



Health workforce

TRENDS AND FORECAST REPORT

November 2023

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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 2022 Health Workforce Trends and Forecast Report. The report has been prepared by the Planning Team, Healthy North Coast.

The 2023 edition includes:

- Updated data including 2021 workforce data for four health workforce categories, and 2022 workforce data for nurses and midwives. This includes current workforce full time equivalent (FTE), trends, work settings, distribution, and future projections.
- New breakdown of the specialty workforce by primary areas of speciality.

The report provides insights and analysis that the sector can use to inform their workforce plans.

Approval

This version of the Health Workforce Report – Trends and Forecasts was approved for publication by Monika Wheeler, Chief Executive Officer, December 2023.

Abbreviations

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

Executive summary

The health workforce has a profound impact on the quality, accessibility, effectiveness, and sustainability of our healthcare system.¹ In the North Coast region, the health workforce is not evenly distributed. The challenges of geographic spread, low population density, limited infrastructure, and the increasing costs of delivering health care in rural and remote areas can adversely impact access to health services.²

Lack of access to quality healthcare providers is one of the primary causes of health inequity and is disproportionately experienced by people living in remote and rural communities.³ However, 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 improve 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, with drivers including an ageing population profile, longer life expectancies and more people living with multiple chronic conditions.

This report provides an analysis of the status and emerging health workforce trends across the North Coast region.

Key findings

- Overall, the North Coast health workforce has grown significantly over recent years, and it is expected to continue to grow over the short- to medium-term. The only workforce category in decline is midwifery. The health workforce is not evenly distributed across the region, with more than half of the workforce based in the larger population centres of Tweed, Port Macquarie-Hastings and Coffs Harbour local government areas (LGAs).
- **General practitioner (GP)** full-time equivalent (FTE) per 1,000 residents across the region has remained steady at **slightly above** the NSW and Australian rates. In 2021 the overall per capita rate in the North Coast was 1.3, with the lowest rates in Kyogle, Clarence Valley, and Lismore LGAs, all under one GP per 1,000 residents. Kyogle and Clarence Valley LGAs showed the greatest reduction in GP FTE between 2013 and 2021, from 0.6 to 0.4 and from 1.1 to 0.9 respectively. Projected growth is dependent on GP training, which is affected by factors such as fewer GPs recommending general practice as a career to junior colleagues and a declining general interest in the profession from medical students.
- **Medical specialist** FTE per 1,000 residents in the North Coast has remained **below** the rates for NSW and Australia, with an overall rate of 1.2 for the region in 2021. Lismore LGA had a rate of medical specialists per capita (4.1) more than double any other LGA in the North Coast. Of the other LGAs in the region only Coffs Harbour (1.7) and Port Macquarie-Hastings (1.7) had more than one specialist per 1,000 residents. Richmond Valley, Nambucca Valley, Bellingen, and Kyogle LGAs recorded no medical specialists in 2021 (noting data suppression rule for less than three FTE or headcount).
- Across the HNC footprint, **nurse** FTE per 1,000 residents (11.9) remained slightly **above** the rates for NSW (10.3) and Australia (11.6) in 2022. Richmond Valley and Byron LGAs recorded the lowest rates of nurses in the North Coast (6.2 and 6.4 respectively), while Lismore LGA

¹ Department of Health (2021), [National Medical Workforce Strategy 2021-2031](#), accessed October 2023

² Australian Institute of Health and Welfare (AIHW) (2020), [Rural and remote health](#), accessed September 2023

³ World Health Organisation (2010), [Increasing access to health workers in remote and rural areas through improved retention: Global policy recommendations](#), accessed October 2023

recorded the highest rate (23.5 per 1,000 residents, more than double the Australian rate). The proportion of the total nurse workforce aged 65 years and over in the North Coast (6.6%) was above the average for NSW (4.2%) and Australia (3.7%). The supply of primary care nurses remains a problem with a projected shortage in Australia.⁴ and largely depends on investment in primary care training pathways. In addition, retention is an issue with the most common reasons nurses leave primary care being low wages, burnout, stress, lack of appreciation and unsupportive or poor management.

- The **midwife** workforce in the North Coast has been **decreasing** and is expected to continue to decline in the medium- to long-term. This is consistent with a declining fertility rate⁵ in the North Coast region, from 2.31 births per woman in 2013 to 2.07 in 2022.⁶ In 2022, Kyogle LGA had no midwives, while Bellingen, Ballina, Richmond Valley, and Clarence Valley LGAs had rates per capita below the NSW rate. The proportion of midwives aged 65 years and over is increasing and more than one fifth of the workforce intended on working for less than five years.
- **Allied health** workforce has seen the strongest growth of all the major workforce disciplines. The most represented allied health professions were physiotherapists and psychologists. Occupational therapists and physiotherapists are forecast to experience the highest growth rates in the medium-term. Lismore LGA had the highest rate of allied health professionals per capita, while Richmond Valley and Kyogle had the lowest rates at less than half the NSW rate.
- The proportion of **Aboriginal and Torres Strait Islander** health professionals (those who identify as First Nations people across all workforce categories) has **increased** to 2.5% of the total health workforce in 2021 (from 1.8% in 2013). While nursing had the largest number of Aboriginal professionals in the workforce, allied health showed the largest growth in Aboriginal professionals in the 2013 to 2021 period.
- Overall, in recent years there has been an increase in the workforce rates per capita in the most populated areas of the North Coast (Tweed, Port Macquarie-Hastings and Coffs Harbour LGAs), which in most cases exceed the NSW and Australian rates. A few workforce rates have declined in smaller LGAs (such as the GP rate in Kyogle, Clarence Valley and Nambucca Valley, the medical specialist rate in Nambucca Valley and Byron, and the allied health professionals rate in Richmond Valley). This scenario, whilst potentially compromising access in smaller towns, may improve sustainability in access to specialised services within the larger towns, where a greater demand and throughput contributes to maintaining specialist clinical knowledge and skills.

