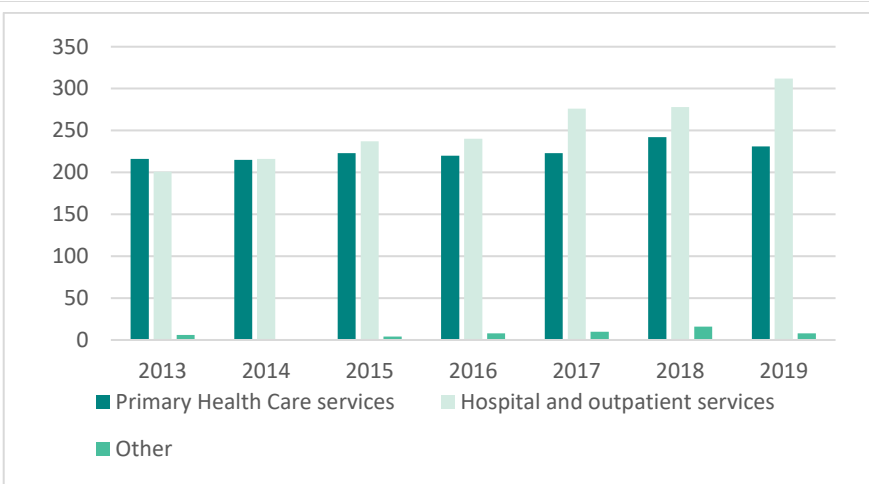


Source: NHWDS & ABS ERP

2.2.3 Work Setting

- In 2019, 312 (57%) specialist medical practitioners worked in a hospital or outpatient setting, while 231 (42%) worked in a primary health care setting (see Figure 9).

Fig. 9: Medical specialists headcount by work setting, HNC, 2013-2019



Source: NHWDS

2.2.4 Distribution of the Medical Specialist Workforce

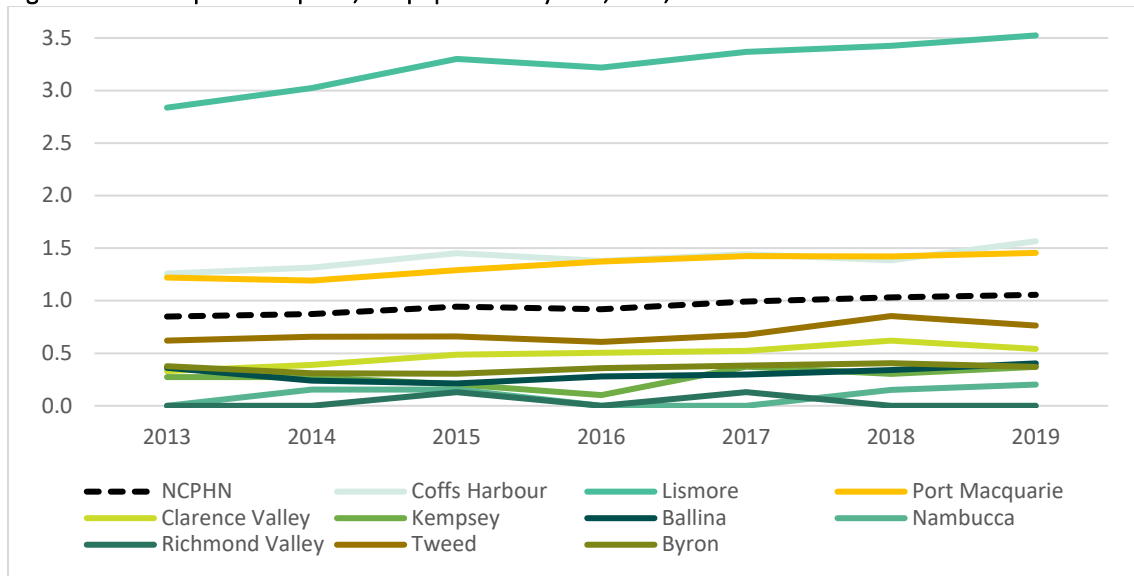
- Medical specialists are located in close proximity to larger referral hospitals and health infrastructure.
- In 2019, 86% of medical specialists were located in the larger regional population centres of Tweed, Port Macquarie-Hastings, Coffs Harbour and Lismore LGAs (see Table 2).
- In per capita terms, Lismore LGA had the highest rate of medical specialists in 2019 at 3.5 per 1,000 population, or 3.2 times higher than the overall rate for the region (see Figure 10).
- Richmond Valley, Nambucca, Kempsey and Ballina LGAs had the lowest per capita rates of medical specialists from across the region (see Figure 10).

Table.2: Distribution of medical specialists, HNC, 2019

LGA	MEDICAL SPECIALISTS	MEDICAL SPECIALIST DISTRIBUTION BY LGA	POPULATION DISTRIBUTION BY LGA
Ballina	18	3.3	8.6
Bellingen	3	0.5	2.5
Byron	13	2.4	6.7
Clarence Valley	28	5.1	9.9
Coffs Harbour	121	22	14.9
Kempsey	11	2	5.7
Lismore	154	28	8.4
Nambucca	4	0.7	3.8
Port Macquarie-Hastings	123	22.4	16.3
Richmond Valley	0	0	4.5
Tweed	74	13.5	18.7

