



Health workforce

TRENDS AND FORECAST REPORT

Update | October 2022

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Acknowledgment 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.

About this document

This report provides an update to the Health Workforce Trends and Forecast Report which formed part of the 2021 Health Needs Assessment. The report has been prepared by the Portfolio Management Office within Health North Coast.

The 2022 edition includes:

- the local government area of Kyogle to cover the twelve LGAs that form part of Healthy North Coast's footprint
- 2020 workforce data for five health workforce categories, and 2021 workforce data for nurses and midwives
- current age profile of each workforce category and years intending to work.

The addition of this information enabled further analysis, forecasting and planning for workforce supply and demand and assessing gaps of the health workforce on the North Coast.

Healthy North Coast will update the Health Workforce Trends and Forecast Report annually as new health workforce data becomes available, and as the long-term effects on health workers from the COVID-19 pandemic become known.

Approval

This version of the Health Workforce Report – Trends and Forecasts was approved for publication by Monika Wheeler, Chief Executive Officer.

Abbreviations

Abbreviation	Meaning
ABS	Australian Bureau of Statistics
AIHW	Australian Institute of Health and Welfare
AHPRA	Australian Health Practitioners Registration Agency
ERP	Estimated Resident Population
FTE	Full-time equivalent
GPs	General Practitioners
HNC	Healthy North Coast
LGA	Local Government Area
LHDs	Local Health District
MNC	Mid North Coast
NHWDS	National Health Workforce Dataset
NNSW	Northern New South Wales
RACF	Residential Aged Care Facility

Executive Summary

The health workforce has a profound impact on the quality, accessibility, effectiveness, and sustainability of our healthcare systemⁱ. The health workforce across the region is not evenly distributed. The challenges of geographic spread, low population density, limited infrastructure, and the higher costs of delivering health care in rural and remote areas can impact adversely on accessⁱⁱ.

Lack of access to quality healthcare providers is one of the primary root causes of health inequity and is disproportionately experienced by people living in remote and rural communitiesⁱⁱⁱ. However, we also know that an adequate health workforce alone will not ensure optimal health service access.

Healthy North Coast (HNC) does not directly employ the primary health workforce. HNC aims to influence health outcomes through supporting and developing the primary care workforce to initiate, adapt and respond flexibly to opportunities to improve health service delivery to north coast communities, particularly as new health technologies become available.

The demand on the health system across the North Coast is increasing. Drivers include an ageing North Coast population profile, longer life expectancies and more people living with multiple chronic conditions.

Key findings

- Overall, the region's health workforce has grown significantly over recent years, and this is expected to continue over the short to medium-term.
- For every two male FTE GPs in the region, there is only one female FTE GP. This may cause a barrier to accessing women's health.
- Nearly one in three health professionals (GPs, medical specialists, nurses, midwives, selected allied health, and Aboriginal Health workers) in the North Coast region are aged over 55 years in 2020 and are likely to retire over the next ten to fifteen years.
- More than one in every two health professionals across the North Coast region in 2020 indicated they intend to work in their current profession for greater than ten years. This data was collected before COVID-19, and the natural disasters we have seen across the region. A HNC survey after the floods showed staff retention has become a key concern for health professionals.
- Under-representation of Aboriginal and Torres Strait Islander people in the health workforce continues despite strong growth in recent years.

Introduction

Primary health care services across the North Coast region are provided through a mix of private businesses, non-for-profit entities, publicly funded community health services and Aboriginal Community Controlled Health Organisations.

The health workforce issues affecting our region align with Australia's priority workforce issues:^{iv}

- geographic maldistribution and inequality in health care access, with one in two GPs, and four in five allied health professionals across our region working in the major towns of Port Macquarie, Coffs Harbour, Lismore and Tweed
- over and undersupply in certain specialities
- balance of generalist versus subspecialist skills, with the growing trend towards subspecialisation
- growing the Aboriginal health workforce and building a culturally safe medical workforce
- adapting to changing models of care, in particular digital health.

Technology will continue to play a significant part in addressing workforce challenges in health service delivery and we have seen the use of telehealth and other digital technologies increase over the COVID-19 pandemic. Between March 2020 and December 2021, 87 million telehealth services were delivered to 16.2 million people in Australia.^v

The pandemic has had ongoing impact on the health workforce across North Coast communities, including staff burnout, constant changes in health advice and patient delay in seeking care^{vi}. State and national border closures posed additional challenges for workforce planning and the way we plan for future workforce needs.

The recent flooding and bushfires across our region have highlighted the need to prepare for a range of events that may impact on workforce capacity and availability. Primary health workers play a significant role during the preparedness and response stages of disaster management and reception staff play a crucial role in patient communications and service navigation.

Purpose

This paper provides an analysis of current and emerging health workforce trends across the North Coast region and applies a model-based analysis to develop medium-term health workforce forecasts.

Method and data

Time series data from the National Health Workforce Data Set (NHWDS) and ABS estimated resident population data was used to analyse workforce trends over the previous seven years and to project workforce forecasts in the next ten years. The workforce survey has a response rate of over 90 per cent and is considered statistically valid and reliable.^{vii} The findings were validated through cross-verification with other national and state government

data sources, including data from the Australian Institute of Health and Welfare (AIHW) and NSW Health.

The workforce forecasts were prepared using the exponential smoothing method. This method works based on weighted averaging factors with older data having less weight or priority and newer data is given more importance or significance. 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.

Not all health professions are registered with AHPRA, consequently this analysis is limited to health professions whose workforce data is captured by the NHWDS. The report provides an analysis of five health workforce categories which are all registered with the Australian Health Practitioner Regulation Authority (AHPRA), specifically:

1. General practitioners
2. Medical specialists
3. Nurses and midwives
4. Allied health professionals (Occupational Therapists, Pharmacists, Physiotherapists, Podiatrist and Psychologist)
5. Aboriginal and Torres Strait Islander Health Workers

At the time of writing, 2021 workforce data was available for nurses and midwives, and for all other categories, only 2020 workforce data was available.

Due to dataset limitations, workforce categories, which are critical to the delivery of coordinated care, such as ambulance officers/paramedics, some allied health practitioners, medical technicians, dental assistants, and personal care workers were excluded from this analysis.

1. General Practitioners

1.1 Summary

The GP workforce across the region is growing strongly, this is a trend that is expected to continue over the medium-term as the North Coast remains an attractive destination for GPs. 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 one in two 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, Kyogle, Kempsey and Clarence Valley LGAs.

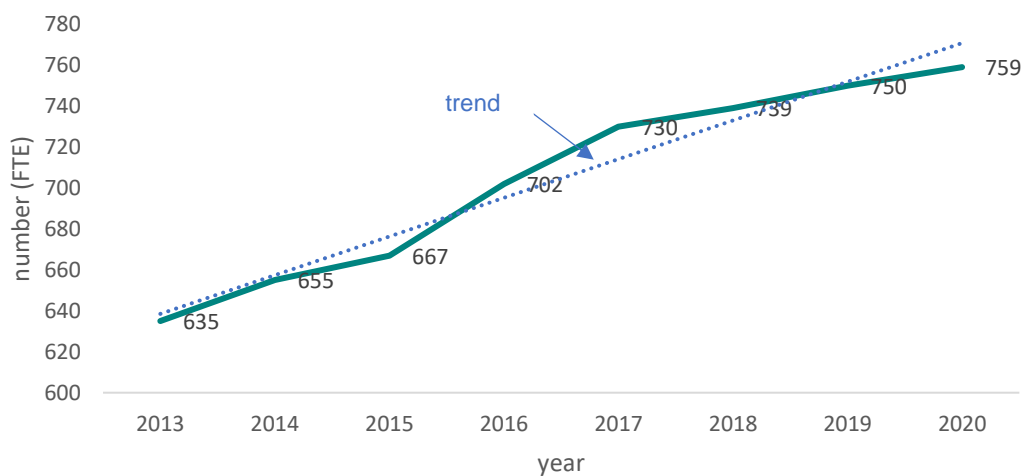
1.2 Recent trends in the GP workforce across the North Coast

- The number of GPs across the region increased by 19% (123 GPs) from 2013 to 2020 (Figure 1).

- This averages a 2.6% increase in GPs per year from 2013, which is less than the 3.4% seen across Australia for GPs outside major cities, and 3.9% within major cities. ^{viii}
- Three LGAs, Clarence Valley, Nambucca, and Richmond Valley experienced a decrease in the number of GPs in from 2013 to 2020.
- On a per capita basis, the number of GPs across the region has increased from approximately 1.3 to 1.4 per 1,000, which is above the NSW and Australian average of 1.2 per 1,000.

Figure 1

The **number** of GPs is increasing on the North Coast.



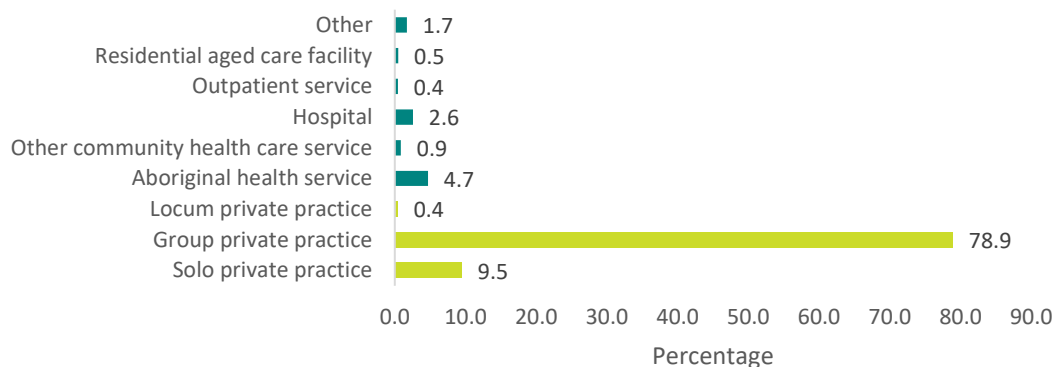
Source: NHWDS 2022

1.3 Work setting

- In 2020, 94% of the North Coast GP workforce identified the primary health care sector as their principal place of practice, compared to 97% across Australia.
- 79% FTE of GPs across the region worked in group private practice, 9.5% in solo practices, 4.7% in Aboriginal Health, 2.6% in hospitals and 0.5% in RACF (Figure 2).

Figure 2

Most GPs are working in **private practice** across the North Coast

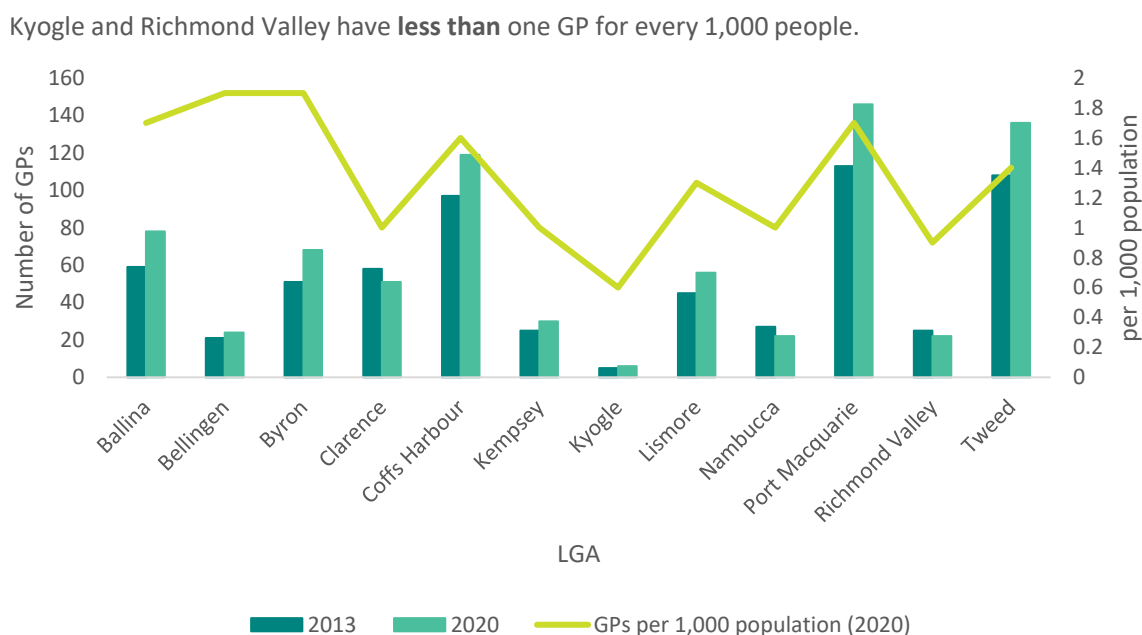


Source: NHWDS 2022

1.4 Distribution of the GP workforce

- In 2020, one in every two GPs work in the larger population centres of Tweed, Port Macquarie-Hastings, Coffs Harbour LGAs (Figure 3).
 - In per capita terms, Bellingen and Byron LGA had the highest rate of GPs in the region at 1.9 per 1,000 population, which is higher than the North Coast region at 1.4 per 1,000.
- Kyogle and Richmond Valley LGAs have less than one GP for every 1,000 population. Clarence Valley, Kempsey and Nambucca at 1 per 1,000 have less than NSW and Australia at 1.2 per 1,000 population (Figure 3).