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 National Medical Workforce Strategy 2021-2031 outlines five priorities to address medical workforce issues through:

- collaborating on planning and design
- rebalancing supply and distribution
- reforming the training pathways

⁴ Australian Primary Health Care Nurses Association (APNA). [APNA Workforce Survey 2021](#), accessed October 2023

⁵ Fertility rate is the number of births per women, using the estimated resident population for 2022

⁶ Australian Bureau of Statistics (2022), [Births, Australia](#), ABS Website, accessed December 2023

- building the generalist capability of the medical workforce
- building a flexible and responsive medical workforce.

At a state level, strengthening the regional health workforce is the priority of the NSW Regional Health Strategic Plan 2022-2032. With initiatives to build the regional workforce, provide career pathways for people to train and stay in the regions, attract and retain healthcare staff, and address culture and psychological safety, physical safety and racism in the workplace.⁷

Some of the key findings from the 2021-22 Primary Health Workforce Needs Assessment summary report by the NSW Rural Doctors Network include:⁸

- digital access, employment for partners, high-quality schools for children and transport were important factors for GPs and their families when deciding to work in a rural location
- more support is needed for career mobility and non-linear career pathways for GPs
- Aboriginal and Torres Strait Islander communities are highly impacted by issues of recruitment and retention of health professionals.

Technology will continue to play a significant part in addressing workforce challenges and health service delivery. The use of telehealth and other digital technologies has increased in response to the COVID-19 pandemic.

Flooding and bushfires in recent years across the North Coast 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, while reception staff play a crucial role in patient communications and service navigation.

Methods and data

The Australian Health Practitioner Regulation Agency (AHPRA), in conjunction with the national boards, is responsible for the national registration process for 15 health professions. The data from this annual registration process, together with data from a workforce survey that is voluntarily completed at the time of registration, forms the National Health Workforce Dataset (NHWDS). Data in the NHWDS includes employment and demographic information for registered health professionals.

Time series data from the NHWDS and the Australian Bureau of Statistics (ABS) estimated resident population data were used to analyse workforce trends since 2013 and to project workforce forecasts to 2030. The workforce survey had a response rate of over 90 per cent and is considered statistically valid and reliable.⁹ 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.

This report provides a trend and forecast analysis of health workforce categories that are registered with AHPRA, specifically:

- general practitioners
- medical specialists
- nurses
- midwives
- allied health professionals (including occupational therapists, pharmacists, physiotherapists, podiatrists, and psychologists)
- Aboriginal and Torres Strait Islander health practitioners.

⁷ NSW Ministry of Health (2023). [NSW Regional Health Strategic Plan 2022-2032](#), accessed October 2023

⁸ NSW Rural Doctors Network (2022) [Primary Health Workforce Needs Assessment 2021-22](#), accessed in September 2023

⁹ Department of Health (2023) National Health Workforce Dataset, Australian Government, Department of Health and Aged Care, [National Health Workforce Dataset](#), accessed October 2023

Whilst the Aboriginal and Torres Strait Islander health practitioner is a standalone workforce category with AHPRA, the NHWDS data captures the indigenous identification of health professionals across all categories. The indigenous identification is the parameter used to analyse the Aboriginal and Torres Strait Islander health workforce as a whole.

The NHWDS data used in this analysis includes workers employed in Australia who are working in the registered profession. This ensures the report reflects the workforce currently practicing in the region.

The per capita rate of workforce FTE is calculated per 1,000 residents, based on the most recent estimated resident population (ERP) published by the ABS¹⁰.

Forecasts are based on existing observations from 2013, from which a future projection is produced using the least squares method through TREND function in Excel. 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.

The results are presented at a regional and LGA level, with comparisons to state and national level where possible. Data presented at an LGA level was included for all 12 LGAs in the North Coast region, apart from the small proportion of Tenterfield LGA that lies within the region's boundaries.

At the time of reporting, data was available to 2022 for nurses and midwives and to 2021 for all other categories.

Note, the workforce data from the NHWDS presents some limitations. Firstly, for confidentiality reasons a data suppression rule is applied, where the FTE or headcount values that are greater than zero and less than three are not provided; consequently, the results at a granular level must be interpreted with care. Secondly, not all health professions are registered with AHPRA; consequently, 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 are not included in this analysis.

1. General practitioner workforce

Summary

The GP workforce continues to grow across the North Coast region, with this growth expected to continue over the medium-term. The GP FTE rate per 1,000 residents across the region has remained steady at slightly above the rate for NSW and Australia. In 2021 the lowest GP rates per capita were for Kyogle, Clarence Valley and Lismore LGAs. Almost 3 in 10 GPs in Nambucca Valley LGA intended to work for less than five years. Nearly 1 in 5 GPs in the Richmond Valley LGA were aged 65 years and over.