Source: NHWDS and ABS ERP

Fig. 10: Medical specialists per 1,000 population by LGA, HNC, 2013-2019

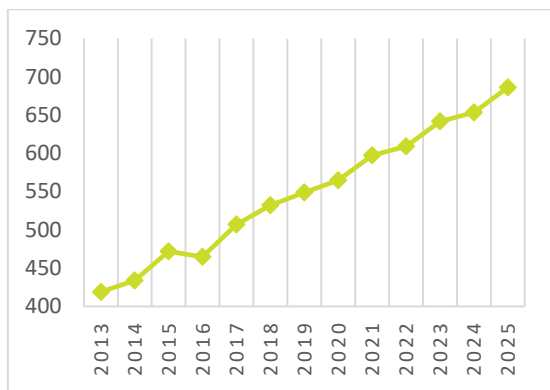


Source: NHWDS & ABS ERP

2.2.5 Outlook

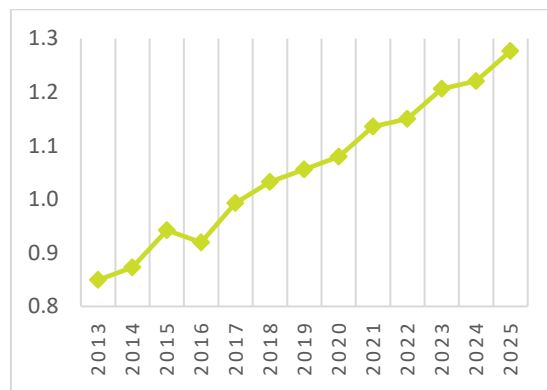
- While the per capita rate of medical specialists is lower than the NSW and Australian averages, the recent positive trend suggests that the region will remain an attractive work location for medical specialists over the medium term.
- The number of medical specialists is projected to increase from 549 in 2019 to 687 in 2025 or (25.1%) over the forecasted period (see Figure 11).
- In per capita terms, the number of medical specialists is forecast to increase from 1.1 per 1,000 in 2019 to 1.3 per 1,000 by 2025 (see Figure 12).

Fig. 11 Medical specialist workforce trends and forecasts, HNC, 2013-25



Source: NHWDS

Fig.12: Medical specialist workforce trends and forecast per 1.000 Population, HNC, 2013-25



Source: NHWDS & ABS ERP

3 Nursing and Midwifery Workforce

3.1 Nursing Workforce

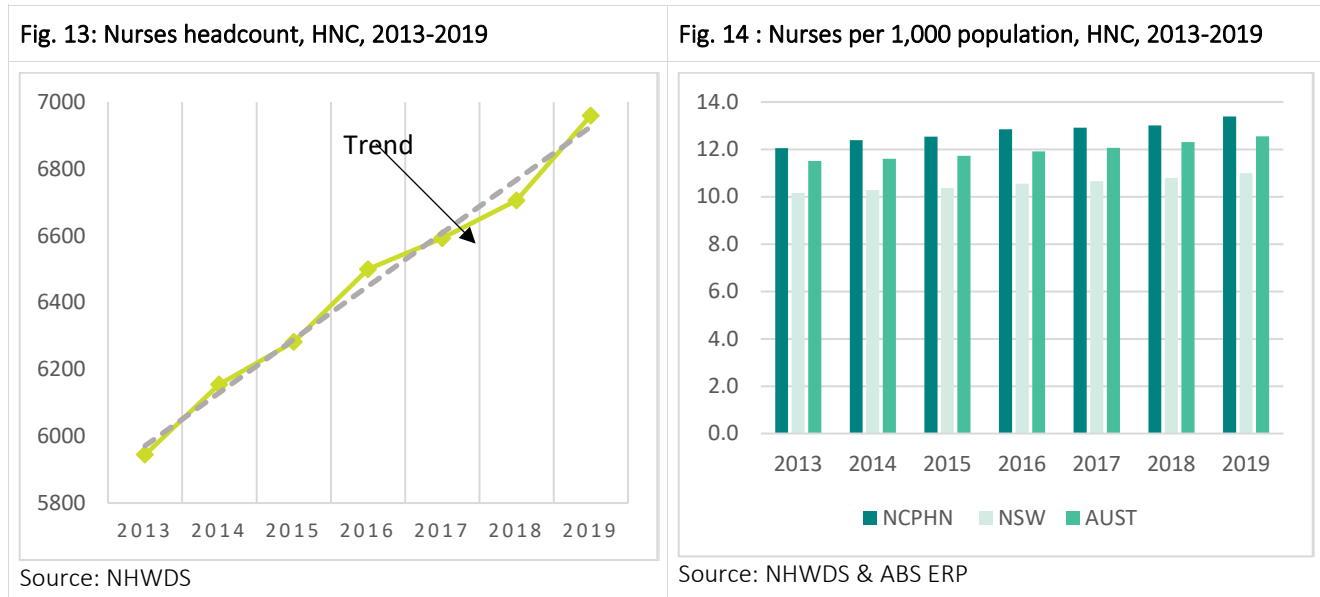
3.1.1 Summary

The nursing workforce across the region is showing strong growth, which is expected to continue over the medium term. On a per capita basis, the number of nurses has remained above relevant NSW and Australian averages.

Nurses are not evenly distributed across the region. Almost three quarters (72%) of the nursing workforce is located in the larger population centres of Tweed, Port Macquarie-Hastings, Coffs Harbour and Lismore LGAs, while Ballina, Bellingen, Byron, Clarence Valley, Kempsey, and Richmond Valley LGAs experience nursing workforce densities below the regional average.