Figure 3



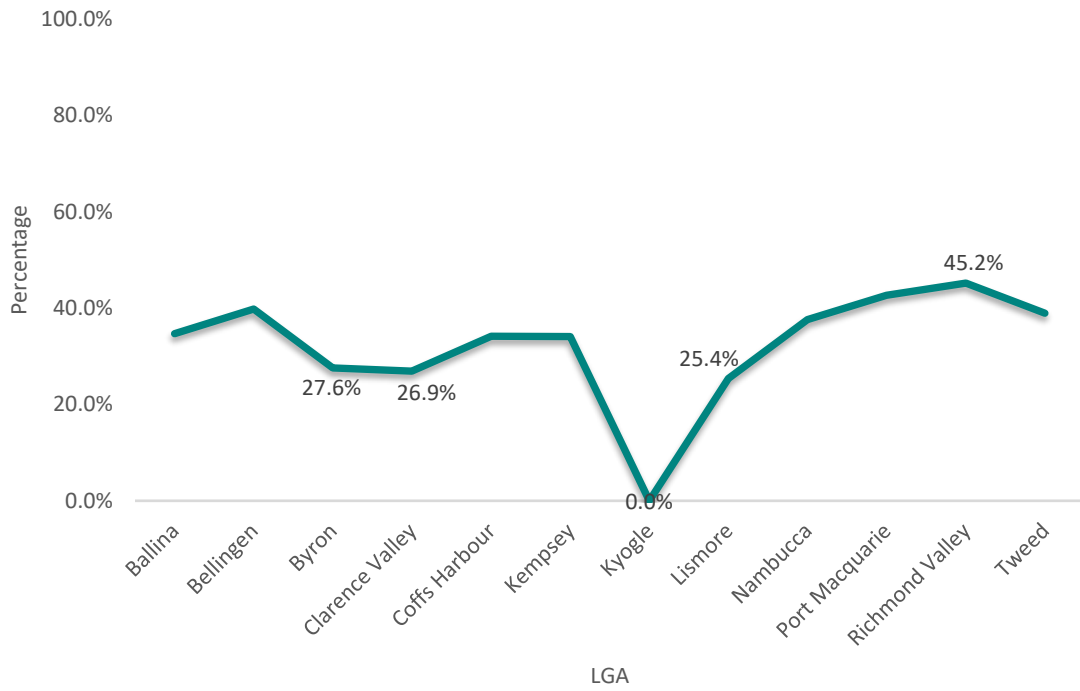
Source: NHWDS 2022 and ABS 2020

1.5 Current age and years intended left to work

- On the North Coast, 2 in every 3 GPs by FTE are male, with Bryon 27.6%, Clarence Valley 26.9%, and Lismore 25.4% having the lowest percentage of female GPs (Figure 4).
- 15.5% (118) GPs across the region are aged over 65 years, which is the same as for Australia (Figure 5).
- Of the five LGAs with one or less GP per 1,000 people, three LGAs have the highest number of GPs over 65 Clarence Valley, Richmond Valley and Nambucca at over 20% (Figure 5).
- Of every ten GPs in the North Coast, 2.4 intend to work 1-5 years, 1.4 intend to work 6-10 years, 6.2 intend to work 11+ years. This is only slightly higher than the findings for NSW which was 2.2 in 10 intending to work 1-5 years^x.
- 42.3% (9) of GPs in Richmond Valley and 30% (9) in Kempsey intend to work only 1-5 years in 2020. Most of these GPs are close to, or of retirement age, except for the three female GPs in Richmond Valley in the 45-54 age range (Figure 6-7).

Figure 4

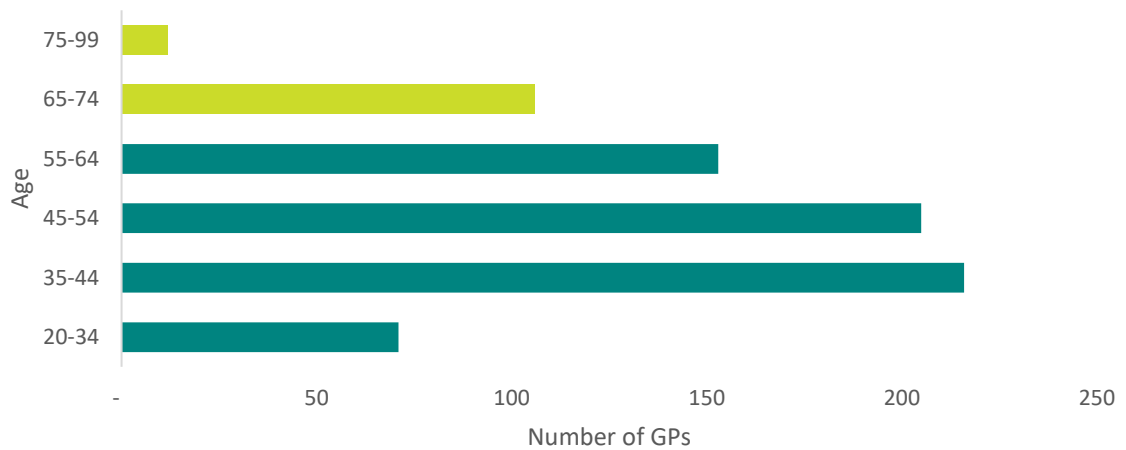
Byron, Clarence Valley, Kyogle and Lismore have **less than one female GP** for every two male GPs in 2020.



Source: NHWDS 2022

Figure 5

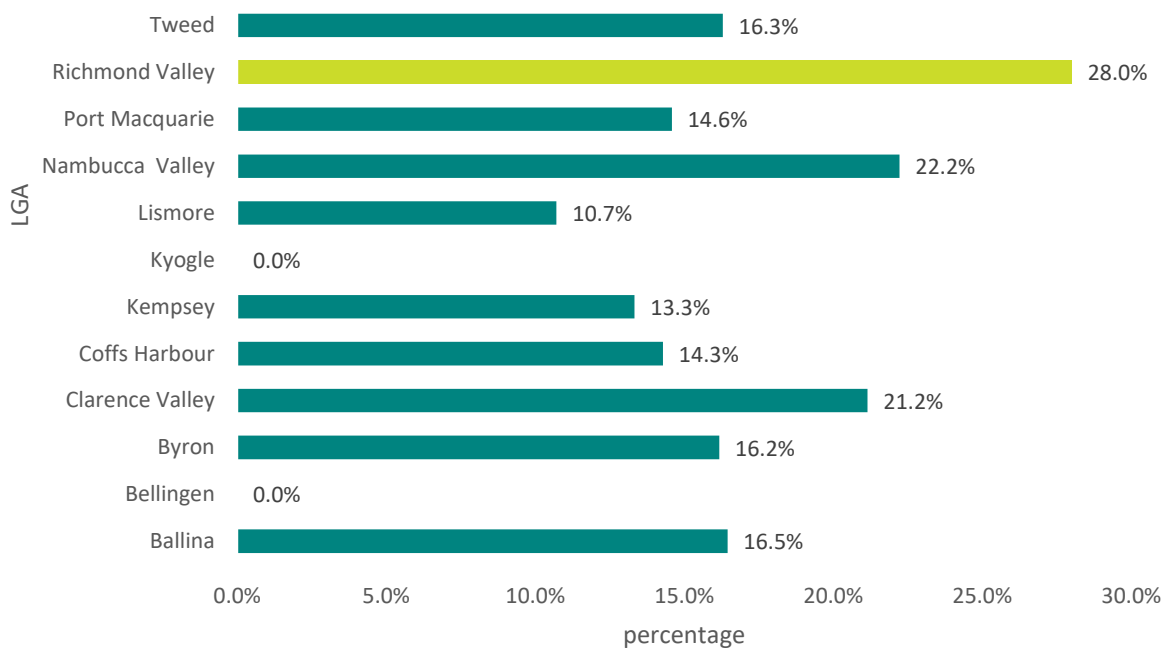
15% of GPs are aged **over 65 years** in HNC.



Source: NHWDS 2022

Figure 6

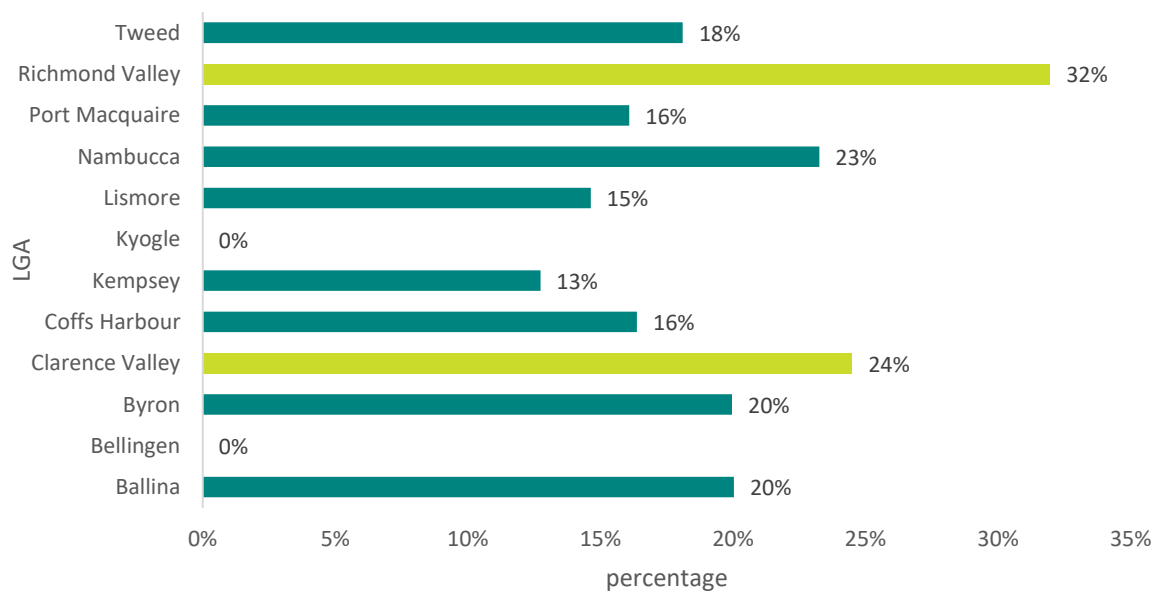
28% of GPs in **Richmond Valley** are aged over 65 years.



Source: NHWDS 2022

Figure 7

Richmond Valley and **Clarence Valley** have the highest number of GPs with **less than five years** intending left to work.



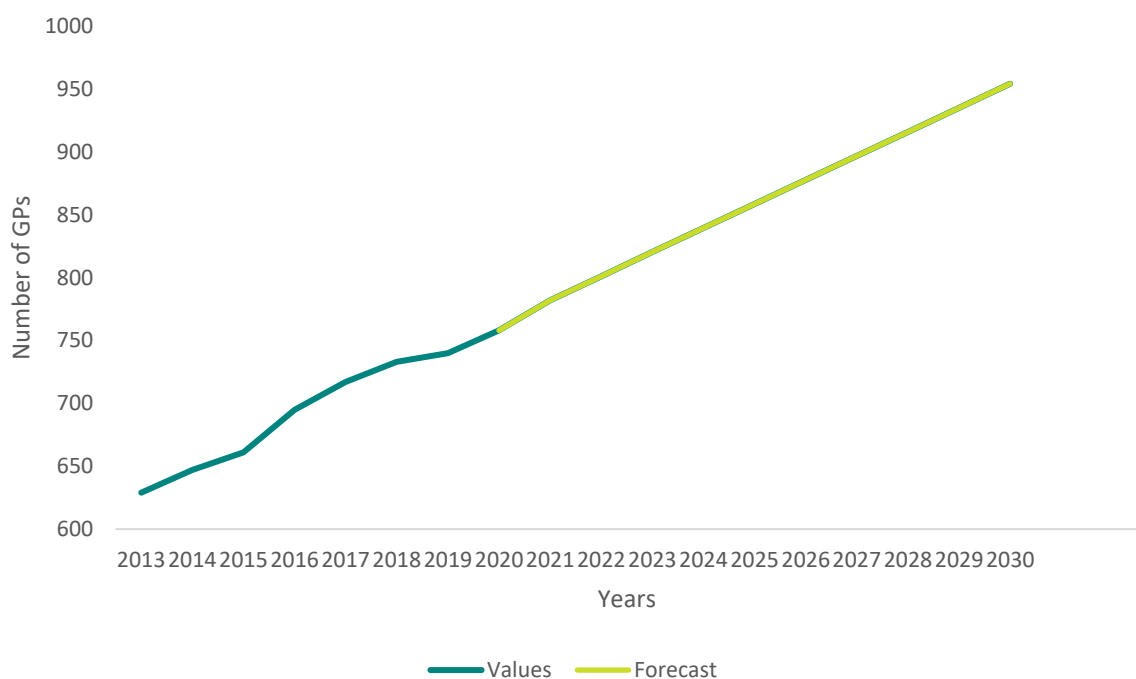
Source: NHWDS 2022

1.6 Outlook

- The GP workforce across the North Coast is forecast to continue to grow over the short to medium-term. This is consistent with the modelling of an increase in GPs in regional and remote areas of 27.5% but a decrease in major cities of 15%.^x However, this is dependent on the GP training pipeline given the large number of retirements likely over this period.
- Using these forecasts, the supply of GPs is expected to increase from 758 in 2020 to 954 by 2030 (Figure 8). This represents a projected increase of 196 GPs or 26% over the forecast period.
- In per capita terms, the supply of GPs is forecast to increase from 1.4 per 1,000 in 2020 to 1.6 per 1,000 by 2030.