Current state and recent trends

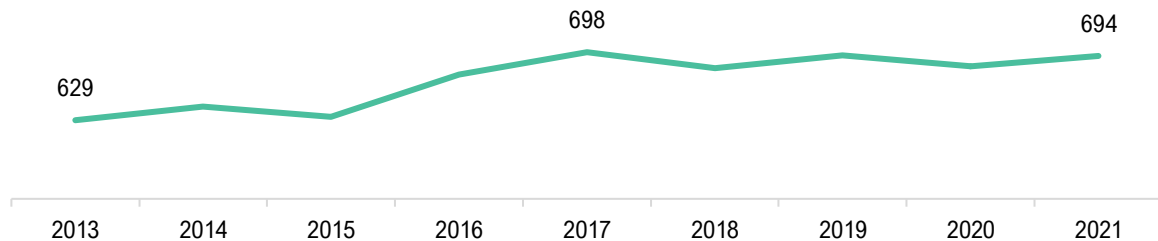
- In 2021, there were 765 GPs in the region, with a total of 694 FTE. The GP FTE increased by 65 (10.3%) from 2013 to 2021, an average of 1.3% increment per year. However, the GP FTE peaked in 2017 at 698 and remained steady thereafter (figure 1).

¹⁰ Australian Bureau of Statistics (2023), Estimated Resident Population (ERP) 2013-2022, ABS Website, accessed September 2023.

- Four LGAs (Clarence Valley, Kyogle, Lismore and Nambucca Valley) experienced a decrease in the GP FTE rate between 2013 and 2021. Notably, Kyogle experienced a 36.7% decrease and Clarence Valley a 17.6% decrease in the GP FTE rate.
- On a per capita basis, the GP FTE rate across the region has remained steady at around 1.3 GPs per 1,000 residents. This is slightly above the average of 1.1 for NSW and Australia.

Figure 1:

GP FTE for the region has **increased by 65 (10.3%)** since 2013.

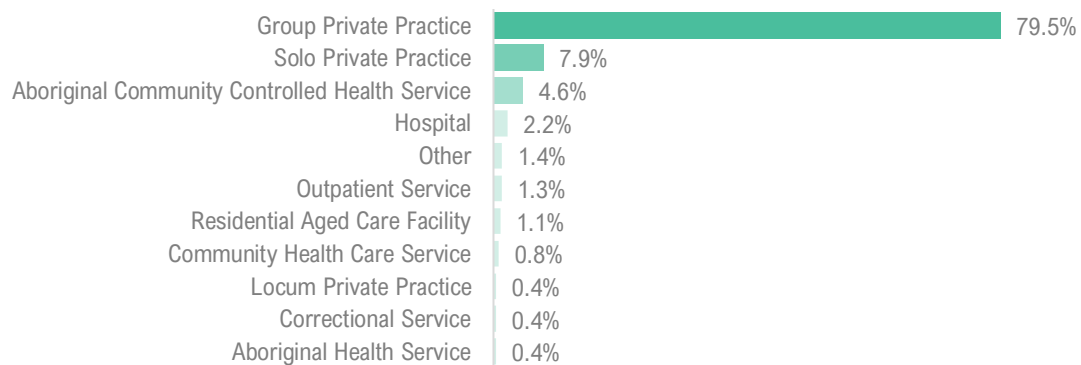


Work setting

- In 2021, nearly 4 in every 5 (79.5%) GPs FTE across the region worked in group private practices as their main place of work (figure 2). This is consistent with the average results for NSW and Australia.

Figure 2:

Most GPs worked in **group private practice** in 2021.



Geographic distribution

- In 2021, more than half of the total GP FTE for the region was based in the larger population centres of Tweed, Port Macquarie-Hastings and Coffs Harbour LGAs.
- The GP FTE rates per 1,000 residents were highest for Bellingen (1.8), Byron (1.6) and Ballina (1.5) LGAs, all above the overall rate for NSW and Australia (1.1) (figure 3).
- The lowest rate of GP FTE per 1000 residents was for Kyogle (0.4), significantly below Clarence Valley (0.9), Lismore (1.0) and Kempsey (1.1) LGAs, all of which were below the NSW and Australian rates.

Figure 3:

Kyogle had the lowest GP FTE rate per 1,000 residents in 2021.

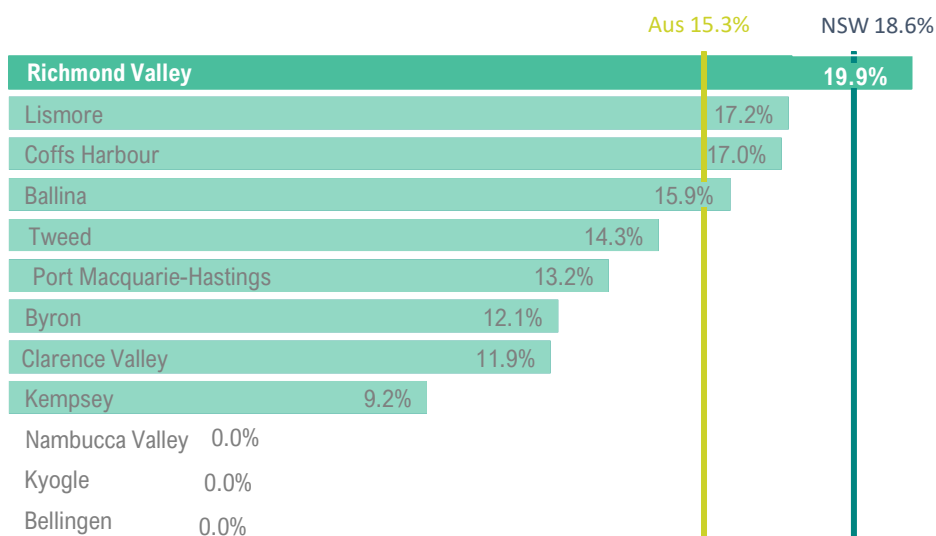


Workforce profile

- The proportion of the total GP FTE workforce in the North Coast identifying as female has gradually increased from 30% in 2013 to 38% in 2021. This is slightly below NSW (42.1%) and Australia (41.7%) in 2021.
- In 2021, the LGAs with the lowest proportion of female GPs were Kyogle (0%), Clarence Valley (31.4%) and Kempsey (32.2%). The LGAs with the highest proportion of female GPs were Lismore (49.7%), Port Macquarie-Hastings (42.7%) and Ballina (41.4%).
- In 2021, 35% of the GP FTE workforce in the region were aged between 20 and 44 years old, 51.6% were aged between 45 and 64 years and 13.4% were aged 65 years and over.
- The LGAs with the highest proportion of GP FTE aged 65 years and over were Richmond Valley (19.9%), Lismore (17.2%) and Coffs Harbour (17%) all higher than the Australian average (15.3%) (figure 4).