3.1.2 Recent trends in the Nursing Workforce

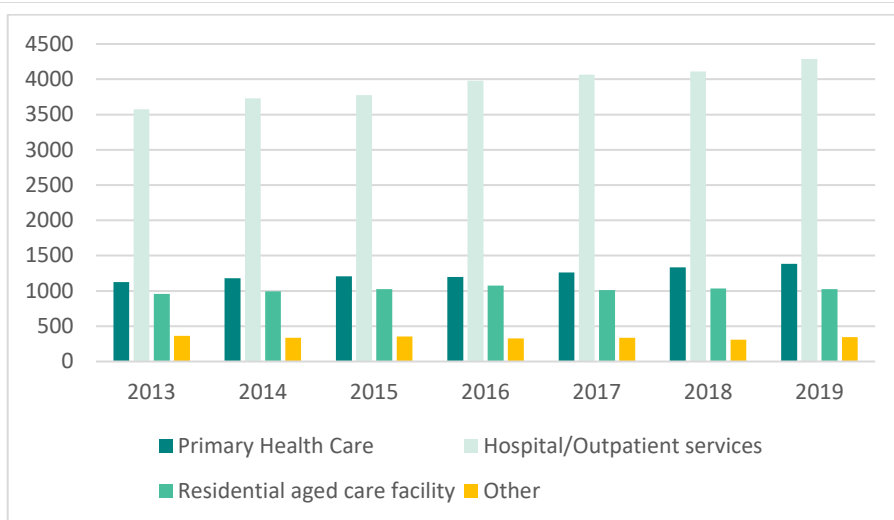
- NHWDS reveals the number of nurses across the region increased from 5,945 in 2013 to 6,960 in 2019 or 17% (see Figure 13).
- This increase exceeds projected population growth of 5.4% for the same period.
- On a per capita basis, the number of nurses across the region has increased from 12.1 per 1,000 (2013) to 13.4 per 1,000 (in 2019), which is above the NSW and Australian averages (see Figure 14).



3.1.3 Work Setting

- In 2019, 4,289 (61%) of nurses worked in a hospital or outpatient setting, 1,382 (20%) worked in a primary health care setting and 1,025 (15%) worked in a RACF (see Figure 15).

Fig. 15: Nurses headcount by work setting, HNC, 2013-2019



Source: NHWDS

3.1.4 Distribution of the Nursing Workforce

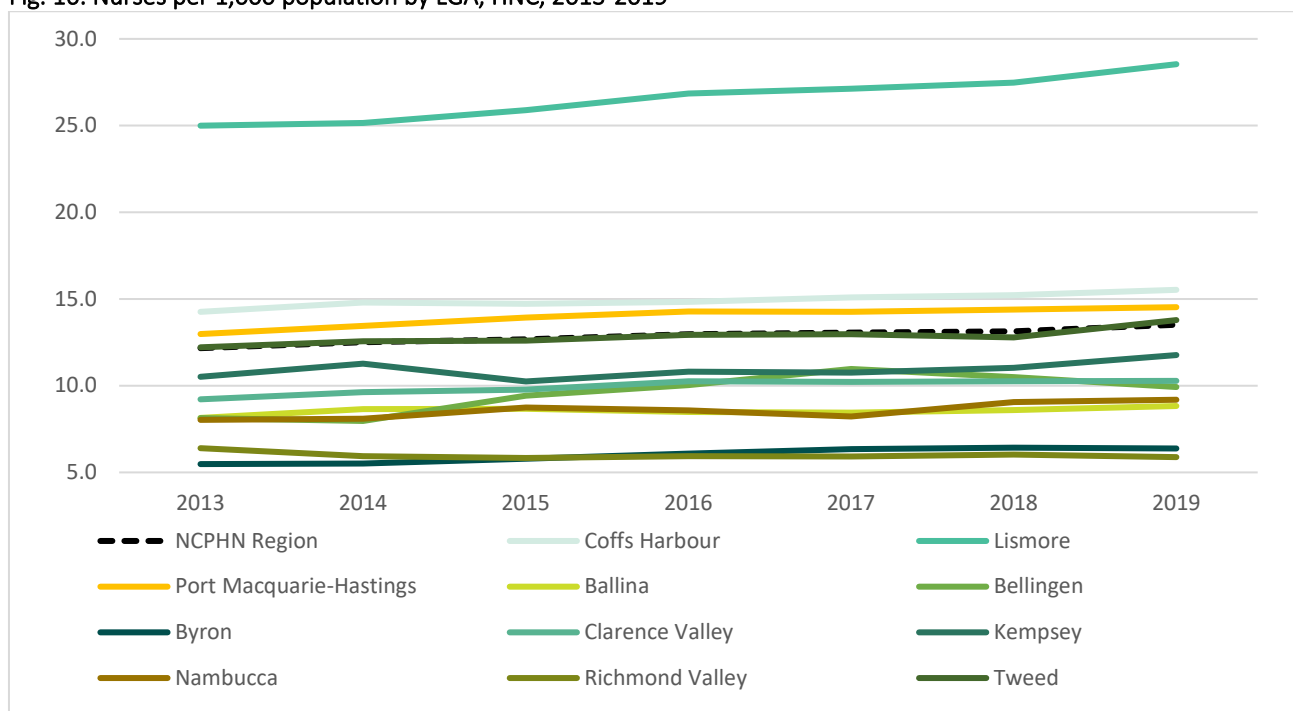
- In 2019, 72% of the region's nursing workforce were located in the larger population centres, including Tweed, Port Macquarie-Hastings, Coffs Harbour and Lismore LGAs (see Table 3).
- In per capita terms, Lismore LGA had the highest rate of nurses in the region at 28.5 per 1,000 population, or 2 times higher than the rate for the region overall (see Figure 16).
- Richmond Valley and Byron LGAs recorded the lowest per capita rates of nurses from across the region (see Figure 16).