Figure 8

Number of GPs forecast to increase by **26%** from 2020-2030.



Source: NHWDS 2022

2. Specialist Medical Workforce

2.1 Summary

The specialist medical workforce across the region is growing strongly. This trend is expected to continue over the short to medium-term. However, on a per capita basis, the number of medical specialists remains below relevant NSW and Australian averages.

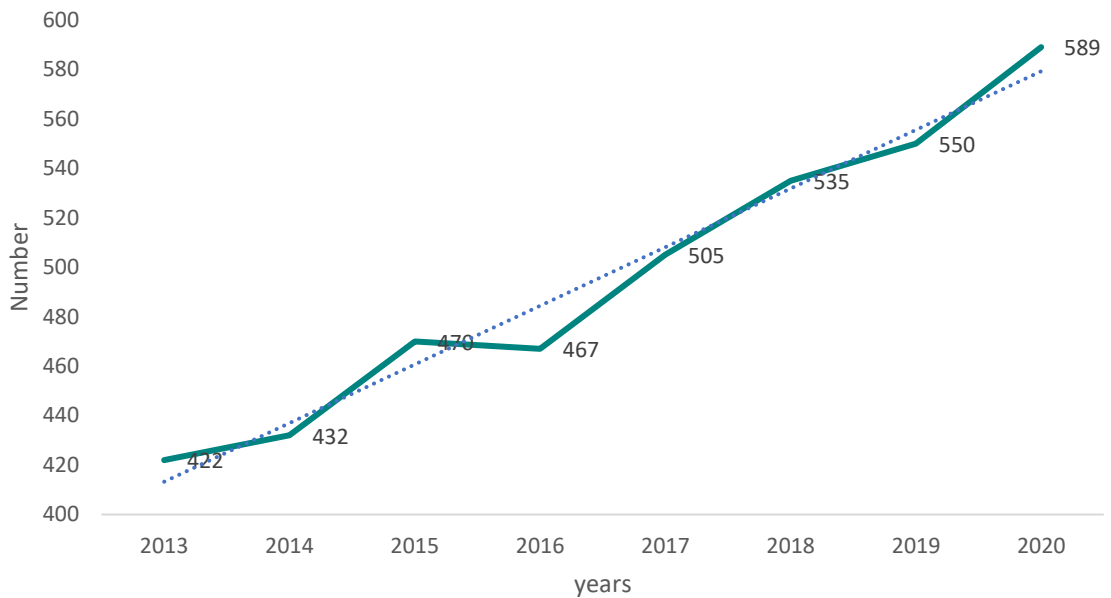
2.2 Recent trends in the medical specialist workforce

- The number of medical specialists across the regions increased by 28% from 2013 to 2020 (Figure 9).

- On a per capita basis, the number of medical specialists across the region has increased from 0.8 per 1,000 in 2013 to 1.1 per 1,000 in 2020 but has remained below the NSW and Australian rate of 1.4 per 1,000.

Figure 9

Number of medical specialists increased by **130** from 2013-2020.



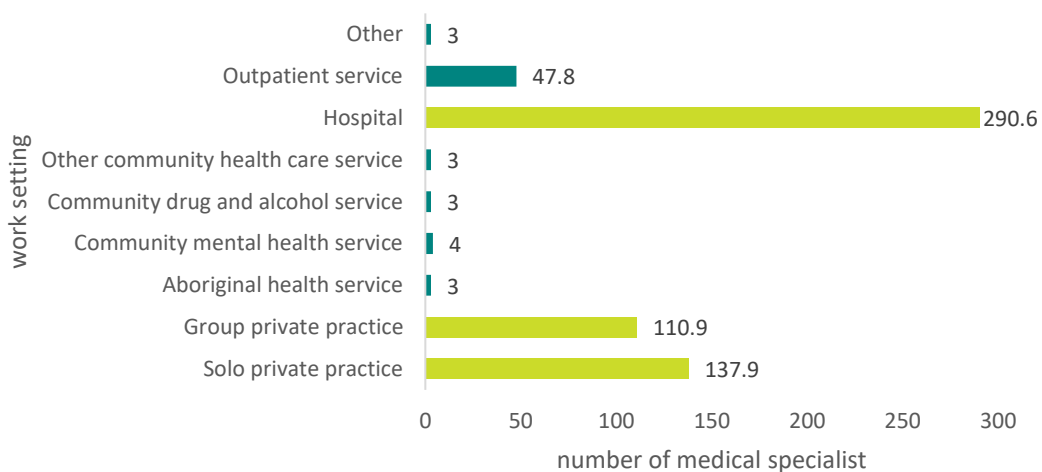
Source: NHWDS 2022

2.3 Work setting

- In 2020, 48% FTE medical specialists worked in a hospital, 7.9% FTE in outpatient service and 41% FTE worked in a private setting. This is consistent with Australian averages (Figure 10).

Figure 10

48% medical specialist work in hospitals and 41% in private practice.



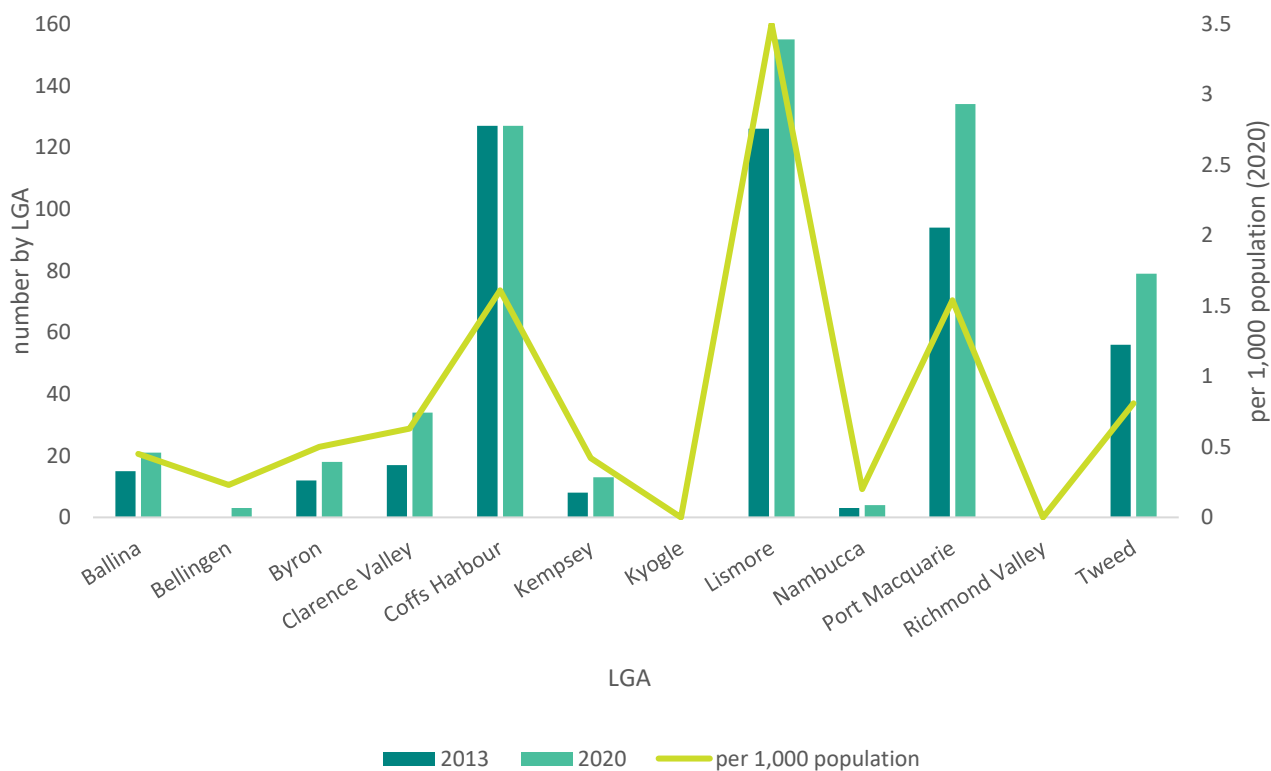
Source: NHWDS 2022

2.4 Distribution of the medical specialist workforce

- Medical specialists are located in close proximity to larger referral hospitals and health infrastructure.
- In 2020, 84% of medical specialists were located in the larger regional population centres of Tweed, Port Macquarie-Hastings, Coffs Harbour and Lismore LGAs (Figure 11).
- In per capita terms, Lismore LGA had the highest rate of medical specialists in 2020 at 3.5 per 1,000 population, or 3.2 times higher than the overall rate for the region (Figure 11).

Figure 11

Richmond Valley and Kyogle have **no medical specialists** in 2013 and 2020.



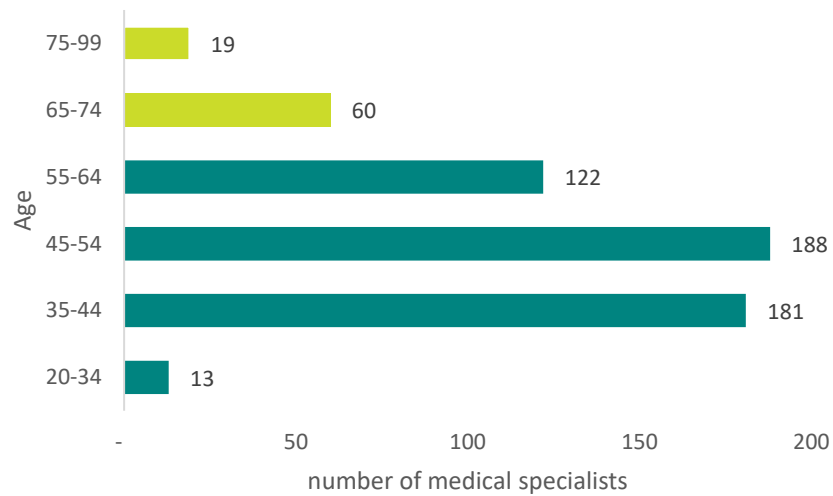
Source: NHWDS 2022 and ABS ERP 2020

2.5 Current age and years intended left to work

- 13.6% (79) of medical specialists across the region are aged over 65 years, this is higher than for Australia at 10.9 in 2020 (Figure 12).
- Of every ten medical specialists in the North Coast, 0.5 intend to work less than 2 years, 1.5 intend to work 3-5 years, 1.9 intend to work 6-10 years and 5.8 intend to work 10+ years (Figure 13).