Figure 4:

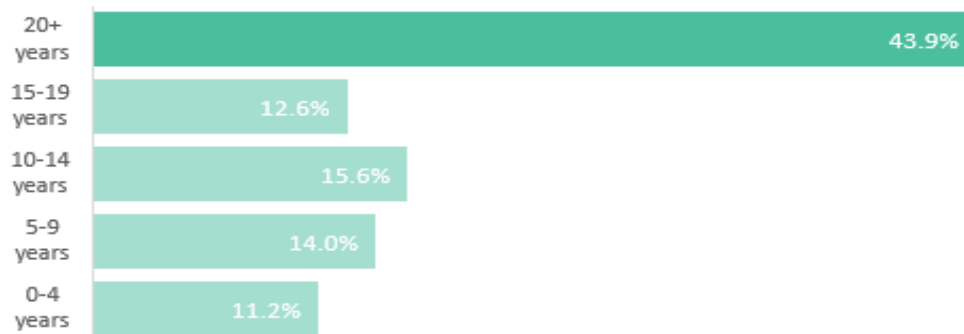
20% of GP FTE in **Richmond Valley** were aged 65 and over in 2021.



- 1 in 10 GPs (11.2%) in the region intend to work for less than five years, which is similar to NSW (11%) and Australia (12%). 43.9% of GPs intend to work in the profession for the next 20 years or more (figure 5).

Figure 5:

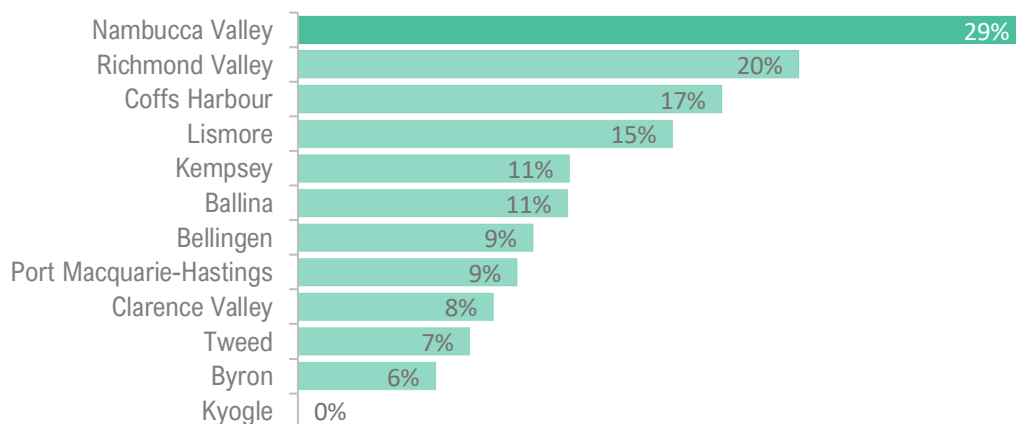
44% of GP FTE in the North Coast **intend to work for 20 years or more.**



- Nambucca Valley had the highest percentage of GPs intending to work less than five years (29%), followed by Richmond Valley (20%) and Coffs Harbour (17%) (figure 6).

Figure 6:

Nearly 3 in 10 (29%) GP FTE in **Nambucca Valley** intended to **work less than 5 years.**

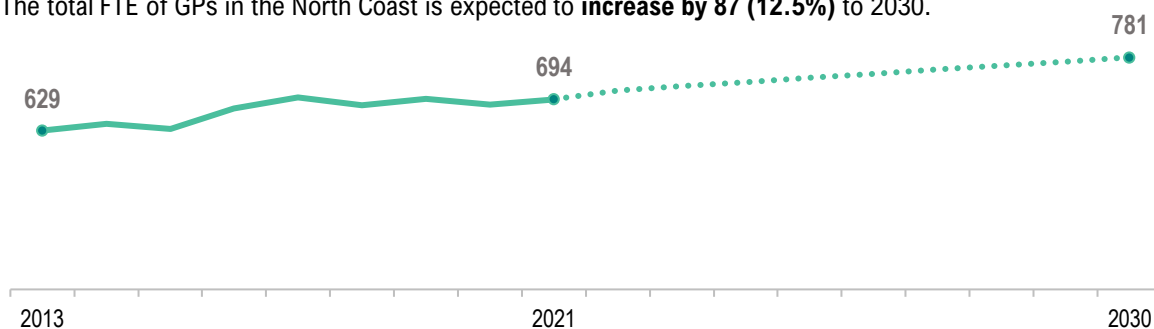


Outlook

- Although the supply of GPs on the North Coast is expected to increase by 12.5% to 2030 (figure 7), this is below the projected increase for NSW (15.8%) and Australia (18.2%) over this same period.

Figure 7:

The total FTE of GPs in the North Coast is expected to **increase by 87 (12.5%)** to 2030.