Table.3: Distribution of nurses, HNC, 2019

LGA	NURSES	NURSE DISTRIBUTION BY LGA	POPULATION DISTRIBUTION BY LGA
Ballina	394	5.7	8.6
Bellingen	129	1.9	2.5
Byron	224	3.2	6.7
Clarence Valley	531	7.6	9.9
Coffs Harbour	1200	17.2	14.9
Kempsey	350	5.0	5.7
Lismore	1247	17.9	8.4
Nambucca	182	2.6	3.8
Port Macquarie-Hastings	1228	17.6	16.3
Richmond Valley	138	2.0	4.5
Tweed	1337	19.2	18.7

Source: NHWDS and ABS ERP

Fig. 16: Nurses per 1,000 population by LGA, HNC, 2013-2019

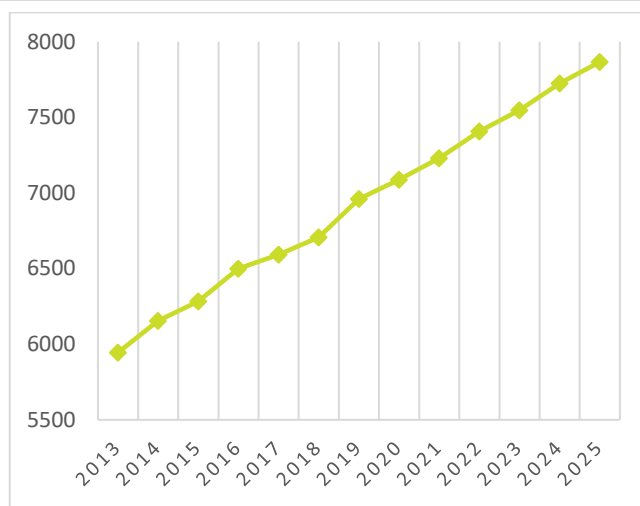


Source: NHWDS & ABS ERP

3.1.5 Outlook

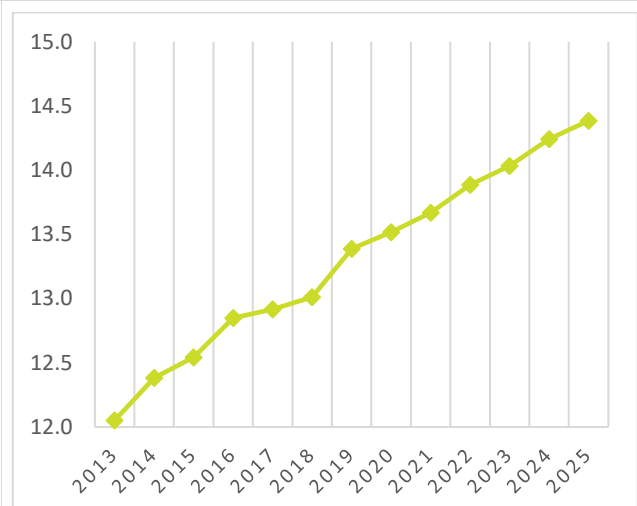
- Consistent with the underlying positive trendline growth, the nursing workforce is forecast to continue to grow over the short to medium-term.
- Using these forecasts, the number of nurses is expected to increase from 6,960 in 2019 to 7,867 by 2025 or a projected increase of 13% over the forecast period (see Figure 17).
- In per capita terms, the supply of nurses is forecast to increase from 13.4 per 1,000 in 2019 to 14.4 per 1,000 by 2025 (see Figure 18).

Fig. 17 Nursing workforce trends and forecasts, HNC, 2013-25



Source: NHWDS

Fig.18 Nursing workforce forecast per 1.000, HNC, 2020-25



Source: NHWDS & ABS ERP

3.2 Midwifery Workforce

3.2.1 Summary

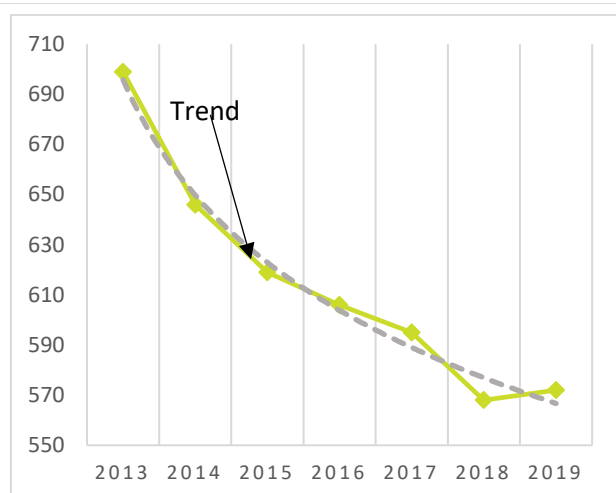
The midwifery workforce is in long-term decline across Australia. This trend is expected to continue over the short to medium-term. On a per capita basis, the number of midwives across the region has remained above relevant NSW and Australian averages. Midwives are also not evenly distributed across the region. Approximately 76% of the nursing workforce is located in the larger population centres of Tweed, Port Macquarie-Hastings, Coffs Harbour and Lismore LGAs, while Ballina, Bellingen, Byron, Clarence Valley, Kempsey, and Richmond Valley LGAs experience midwifery workforce densities below the regional average.

3.2.2 Recent Trends in the Midwifery Workforce

- NHWDS reveals that the number of midwives and dual-registered midwife/nurse across the region decreased from 699 in 2013 to 572 in 2019 (see Figure 19).