Figure 12

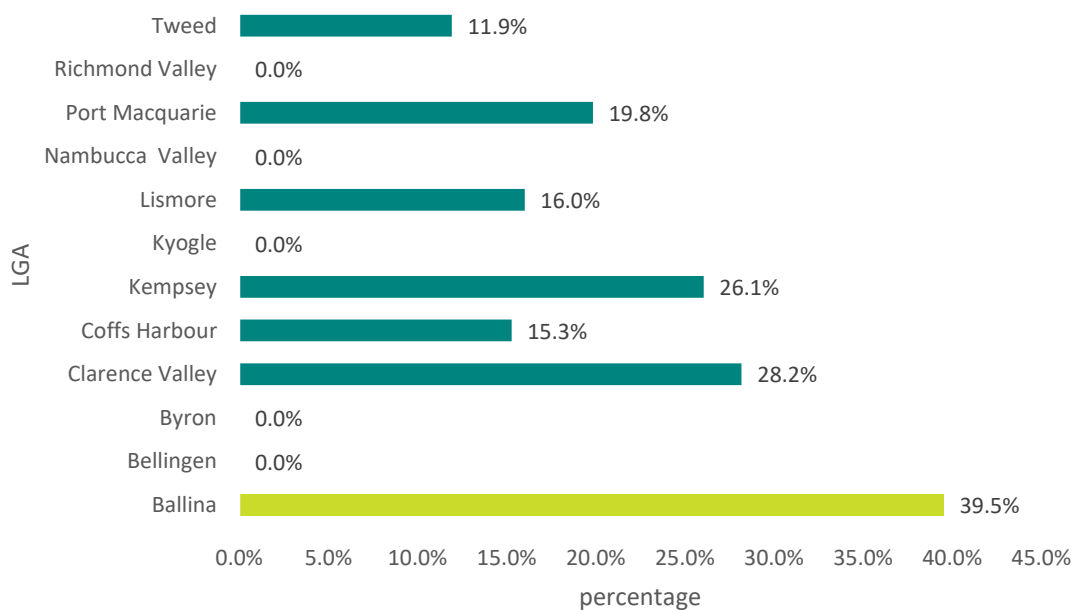
13.6% of medical specialists are aged over 65 years.



Source: NHWDS 2022

Figure 13

39.5% of medical specialists in **Ballina** intend to work less than 5 years.



Source: NHWDS 2022

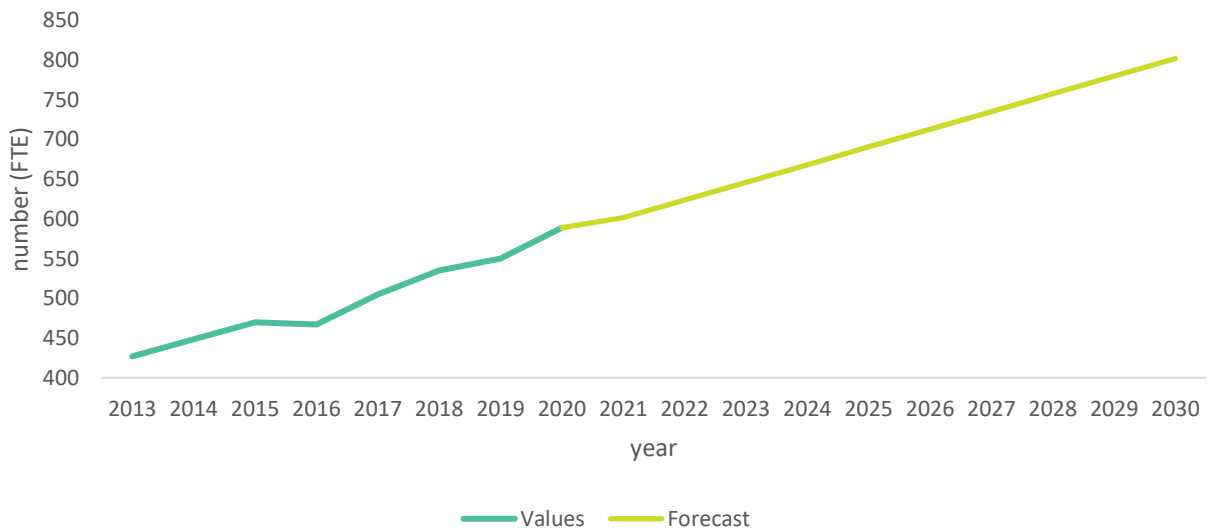
2.6 Outlook

- While the per capita rate of medical specialists is lower than the NSW and Australian rate of 1.4 per 1,000, 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 588 in 2020 to 802 in 2030 or 36% over the forecasted period (Figure 14).

- In per capita terms, the number of medical specialists is forecast to increase from 1.1 per 1,000 in 2020 to 1.4 per 1,000 by 2030.

Figure 14

Medical specialist are projected to increase by **36%** from 2020 to 2030.



Source: NHWDS 2022 and ABS ERP 2020

3 Nursing and Midwifery Workforce

3.1 Nursing workforce

3.1.1 Summary

The nursing workforce across the region is growing strongly. This trend 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.

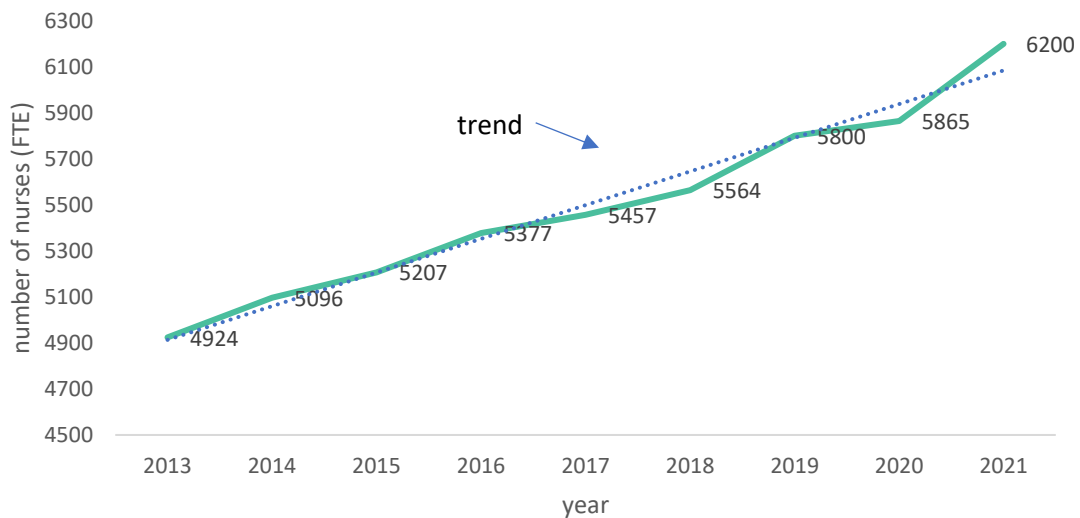
8.5 in 10 of the nursing workforce is in the larger population centres of Tweed, Port Macquarie-Hastings, Coffs Harbour and Lismore LGAs with the larger population centres and hospitals.

3.1.2 Recent trends in the nursing workforce

- The number of registered and enrolled nurses across the North Coast increased by 22.4% (1,362) from 2013 to 2021 (Figure 15).
- Richmond Valley experienced a decrease in the number of registered nurses from 2013 to 2021, whereas Byron and Nambucca experienced a 47 and 48% increase in registered nurses.
- On a per capita basis, the number of nurses across the region increased from 12.1 per 1,000 in 2013 to 13.8 per 1,000 in 2021, which is higher than the NSW and Australian rates at 10 and 11 per 1,000 respectively.

Figure 15

Registered nurses increased by **22.4%** from 2013-2021.



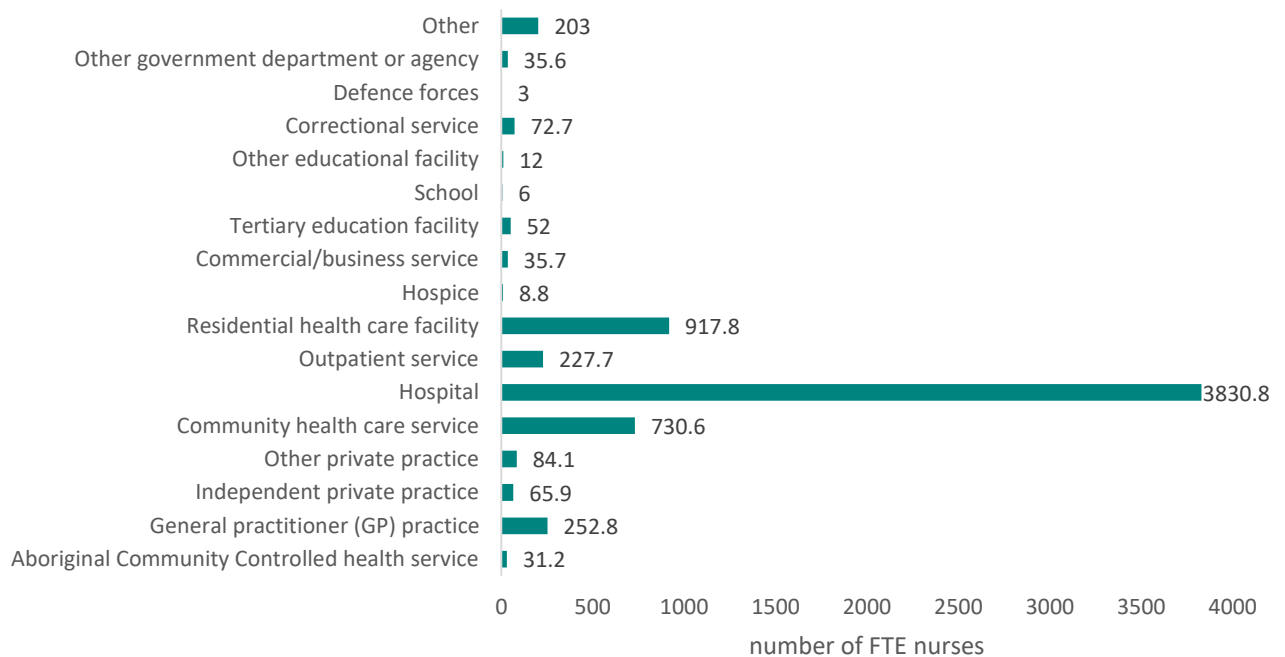
Source: NHWDS 2022

3.1.3 Work setting

- Nurses work in a variety of settings across the region. With 62% of nurses working in hospital or outpatient settings, 14% in RACF, 17.7% in primary health care setting such as GP, Aboriginal Community Controlled health services and community health care services (Figure 16).

Figure 16

62% of nurses work in hospitals and outpatient settings



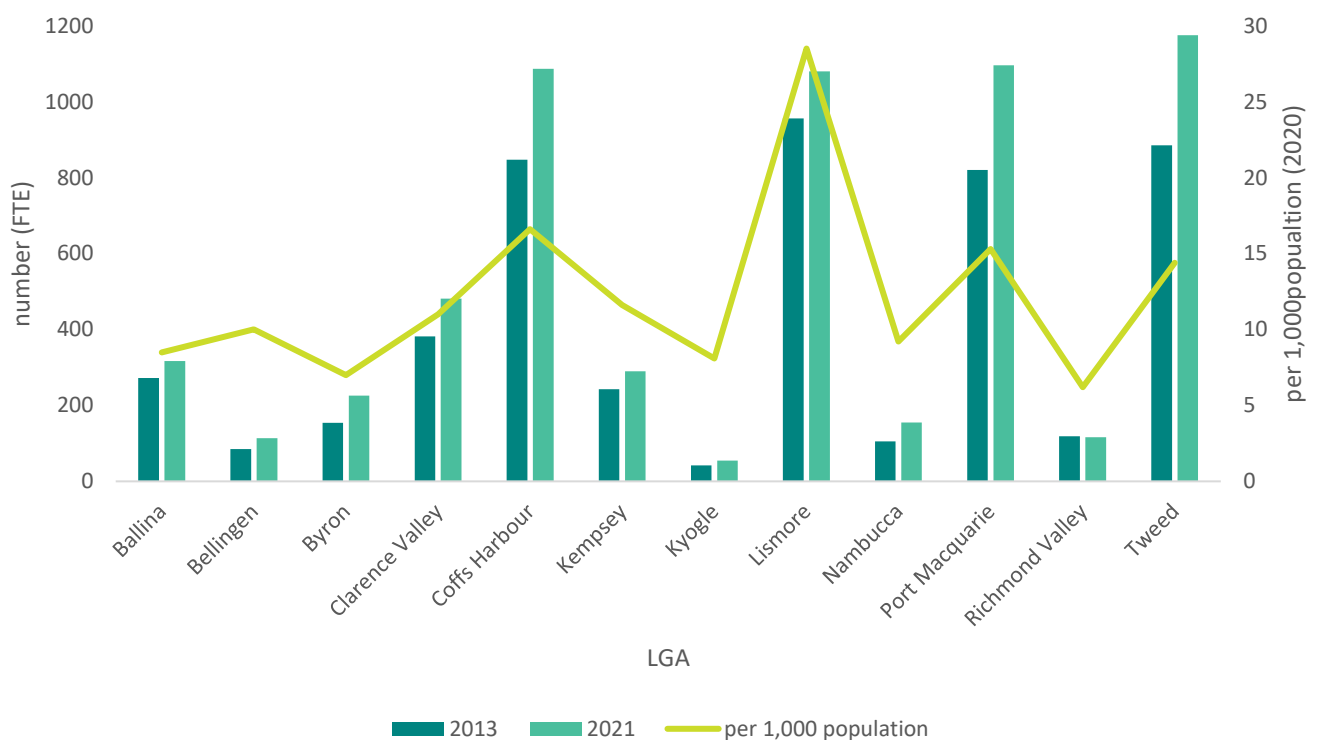
Source: NHWDS 2022

3.1.4 Distribution of the nursing workforce

- In 2021 85% of the region’s nursing workforce was in the larger population centres of Tweed, Port Macquarie-Hastings, Coffs Harbour and Lismore LGAs.
- 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 (Figure 17). This is reflective of Lismore having the highest number of medical specialist and a level 5 hospital.