- Projected growth is dependent on the GP training pipeline, which is affected by factors such as fewer GPs recommending general practice as a career to junior colleagues and a declining general interest in the profession from medical students.¹¹
- Other factors likely to affect future supply of GPs include evidence that more GPs are reducing their work hours and intend to retire early from general practice, largely due to unsustainable workload and burnout and concerns about the financial sustainability of working as a GP and the viability of general practices.¹²
- Of the 26 GP catchments within the North Coast, five have been assigned Priority 1 for relative workforce need and training capacity (Tweed Heads, South West Rocks, Casino, Murwillumbah and Kempsey). In addition, Maclean, Nambucca Heads-Macksville, Urbenville, Bowraville and Bonalbo GP catchments were identified as 'High Need'; however, these have either low or no training capacity.¹³
- Barriers for GP registrar placements in the region include a lack of knowledge of opportunities, infrastructure and resources available in regional areas compared with metropolitan areas, relocation costs, lack of housing in particular rental availability in regional areas, spouse/partner unable to find desired work and feeling unsupported in the role.
- Other factors that influence workforce planning and affect GP availability in some areas of the North Coast are seasonal influxes of people occurring during holiday seasons, festivals, events, or seasonal crop harvesting, which is often reflected in increased hospital emergency department presentations.¹⁴

2. Specialist medical workforce

Summary

The specialist medical workforce is growing strongly across the North Coast region. This trend is expected to continue over the short- to medium-term. On a per capita basis, the rate of medical

¹¹ Royal Australian College of General Practitioners (RACGP) (2022). [General Practice Health of the Nation 2022](#), accessed October 2023

¹² RACGP (n11)

¹³ Capital Health Network, WPP NSW and ACT Consortium Lead (2023). NSW and ACT Consortium Workforce Planning and Prioritisation – Report Two. 1st October 2023

¹⁴ Capital Health Network (n13)

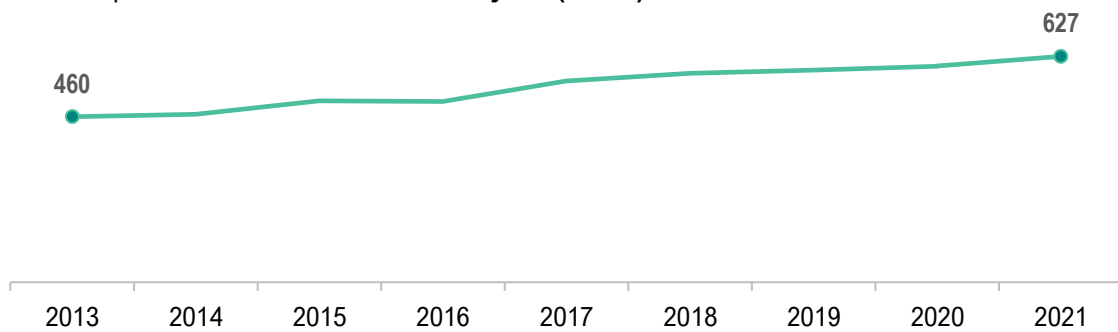
specialists FTE remains below the rate for NSW and Australia. Almost half of the medical specialist FTE worked in hospitals and the most common area of speciality was 'physician'.

Current state and recent trends

- In 2021, there were 627 FTE medical specialist in the North Coast, representing a 36.5% increase from 2013 (figure 8).

Figure 8:

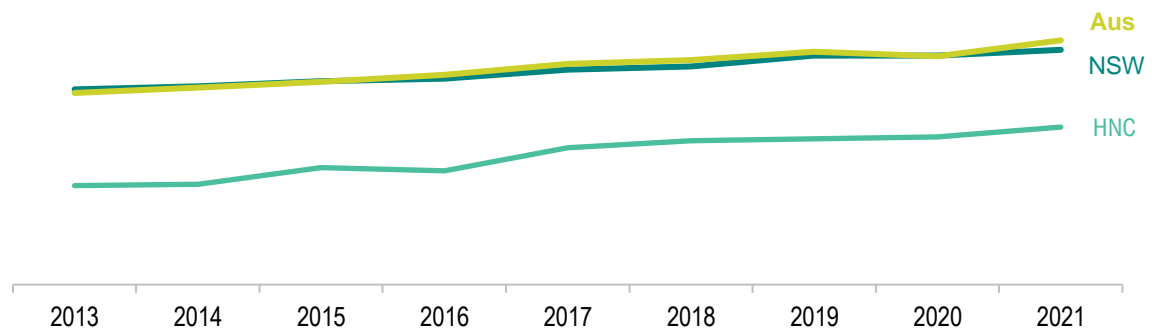
The medical specialist workforce has **increased by 167 (36.5%) FTE** since 2013.



- On a per capita basis, across the region the rate of medical specialists per 1,000 residents has increased from 0.9 in 2013 to 1.2 in 2021. The rate remains below the NSW and Australian rates of 1.5 per 1,000 residents (figure 9).

Figure 9:

The rate of **medical specialist** FTE in the North Coast remains **below** NSW and Australia.

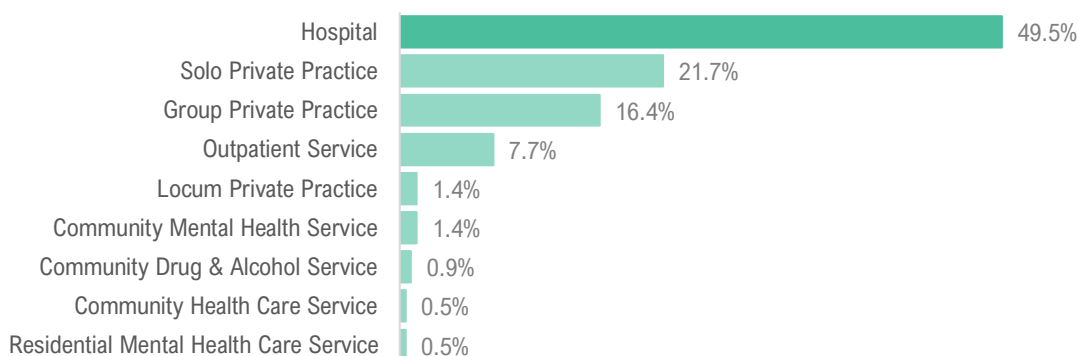


Work setting

- In 2021, almost half (49.5%) of medical specialists worked in hospitals. A total of 39.5% worked in private practice, including solo private practice, group practice and locum private practice. 7.7% of medical specialists worked in outpatient services (figure 10).