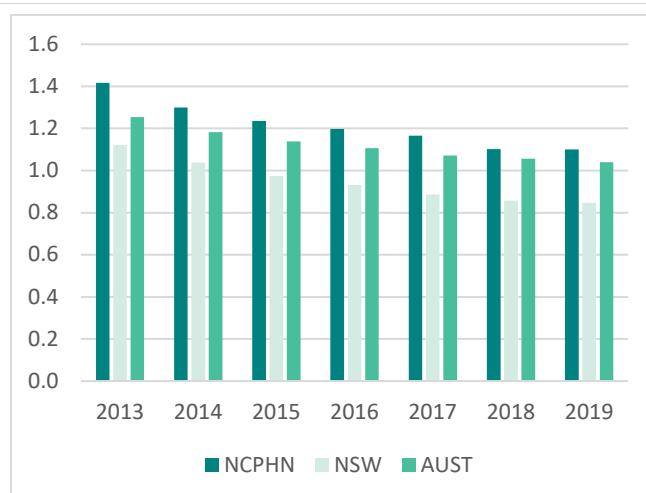
- Approximately 20% of midwives are employed exclusively as midwives, while the remaining 80% are employed as dual-registered midwife/nurse.
- The number of midwives working exclusively as midwives has increased from 37 (2013) to 116 (2019), however, the number of dual-registered midwife/nurse has fallen from 670 (2013) to 457 (2019), a reduction of (-32%) over this period (see Figure 19).
- On a per capita basis, the number of midwives across the region has decreased from 1.4 per 1.000 (2013) to 1.1 per 1.000 (in 2019), which is above the relevant NSW and Australian averages but reflects an underlying declining trend across the region, NSW and Australia (see Figure 20).

Fig. 19: Midwives headcount, HNC, 2013-2019



Source: NHWDS

Fig. 20: Midwives per 1,000 population, HNC, 2013-2019



Source: NHWDS & ABS ERP

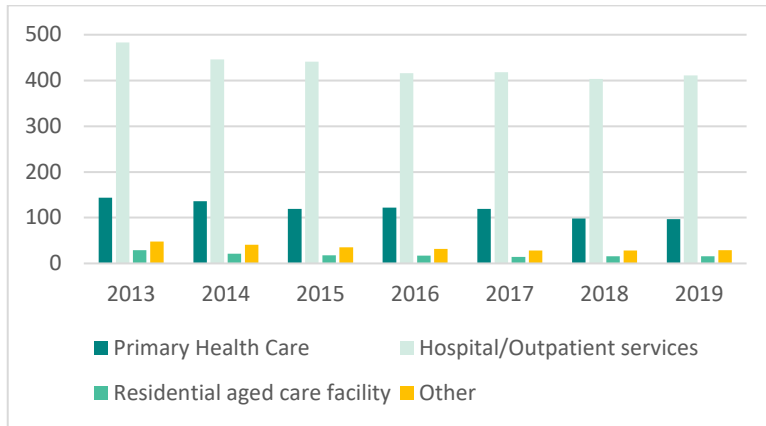
3.2.3 Work Setting

- In 2019, 411 (74%) of midwives worked in a hospital or outpatient setting, and 97 (17.5%) of midwives worked in a primary health care setting (see Figure 21).

3.2.4 Distribution of the Midwifery Workforce

- In 2019, 75.6% of the region's midwifery workforce was located in the larger population centres, including Tweed, Port Macquarie-Hastings, Coffs Harbour and Lismore LGAs (see Table 4).
- In per capita terms, Lismore had the highest rate of midwives in the region at 2.6 per 1,000 population, or 2 times higher than the rate for the region overall (see Figure 22).
- Ballina, Bellingen and Richmond Valley LGAs recorded the lowest per capita rates of midwives from across the region (see Figure 22).

Fig. 21: Midwives headcount by work setting, HNC, 2013-2019



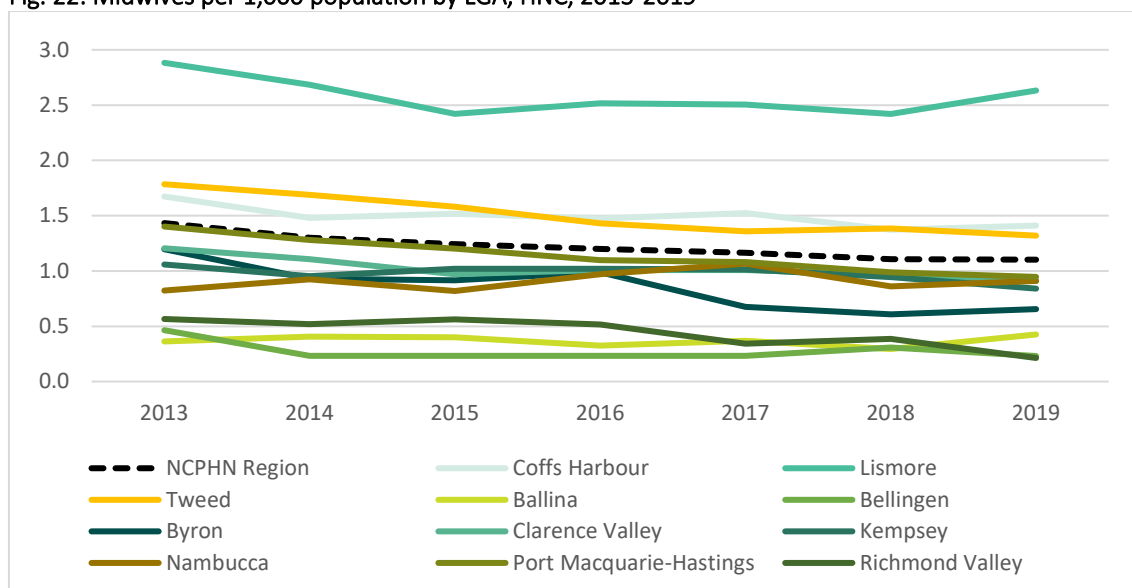
Source: NHWDS

Table.4: Distribution of midwives, HNC, 2019

LGA	MIDWIVES	MIDWIFE DISTRIBUTION BY LGA	POPULATION DISTRIBUTION BY LGA
Ballina	19	3.3	8.6
Bellingen	3	0.5	2.5
Byron	23	4.0	6.7
Clarence Valley	47	8.2	9.9
Coffs Harbour	109	19.1	14.9
Kempsey	25	4.4	5.7
Lismore	115	20.1	8.4
Nambucca	18	3.1	3.8
Port Macquarie-Hastings	80	14.0	16.3
Richmond Valley	5	0.9	4.5
Tweed	128	22.4	18.7