Figure 17

Richmond Valley and Byron LGAs recorded the **lowest** per capita rates of nurses from across the region..



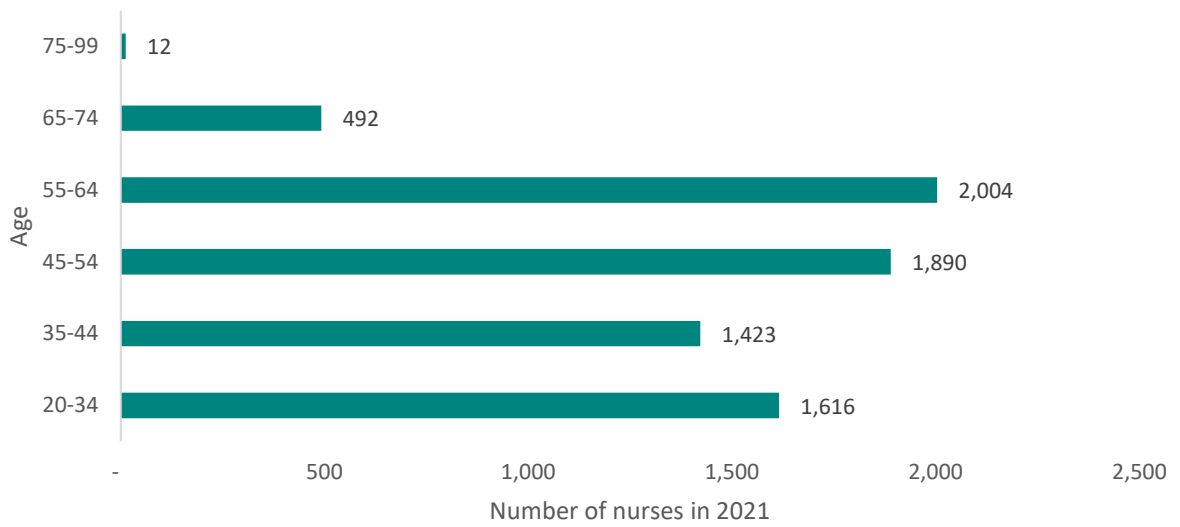
Source: NHWDS 2022 and ABS ERP 2020

3.1.5 Current age and years intended left to work

- 6.6% (492) nurses across the region are aged over 65 years, this is higher than for Australia at 4% in 2021 (Figure 18).
- Of every ten nurses in the North Coast, 0.9 intend to work less than 2 years, 1.5 intend to work 3-5 years, 2 intend to work 6-10 years and 5 intend to work 10+ years which is similar to Australia (Figure 18).

Figure 18

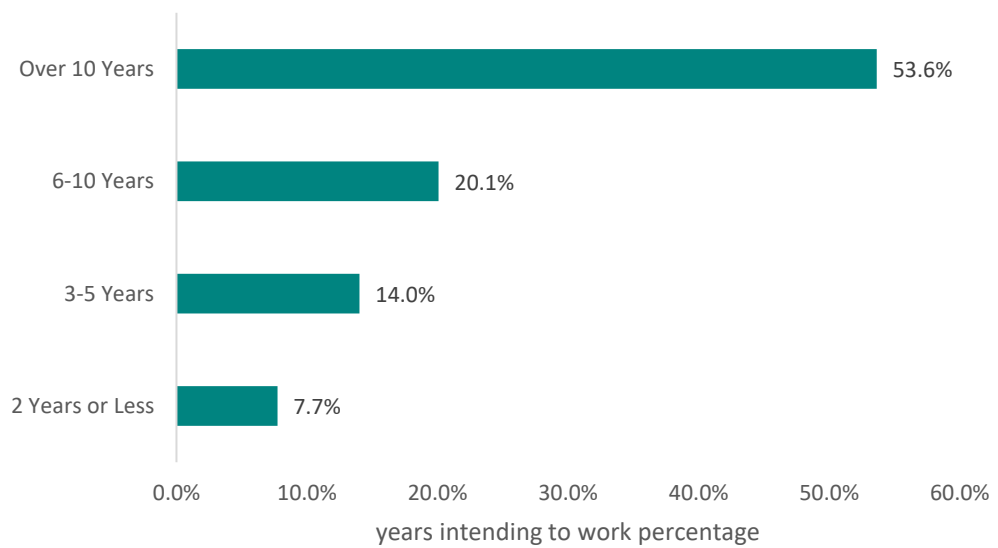
41% of nurses are aged **44 years and under**.



Source: NHWDS 2022

Figure 19

Over **50%** of nurses across the North Coast intend to work over 10 years.



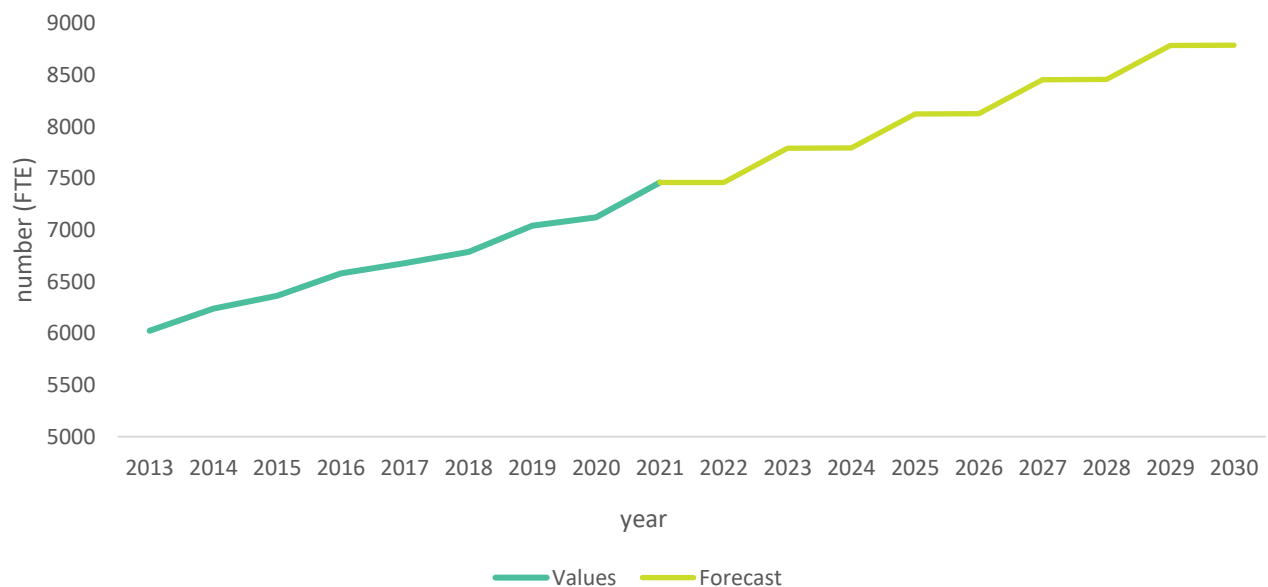
Source: NHWDS 2022

3.1.6 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 7,460 in 2021 to 8,788 by 2030 (Figure 20).
- In per capita terms, the supply of nurses is forecast to increase from 13.8 per 1,000 in 2021 to 15.5 per 1,000 by 2030.

Figure 20

The nursing workforce is projected to **increase** 13% over the forecast period.



Source: NHWDS 2022

3.2 Midwifery workforce

3.2.1 Summary

76% of the midwifery workforce is 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 and national average.

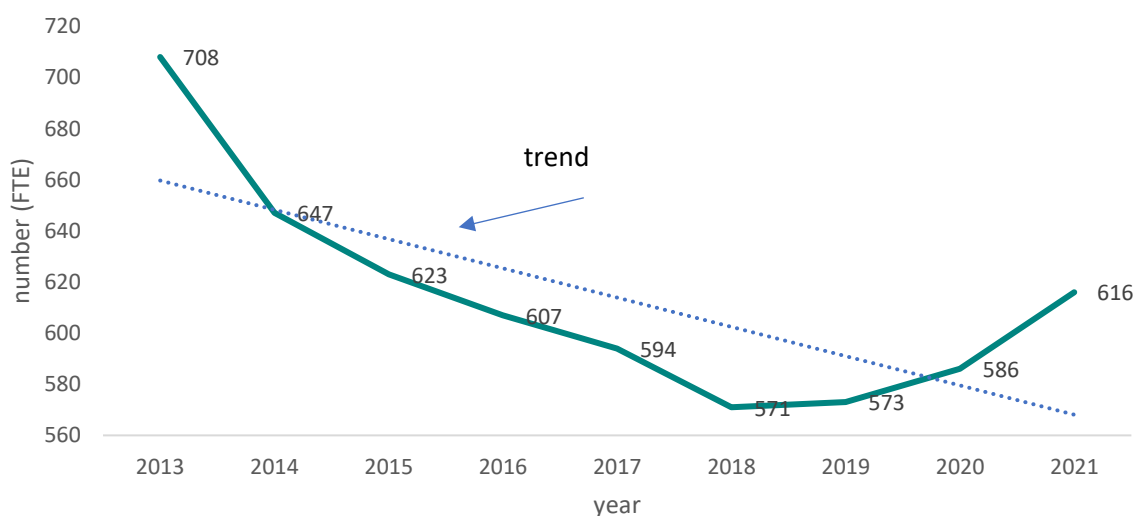
On a per capita basis, the number of midwives across the region, 1.1 per 1,000 population has remained above NSW 0.8 and Australian 1.0 averages. The number of midwives with a dual registration of RN and midwife is decreasing, while the number with midwife only registration is growing.

3.2.2 Recent trends in the midwifery workforce

- The number of midwives across the region decreased by 13% (92) from 2013-2021 (Figure 21).
- When looked at by registration, midwives only, the number of midwives has increased by 128, but people with dual RN and midwife registration, have decreased by 220 from 2013-2021 (Figure 22-24). This is consistent with NSW and Australia where midwife only registrations have increased, and RN and midwife numbers have decreased.
- Ballina and Nambucca are the only two LGAs that have experienced an increase in the number of midwives, all other LGAs in the region experienced no change or a decrease with Richmond Valley and Clarence Valley both decreasing by 60%.
- On a per capita basis, the number of midwives across the region has decreased from 1.4 per 1,000 in 2013 to 1.1 per 1,000 in 2021, which is higher than the NSW 0.8 and Australian 1.0 rate.
- 27% of midwives are employed exclusively as midwives, while the remaining 73% are employed as dual-registered midwife/ registered nurse.
- The number of midwives working exclusively as midwives has increased from 37 (2013) to 165(2021), however the number of dual-registered midwife/nurse has fallen from 671 (2013) to 451 (2021), a reduction of (-32%) over this period.

Figure 21

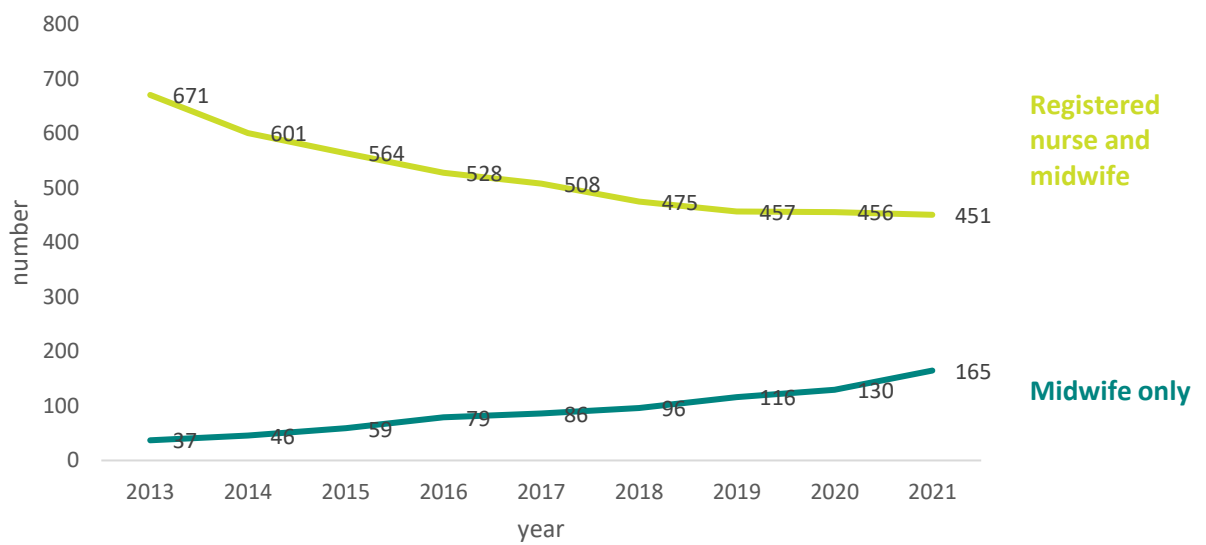
The number of midwives was **decreasing** until 2019.