Figure 10:

Almost half of the medical specialist workforce **worked in hospitals** in 2021.

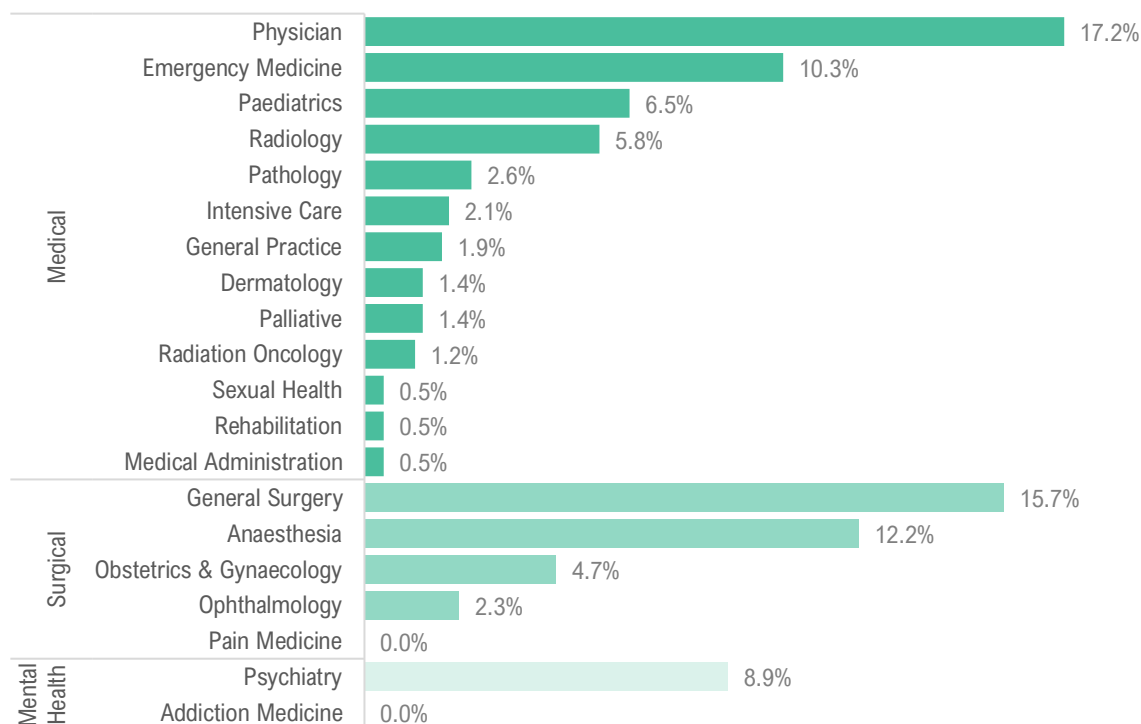


Area of speciality

- In 2021, over half (52%) of the specialist FTE worked in medical specialties, 35% in surgical specialties and 9% in mental health. The most common specialties were physician (17.2%), general surgery (15.7%), anaesthesia (12.2%) and emergency medicine (10.3%) (figure 11).

Figure 11:

The most common medical specialties in 2021 were **physician** and **general surgery**.



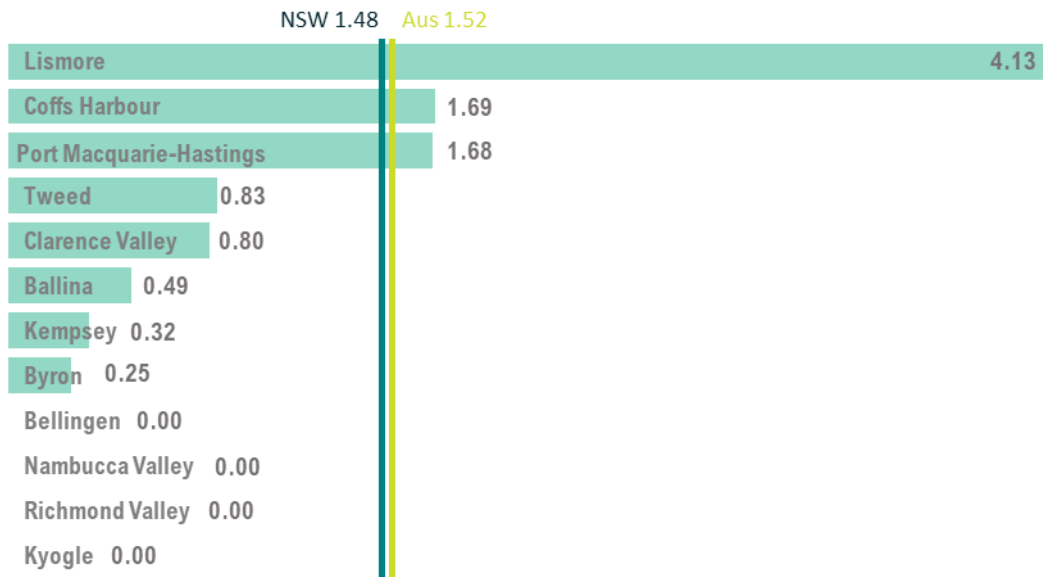
Geographic distribution

- Medical specialists are usually in the proximity to large referral hospitals and health infrastructure, with 86% of the North Coast specialist FTE located in centres of Lismore (183 FTE), Port Macquarie-Hastings (146 FTE), Coffs Harbour (133 FTE) and Tweed (81 FTE) LGAs.