Source: NHWDS and ABS ERP

Fig. 22: Midwives per 1,000 population by LGA, HNC, 2013-2019

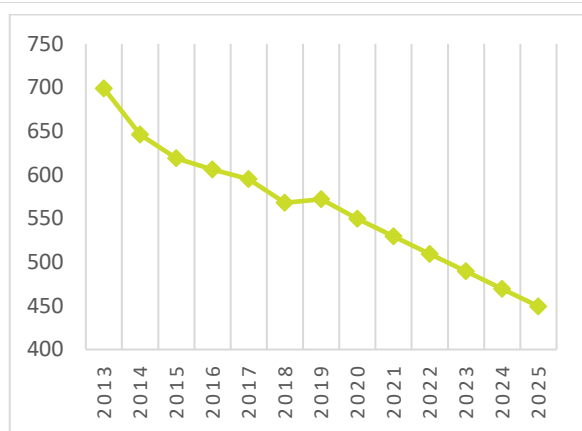


Source: NHWDS & ABS ERP

3.2.5 Outlook

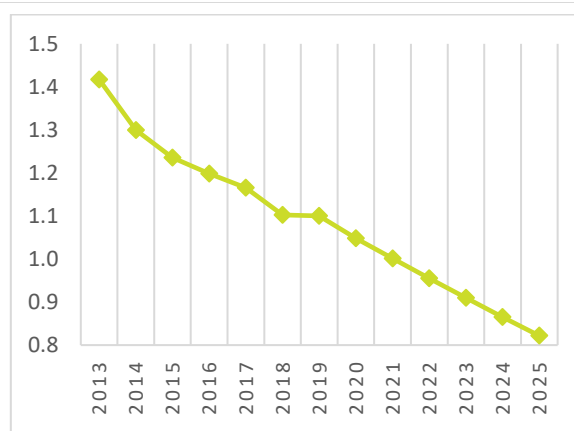
- Consistent with the underlying negative trendline growth, the midwifery workforce is forecast to continue to decline over the short to medium-term.
- Using these forecasts, the number of midwives is expected to decrease from 572 in 2019 to 449 by 2025 (see Figure 23), or 21% over the forecast period.
- In per capita terms, the supply of midwives is forecast to decrease from 1.1 per 1,000 in 2019 to 0.8 per 1,000 by 2025 (see Figure 24).

Fig. 23 Midwifery workforce trends and forecasts, HNC, 2013-25



Source: NHWDS

Fig.24 Midwifery workforce forecast per 1.000, HNC, 2020-25



Source: NHWDS & ABS ERP

4 Allied Health Workforce

4.1 Allied Health Professions

4.1.1 Summary

Allied health professionals are health practitioners that are not part of the medical, dental or nursing/midwifery professions. They are typically university-qualified with specialised expertise in preventing, diagnosing and treating a range of conditions and illnesses.⁴ Not all allied health professionals are AHPRA-registered, which limits a comprehensive, comparable analysis of the allied health workforce. For this reason, this analysis includes an overview of 6 selected AHPRA-registered allied health professions: occupational therapists, pharmacists, physiotherapists, podiatrists, psychologists and Aboriginal health practitioners.

There has been a significant increase in the number of selected allied health professionals working across the region between 2013 to 2019. This trend is expected to continue in the short to medium-term. Over the forecast period, it is expected the numbers of occupational therapists, physiotherapists and psychologists will experience the highest growth rates.

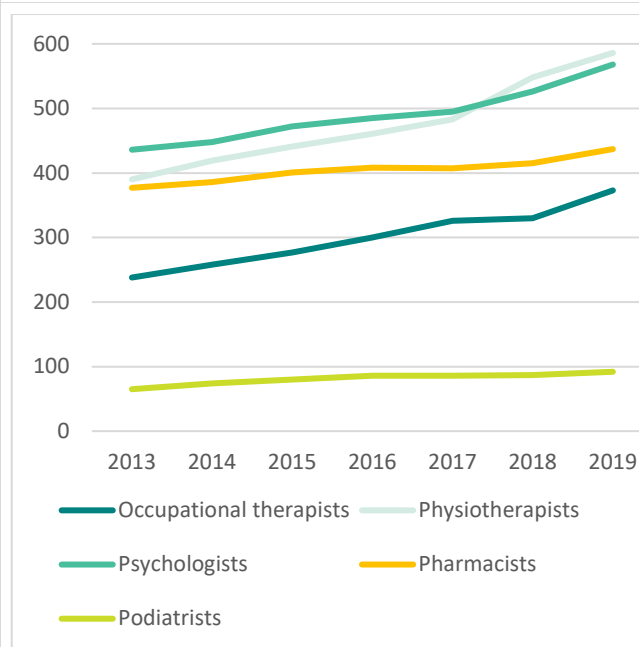
The selected allied health professionals are not evenly distributed across the region. Approximately 66% of the selected allied health workforce is located in the larger population centres of Tweed, Port Macquarie-Hastings, Coffs Harbour and Lismore LGAs, while the density of the selected allied health professions is lower in the Bellingen, Nambucca and Richmond Valley LGAs.