Source: NHWDS 2022

Figure 22

Dual registration as a RN and midwife are decreasing.



Source: NHWDS 2022

Figure 23

The decrease in dual registration across the North Coast is similar to NSW and Australia.



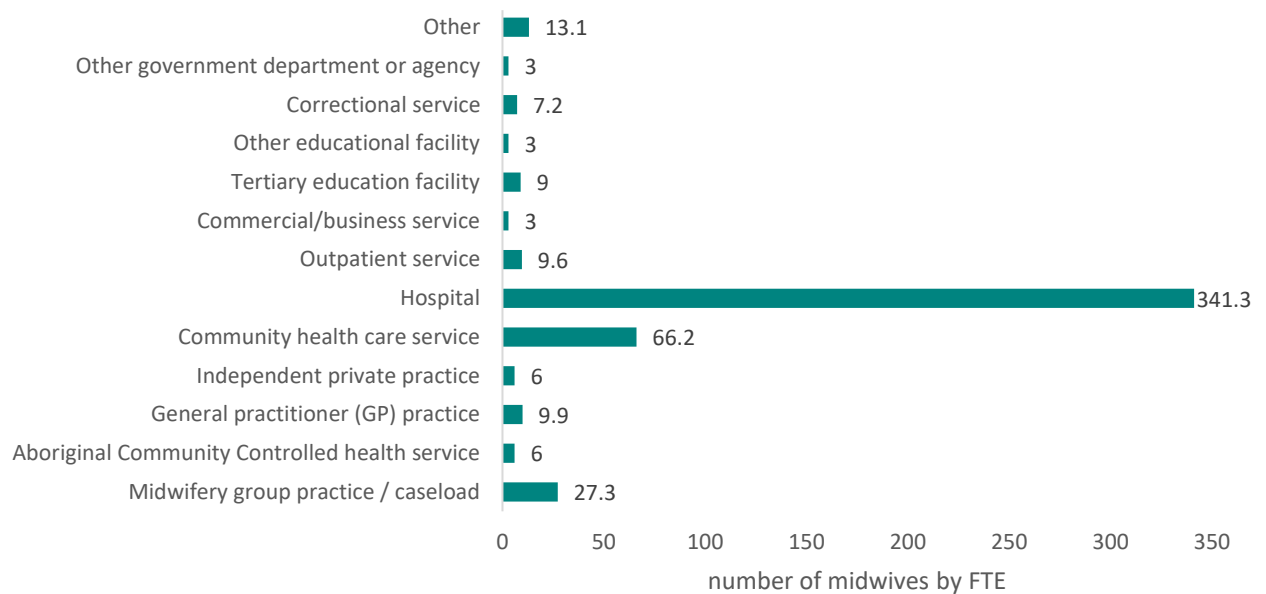
Source: NHWDS 2022

3.2.3 Work setting

- In 2021, 69% FTE of midwives worked in a hospital or outpatient setting, and 5.3% in a midwifery group practice/caseload (Figure 24). This is very similar to Australian averages.

Figure 24

Most midwives work in hospitals.



Source: NHWDS 2022

3.2.4 Distribution of the midwifery workforce

- In 2021, 76% of the region’s midwifery workforce are working in the larger population centres of Tweed, Port Macquarie-Hastings, Coffs Harbour and Lismore LGAs (Figure 25).
- 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.
- Six LGAs have less than one midwife per 1,000 people (Figure 25).

Figure 25

Ballina, Bellingen, Byron, Clarence Valley, Kyogle, and Richmond Valley have less than one midwife



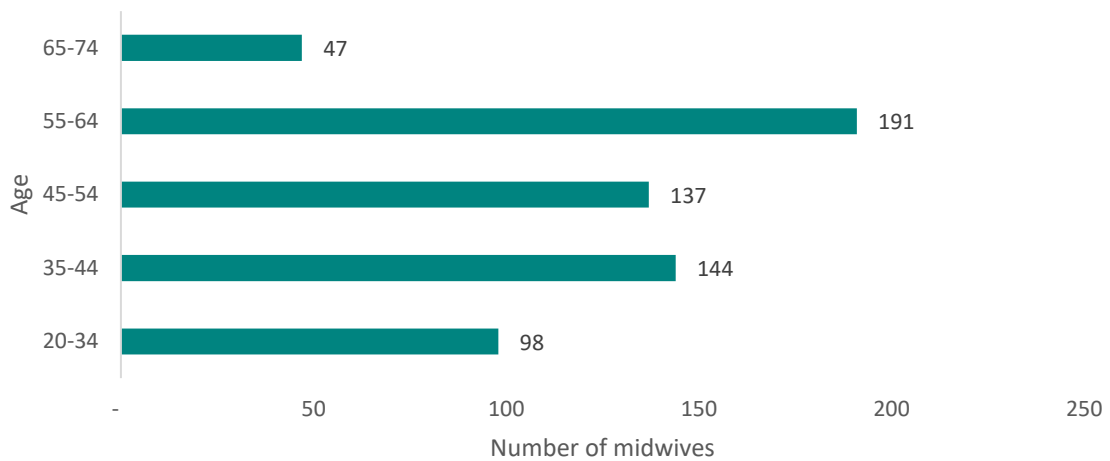
Source: NHWDS 2022 and ABS ERP 2020

3.2.5 Current age and years intended left to work

- 7.6% (47) midwives across the region are aged over 65 years, this is higher than for Australia at 6.8% in 2021 (Figure 27).
- Of every ten midwives in the region, 1.3 intend to work less than 2 years, 1.6 intend to work 3-5 years, 1.8 intend to work 6-10 years and 4.8 intend to work 10+ years which is similar to Australia (Figure 27).

Figure 26

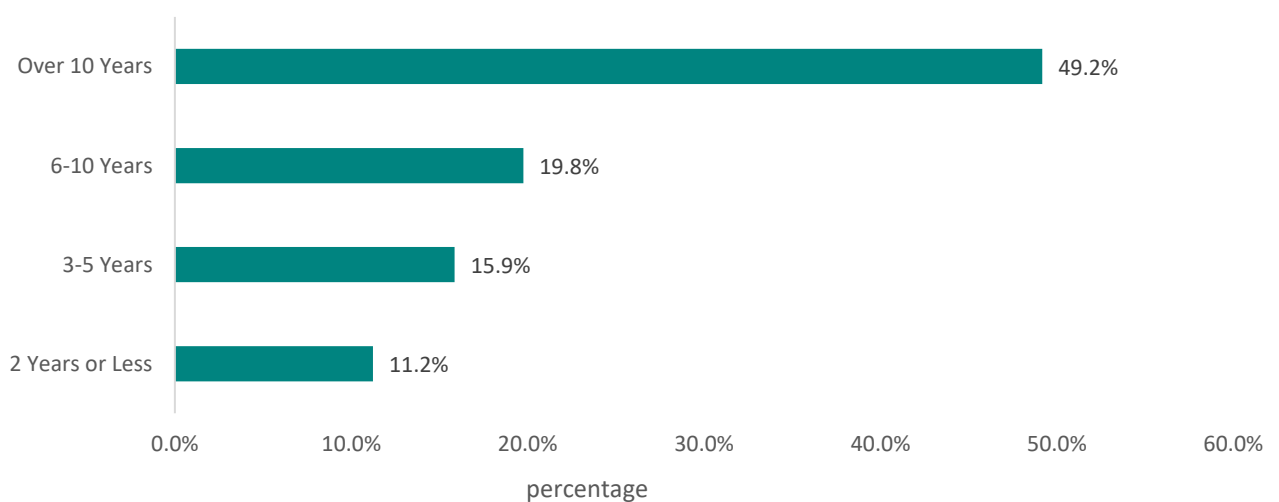
7.6% of midwives are aged 65 years and over.



Source: NHWDS 2022

Figure 27

Nearly 1 in 2 midwives intend to work for 10 or more years.



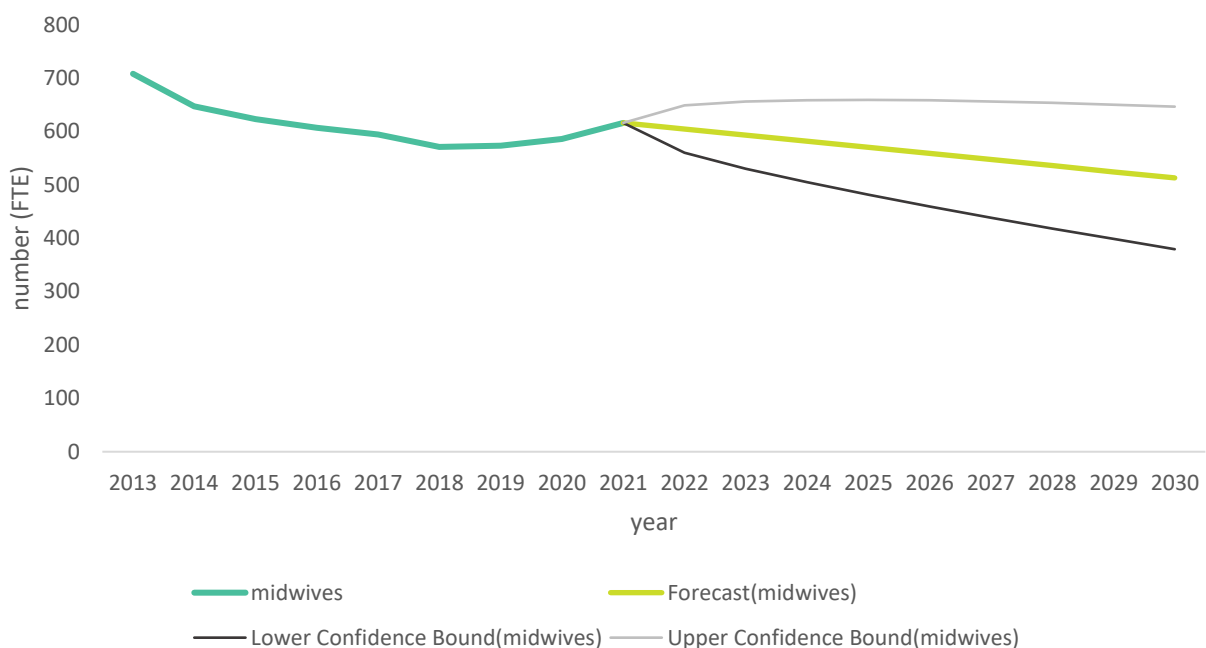
Source: NHWDS 2022

3.2.6 Outlook

- The midwifery workforce is forecast to continue to decline over the short to medium-term (Figure 28).
- Using these forecasts, the number of midwives is expected to decrease from 616 in 2021 to 513 by 2030 or -16.7% over the forecast period. However, at the upper confidence bound the numbers will slightly increase by 2025 to 659 (Figure 28).
- In per capita terms, the supply of midwives is forecast to decrease from 1.1 per 1,000 in 2021 to 0.9 per 1,000 by 2030.

Figure 28

The number of midwives is forecast to **decrease** from 2020-2030 except at the upper confidence bound where it shows a small increase.



Source: NHWDS 2022

4 Allied health workforce

4.1 Summary

Allied health professionals are typically university-qualified with specialised expertise in preventing, diagnosing and treating a range of conditions and illnesses.^{xi} Not all allied health professionals are AHPRA-registered, which limits a comprehensive, comparative analysis of the allied health workforce. For this reason, this analysis includes an overview of five selected AHPRA-registered allied health professions: Occupational Therapists, Pharmacists, Physiotherapists, Podiatrists, and Psychologists.

There has been an increase in the number of selected allied health professionals working across the region between 2013 to 2020. Relative to the Australian population, allied health workers show the greatest growth in FTE rate from 2015 to 2020 (an increase of 147 FTE per

100,000 people)^{xii}. 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.