- Lismore LGA had a rate of 4.1 medical specialists per 1,000 residents, which was 3.4 times higher than the average rate for the region and more than double any other LGA (figure 12).
- Bellingen, Nambucca Valley, Richmond Valley and Kyogle LGAs had no medical specialists in 2021. It is important to note, however, that some of these LGAs are in the proximity of larger population centres thus providing some form of access to medical specialists. For example, Richmond Valley and Kyogle LGAs are adjacent to Lismore LGA, and Bellingen LGA is adjacent to Coffs Harbour LGA.

Figure 12:

Lismore had a per capita rate of medical specialists more than **double** any other LGA.



Workforce profile

- In 2021, 1 in 4 (25.5%) FTE of the specialist medical workforce identified as female, an increase of 6.4% from 2013.
- 11.2% of medical specialist workforce in the North Coast were aged 65 years and over, which is similar to NSW (11%) but slightly higher than Australia (9.2%) (figure 13).

Figure 13:

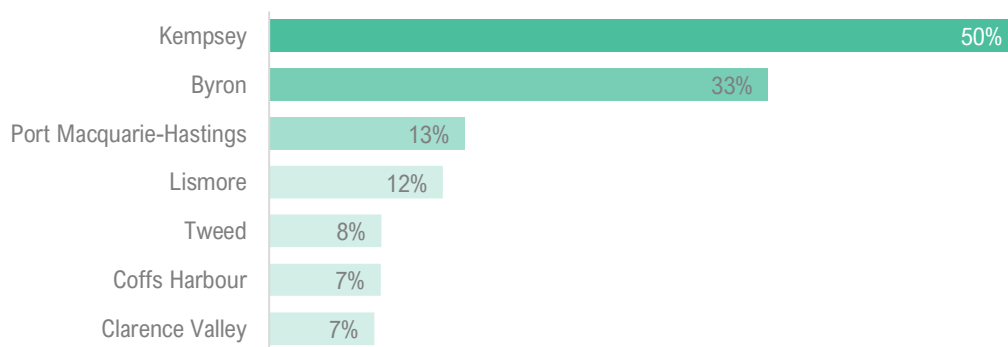
11.2% of the medical specialist FTE were **65 years or older**.



- In 2021, 12% of the specialist FTE workforce across the North Coast intended to work less than five years, which is higher than NSW (9%) and Australia (8%).
- Kempsey LGA had the highest proportion of specialist FTE intending on working less than five years (50%), followed by Byron LGA (33%) (figure 14).

Figure 14:

Half of the medical specialist FTE in **Kempsey LGA** intended on working **less than five years**.

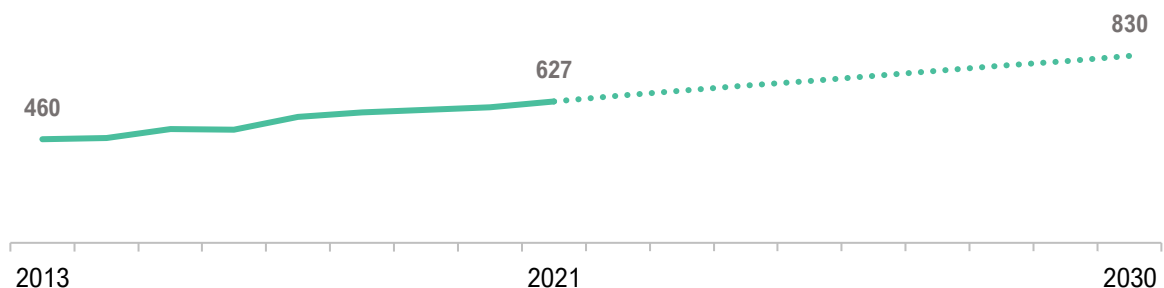


Outlook

- While the rate of medical specialists per capita is lower than the NSW and Australian rates, the recent positive trend suggests that the North Coast region will remain an attractive work location for medical specialists over the medium-term.
- The FTE of medical specialists is projected to increase by 32.2%, from 627 in 2021 to 830 in 2030 (figure 15).

Figure 15:

The medical specialist FTE is projected to **grow by 203 (32.2%)** by 2030.



3. Nursing workforce

Summary

The nursing workforce is growing strongly in the North Coast, in a trend that is expected to continue over the medium-term. Most nurses work in hospital settings and the supply of primary care nurses remains an issue. On a per capita basis, the rate of nurses per 1,000 residents in the region remains slightly above the NSW and Australian rates. Richmond Valley and Byron LGAs had the lowest rate of nurse FTE. The proportion of nurse workforce aged 65 years and over in the region was above NSW and Australia and has been increasing since 2013.