4.1.2 Recent Trends in the Selected Allied Health Workforce

- NHWDS reveals that there has been significant growth across the selected allied health workforce between 2013 and 2019.
- In 2019, NHWDS revealed there were 373 occupational therapists, 586 physiotherapists, 568 psychologists, 437 pharmacists and 92 podiatrists working across the region (see Figure 25).
- Of the selected allied health professions, occupational therapists recorded the highest growth rate (56.7%), followed by physiotherapists (50.3%), podiatrists (41.5%), psychologists (30.3%) and pharmacists (15.9%); each exceeding the region's population growth of 5.4% (see Figure 25).
- In per capita terms, allied health professionals ranged from 1.1 per 1,000 for psychologists and physiotherapists to as low as 0.2 per 1,000 for podiatrists (see Figure 26).

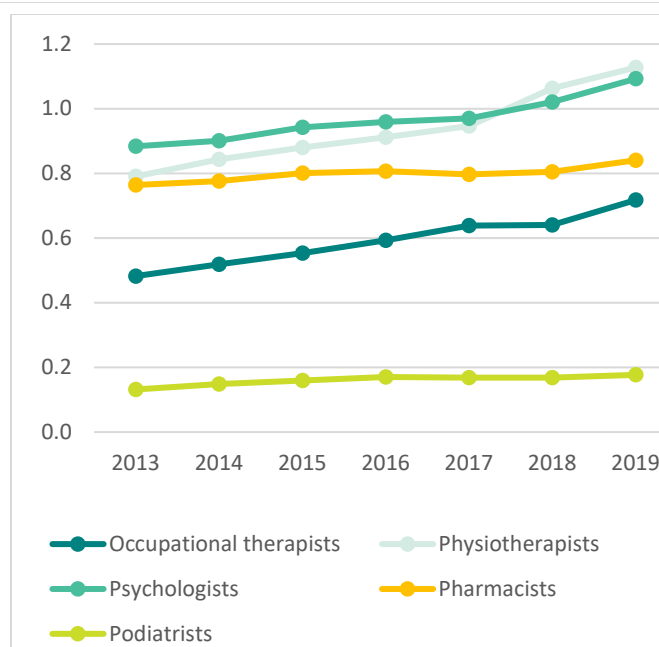
⁴ AHPRA 2021, What is allied health?, Australian Government, Canberra, [What is allied health? - Allied Health Professions Australia \(ahpa.com.au\)](http://ahpa.com.au)

Fig. 25: Allied health headcount (selected professions), HNC, 2013-2019



Source: NHWDS

Fig. 26: Allied health (selected professions) per 1,000 population, HNC, 2013-2019



Source: NHWDS & ABS ERP

4.1.3 Work Setting

- In 2019, the majority of selected allied health professionals across the region worked in a primary health care setting, including occupational therapists (63%), pharmacists (78%), physiotherapists (59%), podiatrists (90%), psychologists (69%) and Aboriginal health practitioners (100% NB from a zero base number) (see Table 5).
- Of the remaining selected allied health professionals, occupational therapists (23%), physiotherapists (27%) and pharmacists (20%) worked in a hospital or outpatient setting, and less than 5 per cent of all allied health professionals worked in a RACF.

4.1.4 Distribution of the Allied Health Workforce

- In 2019, approximately 64% of the region's selected allied health workforce was located in the larger population centres, including Tweed, Port Macquarie-Hastings, Coffs Harbour and Lismore LGAs (see Table 6).
- In per capita terms, Lismore LGA had the highest rate of the selected allied health professions in the region at 2.6 per 1,000 population, or more than 2 times higher than the rate for the region overall. Bellingen, Nambucca and Richmond Valley LGAs recorded the lowest per capita rates of selected allied health professionals from across the region (see Table 6).

Table 5: Allied health workforce headcount/percentage (selected professions) by work setting, HNC, 2019

PRINCIPAL PLACE OF PRACTICE	PRIMARY HEALTH CARE	ACUTE HEALTH CARE	RACF	OTHER	TOTAL
Occupational therapists	234 (62.7%)	86 (23.1%)	20 (5.4%)	33 (8.8%)	373
Pharmacists	345 (78.2%)	86 (19.5%)	0	10 (2.3%)	441
Physiotherapists	348 (58.7%)	157 (26.5%)	55 (9.3%)	33 (5.6%)	593
Podiatrists	86 (90.5%)	4 (4.2%)	5 (5.3%)	0	95
Psychologists	391 (68.7%)	15 (2.6%)	0	163 (28.6%)	569
Aboriginal health practitioner	6 (100%)	0	0	0	6