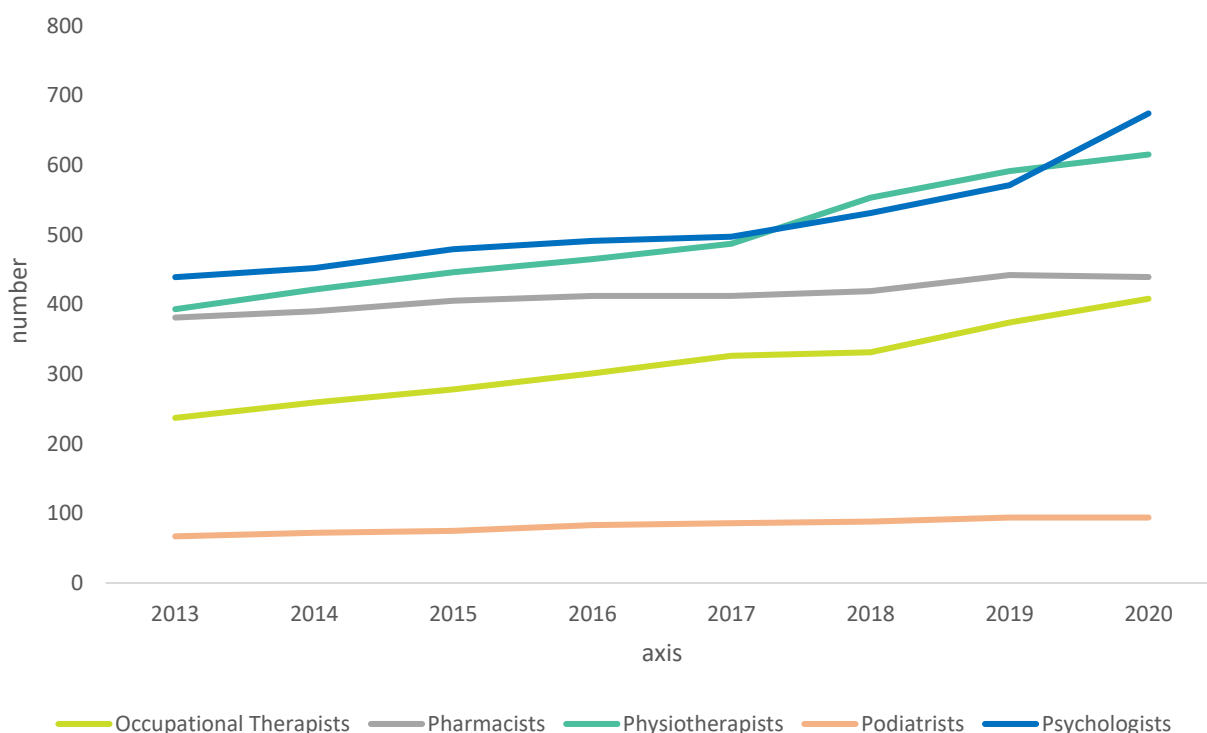
The selected allied health professionals are not evenly distributed across the region. Approximately 66% of the selected allied health workforce is in the larger population centres of Tweed, Port Macquarie-Hastings, Coffs Harbour and Lismore LGAs, while the density of the selected allied health professions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

4.2 Recent trends in the selected allied health workforce

- The number of selected allied health professionals has increased by 47% (713) from 2013-2020 (Figure 29).
- In 2020 there were 408 Occupational Therapists, 615 Physiotherapists, 674 Psychologists, 439 Pharmacists and 94 Podiatrists working across the region.
- Occupational Therapists (72%) had the highest growth rate, followed by Physiotherapists (56.5%), Psychologist (53.5%) Podiatrists (40.3%), and Pharmacists (15.2%).
- On a per capita basis, the selected allied health professionals ranged from 1.2 per 1,000 for Psychologists and 1.1 Physiotherapists, 0.8 Occupational Therapists and Pharmacists, to as low as 0.2 per 1,000 for Podiatrists.

Figure 29

Occupational therapist had the highest grow rate.



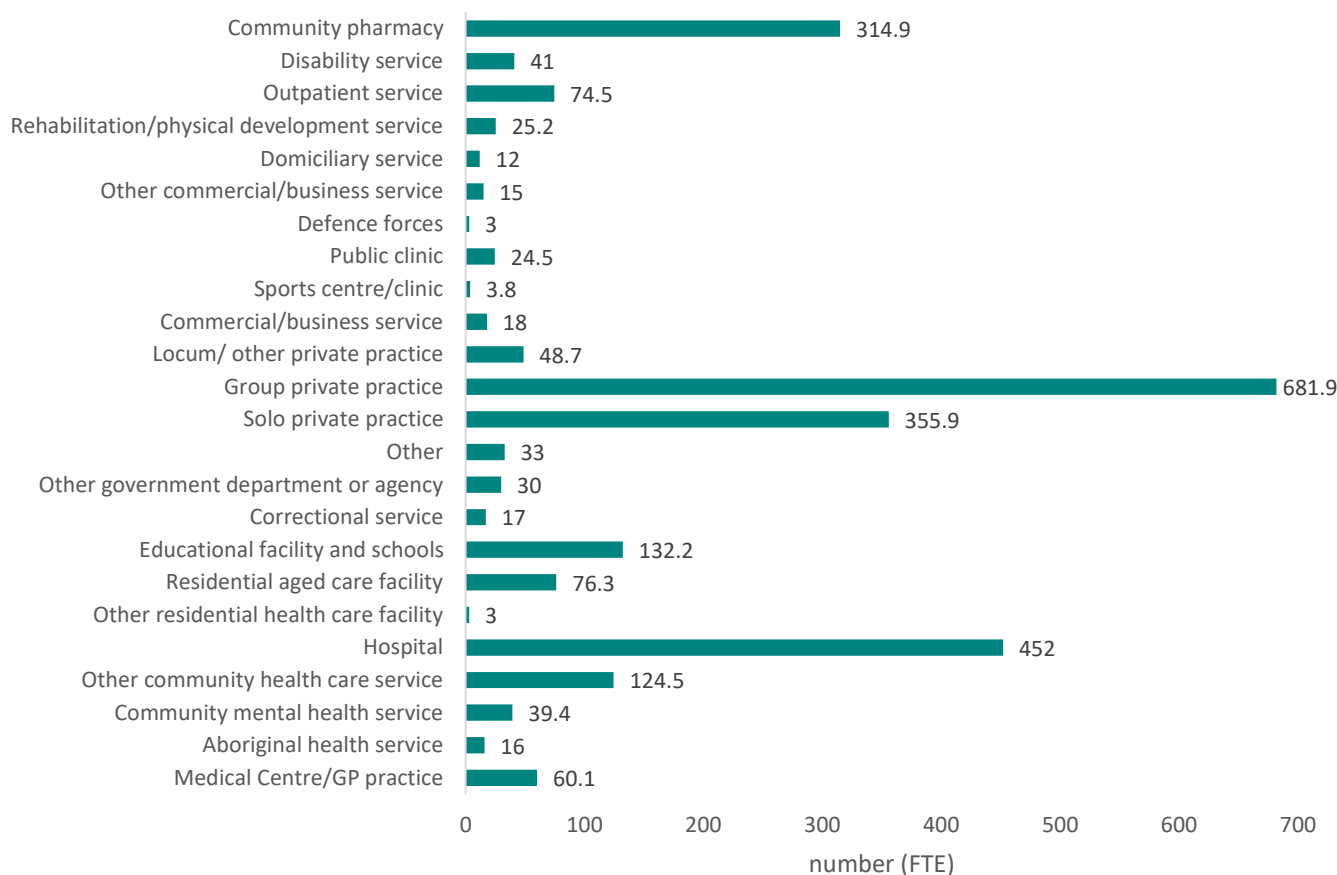
Source: NHWDS 2022

4.3 Work setting

- Allied health professionals work across a variety of settings, with 19.6% working in hospital and outpatient settings, 14.3% in group private practices, 13.3% solo private practices and 11.7% in community pharmacy (Figure 30).
- Allied health professionals working in solo practices has increased 61.3% from 2013-2020, with the rate increasing from 2018 which may be related to the full implementation of the National Disability Insurance Scheme.

Figure 30

Highest number work in **private practice**.



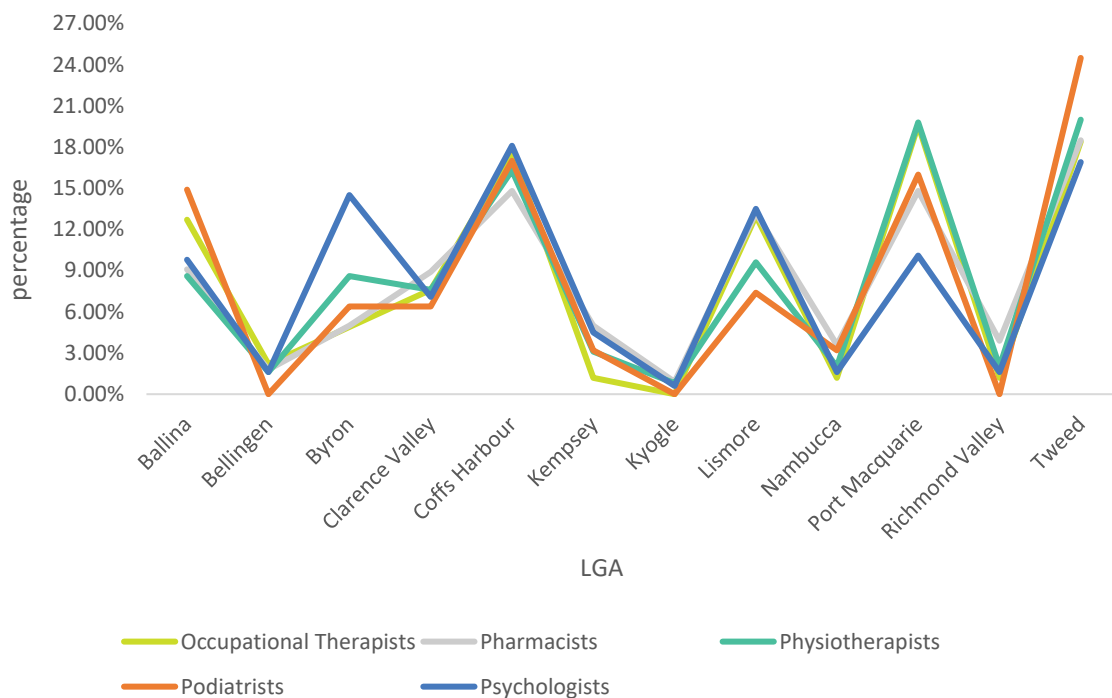
Source: NHWDS 2022

4.4 Distribution of the allied health workforce

- In 2020, approximately 66% of the region's selected allied health professions were located in the larger population centres including: Tweed, Port Macquarie-Hastings, Coffs Harbour and Lismore LGAs (Figure 31).
- 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, Kyogle and Richmond Valley LGAs recorded the lowest per capita rates of selected allied health professionals from across the region.

Figure 31

2 in every 3 allied health professionals are in the larger population centres.



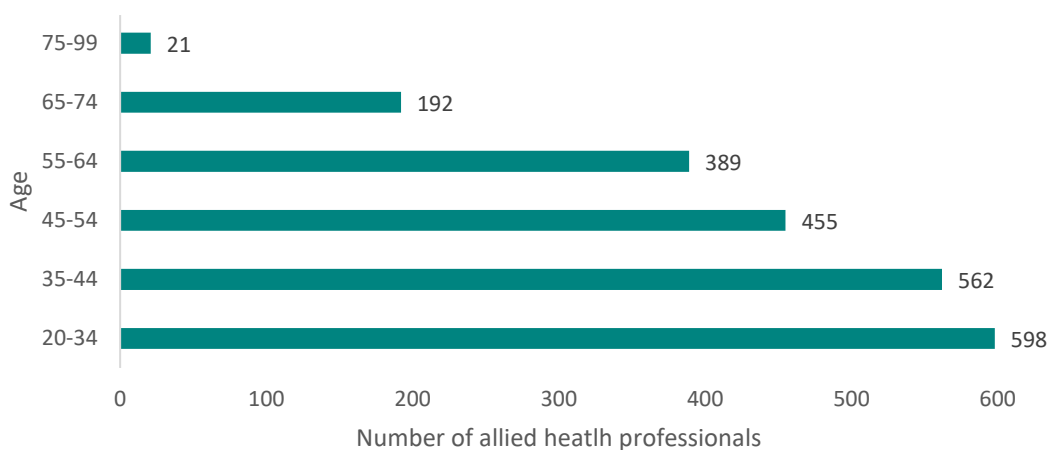
Source: NHWDS 2022

4.5 Current age and years intended left to work

- 8.1% (322) of the selected allied health professions are aged over 65 years, this is higher than for Australia at 4.8% (Figure 32).
- Of every ten FTE the selected allied health professional in region, 0.5 intend to work less than 2 years, 1.3 intend to work 3-5 years, 2 intend to work 6-10 years and 5.8 intend to work 10+ years which is similar to Australia (Figure 32).

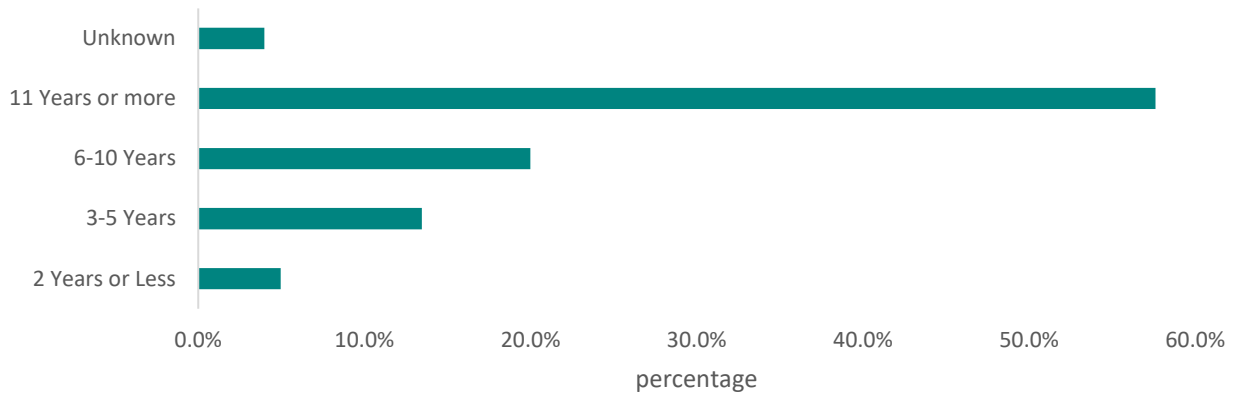
Figure 32

8.1% of allied health professionals are aged **65 years and over**.



Source: NHWDS 2022

Almost **6 in 10** allied health professionals across the North Coast intend to work 10 years or more.



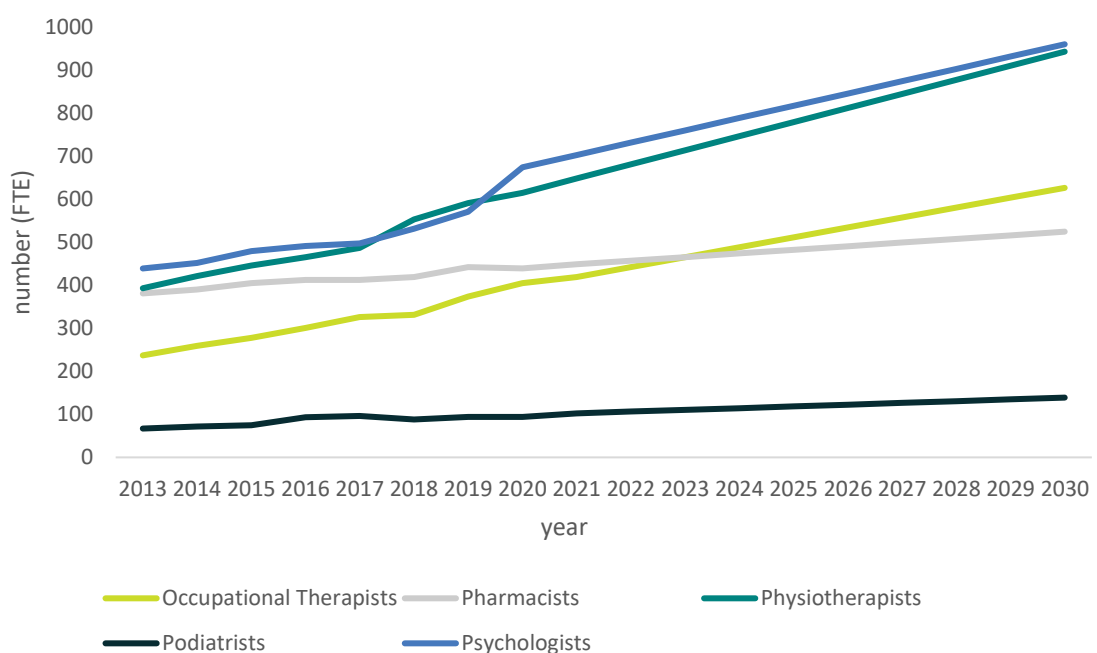
Source: NHWDS 2022

4.6 Outlook

- Consistent with the underlying positive trendline growth, the selected allied health professions are forecast to grow steadily over the short to medium-term.
- Between 2020-2030, the selected allied health workforce is forecast to grow by: Occupational Therapists (221), Pharmacists (86), Physiotherapists (328), Podiatrists (45) and Psychologists (286) (Figure 34).
- 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.

Figure 34

All selected allied health professionals forecast to increase.



Source: NHWDS 2022

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 remains comparatively small.^{xiii}

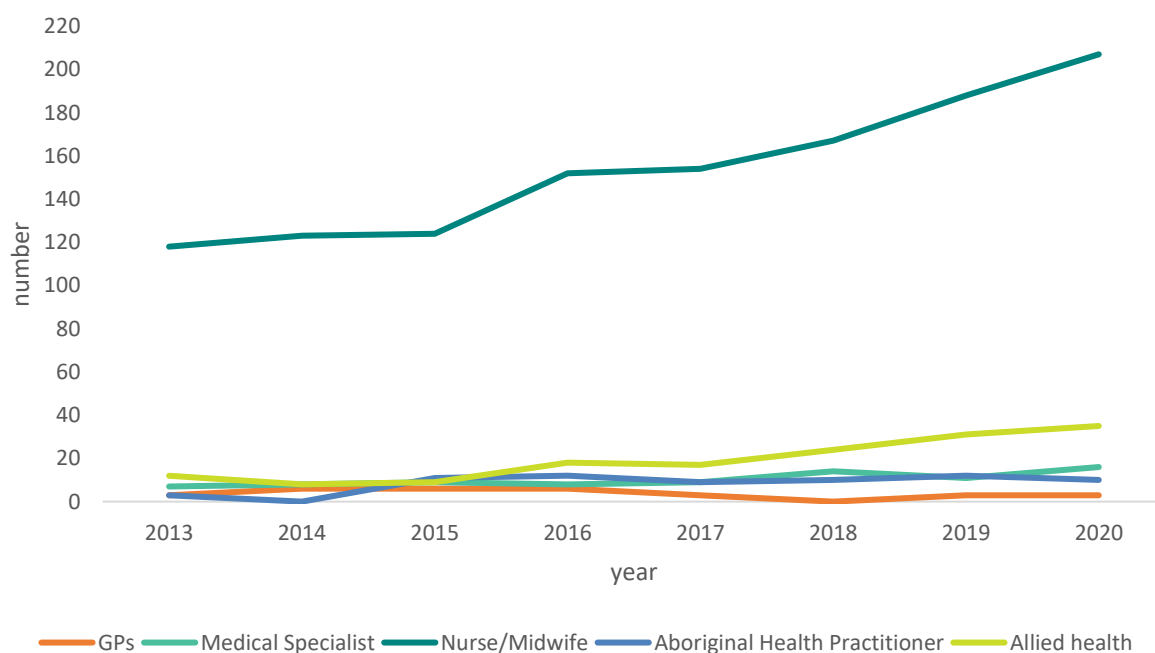
Evidence shows that the Aboriginal and Torres Strait Islander health workforce delivers better health outcomes for Aboriginal and Torres Strait Islander people due to their unique skill set and cultural insights.^{xiv}

5.2 Recent trends in Aboriginal and Torres Strait Islander health workforce across the North Coast

- The number of Aboriginal health workers across the region increased from 136 in 2013 to 268 in 2020 (Figure 35). This equates to an 97% increase over the period.
- Aboriginal and Torres Strait Islander people represent 0.4% of GPs, 2.7% of medical specialists, 3.1% of nurses/midwives and 8.8% of selected allied health professionals in the North Coast.
- The largest number of Aboriginal and Torres Strait Islander health professionals were employed as a nurse and/or midwife 207 (6%), allied health professional 45 (16%), and medical specialist 16 (6%).
- The largest growth in Aboriginal and Torres Strait health professionals occurred the allied health workforce.

Figure 35

Aboriginal Health have almost **doubled** since from 2013 to 2020.



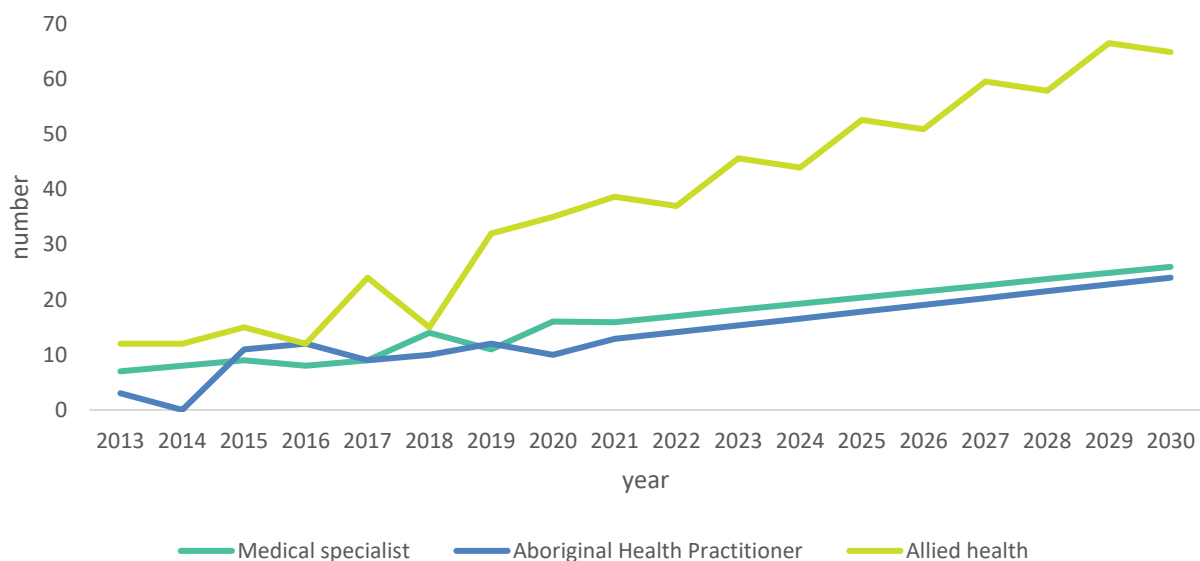
Source: NHWDS 2022

5.3 Outlook

- Between 2020-2030, the selected Aboriginal and Torres Strait Islander-identified health professionals is forecast to grow by: 62% (10) medical specialist, 60% (124) nurses/midwives, 140% (14) Aboriginal health practitioners, 85% (29) allied health professionals (Figure 37-38).
- There was a low number of GPs who identified as Aboriginal and Torres Strait Islander in 2020. Making it difficult to predict with any accuracy the number of GPs by 2030.

Figure 36

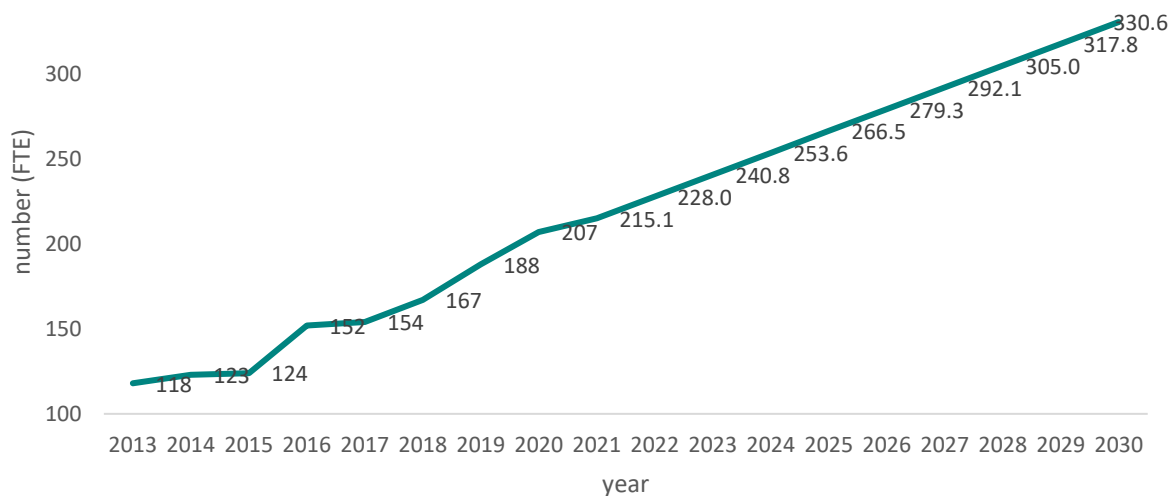
The Aboriginal health workforce is forecast to grow between 2020 to 2030.



Source: NHWDS 2022

Figure 37

Aboriginal and Torres Strait Islander nurses are forecast to **increase by 60%**.



Source: NHWDS 2022

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