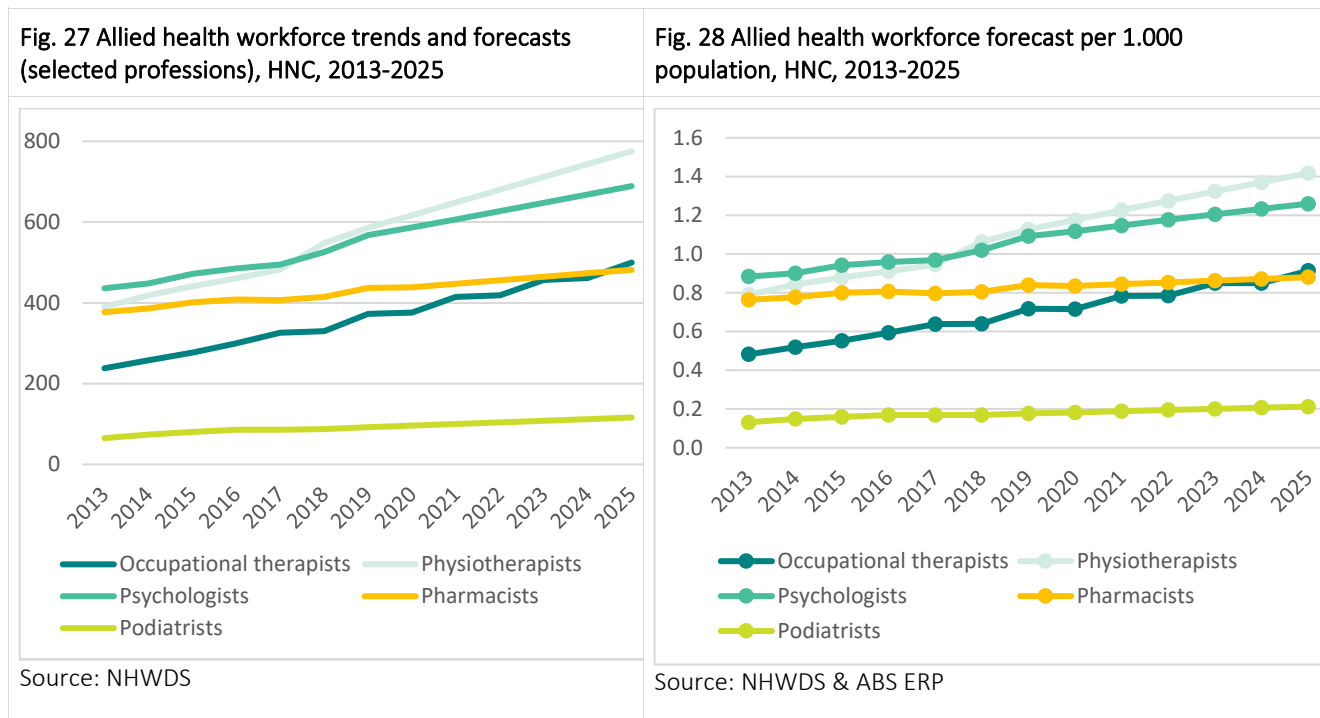
Table 6: Allied health workforce (selected professions) by LGA, 2019

LGA	OCCUPATIONAL THERAPISTS	PHARMACISTS	PHYSIOTHERAPISTS	PODIATRISTS	PSYCHOLOGISTS
Ballina	44	37	49	15	46
Bellingen	7	10	10	0	8
Byron	21	26	52	3	78
Clarence Valley	32	40	53	10	39
Coffs Harbour	62	68	91	18	111
Kempsey	4	23	16	3	28
Lismore	53	52	63	6	82
Nambucca	5	17	14	0	8
Port Macquarie-Hastings	70	69	107	16	60
Richmond Valley	3	19	12	0	10
Tweed	72	76	119	21	98

Source: NHWDS

4.1.5 Outlook

- This section presents medium-term forecasts for 5 of the selected allied health professions across the region.
- As a result of small numbers, it is not feasible to construct valid/reliable workforce forecasts for Aboriginal Health Practitioners or some LGAs.
- Consistent with the underlying positive trendline growth, the selected allied health professions are forecast to grow steadily over the short to medium-term.
- Between 2019 and 2025, the selected allied health workforce is forecast to grow by occupational therapists (127), pharmacists (45), physiotherapists (189), podiatrists (24) and psychologists (121) (see Figure 27).
- In per capita terms, the relative number of physiotherapists, occupational therapists and psychologists is forecast to increase slightly, while pharmacists and podiatrists are expected to remain largely unchanged (see Figure 28).



5 Aboriginal and Torres Strait Islander Health Workforce

5.1 Summary

The Aboriginal and Torres Strait Islander health workforce has grown strongly over recent decades. The number of Aboriginal and Torres Strait Islander people employed in both clinical and non-clinical health roles still remains comparatively small.⁵

The National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework 2016-2023⁶ identifies a number of workforce initiatives, including:

- improving recruitment and retention of health professionals in clinical and non-clinical roles across all health disciplines
- improving the skills and capacity of the health workforce in clinical and non-clinical roles throughout the health sector
- increasing the number of students studying for qualifications in health
- improving completion/graduation and employment rates for health students
- expanding opportunities for experienced health professionals to advance to more senior clinical roles and managerial positions throughout the health sector.

5.2 Recent trends in Aboriginal and Torres Strait Islander Health Workforce

- NHWDS reveals the number of Aboriginal and Torres Strait Islander health workers across the region increased from 142 in 2013 to 261 in 2019 (see Table 7).
- This equates to an 84% increase over the period, which easily exceeds the projected population growth of 5.4%, but from a low base.
- The largest number of Aboriginal and Torres Strait Islander health professionals were employed as a nurse and/or midwife 188 (72%), allied health professional 62 (24%), and medical practitioner 11 (4%) (see Table 7).
- The largest growth in Aboriginal and Torres Strait health professionals occurred in the nursing and midwifery workforce (60%) (see Table 7).

⁵ Australian Health Ministers Advisory Council 2017, *Aboriginal and Torres Strait Islander Health Performance Framework 2017 Report*, AHMAC, Canberra, [Aboriginal and Torres Strait Islander Health Performance Framework 2017 Report \(niaa.gov.au\)](http://niaa.gov.au)

⁶ Australian Health Ministers Advisory Council 2016, *National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework 2016-2023*, AHMAC, Canberra, [National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework \(2016 - 2023\)](http://niaa.gov.au)

Table 7: Aboriginal and/or Torres Strait Islander-identified health professionals, HNC, 2013-2019

PRINCIPAL PLACE OF PRACTICE	2013	2014	2015	2016	2017	2018	2019
GPs	3	6	6	6	3	0	3
Medical practitioners	0	3	0	0	0	3	3
Nurse/midwife	118	123	124	152	154	167	188
Aboriginal health practitioner	3	0	11	12	9	10	12
Occupational therapist	0	0	3	0	0	0	5
Pharmacist	0	0	3	0	6	6	6
Physiotherapist	3	3	3	3	9	3	12
Podiatrist	3	0	3	3	0	0	0
Psychologists	6	9	3	6	9	6	9

Source: NHWDS

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