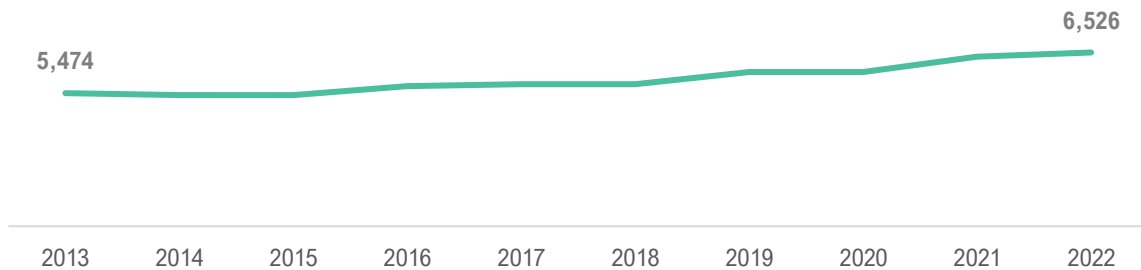
Current state and recent trends

- In 2022, there were 7,300 registered and enrolled nurses in the North Coast region, with a total of 6,526 FTE.

- The total FTE for nurses across the North Coast increased by 19.2% (1,052) from 2013 to 2022 (figure 16). The largest increases were in Byron (42.6%) and Kyogle (36%) LGAs.

Figure 16:

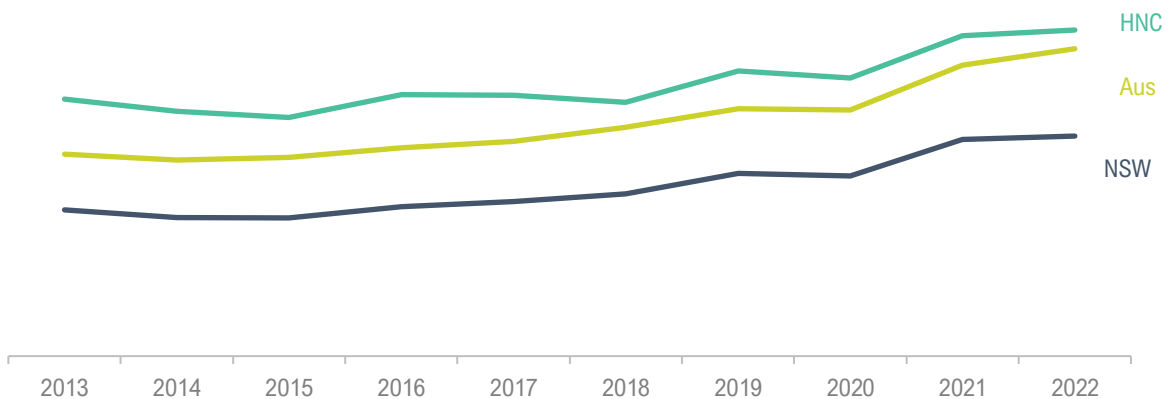
The total nurse FTE has **increased nearly 20%** since 2013.



- On a per capita basis, the nurse FTE for the North Coast increased from 10.9 per 1,000 residents in 2013 to 11.9 in 2022, which is slightly higher than the rates for NSW (10.3) and Australia (11.7) (figure 17).

Figure 17:

The **rate of nurse FTE** per 1,000 residents remains **above** the rate of NSW and Australia.

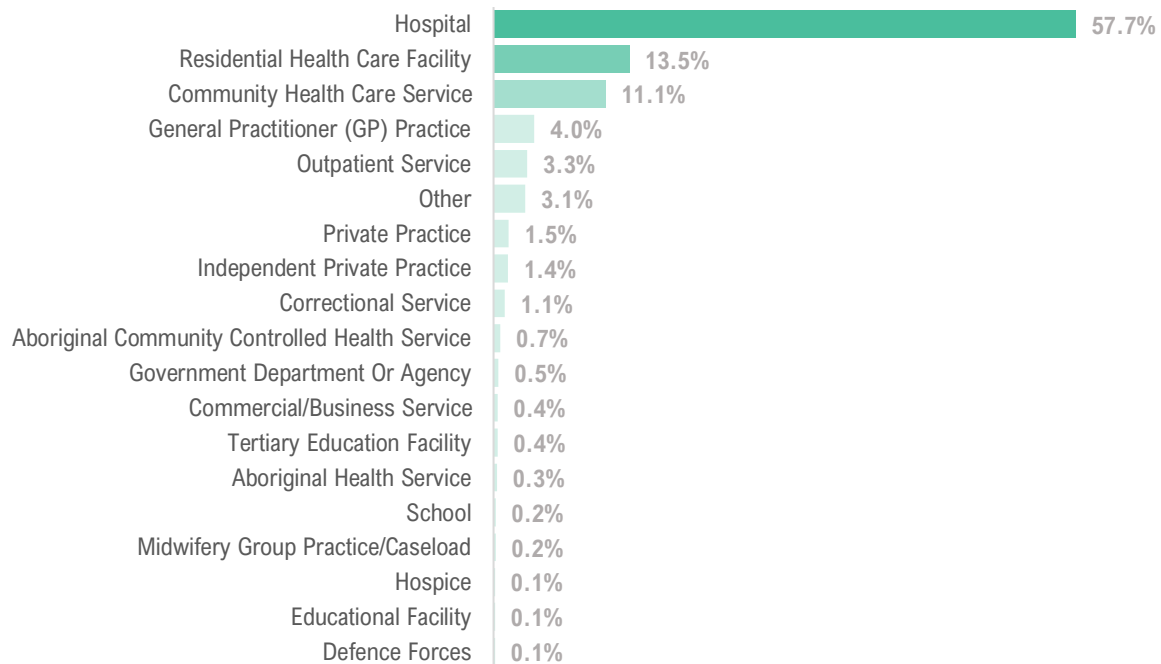


Work setting

- In 2022, 57.7% of the nursing FTE worked in hospitals, 13.5% worked in residential aged care homes and 11.1% in community health care (figure 18).

Figure 18:

Over half (57.7%) of all nurses work in hospitals.

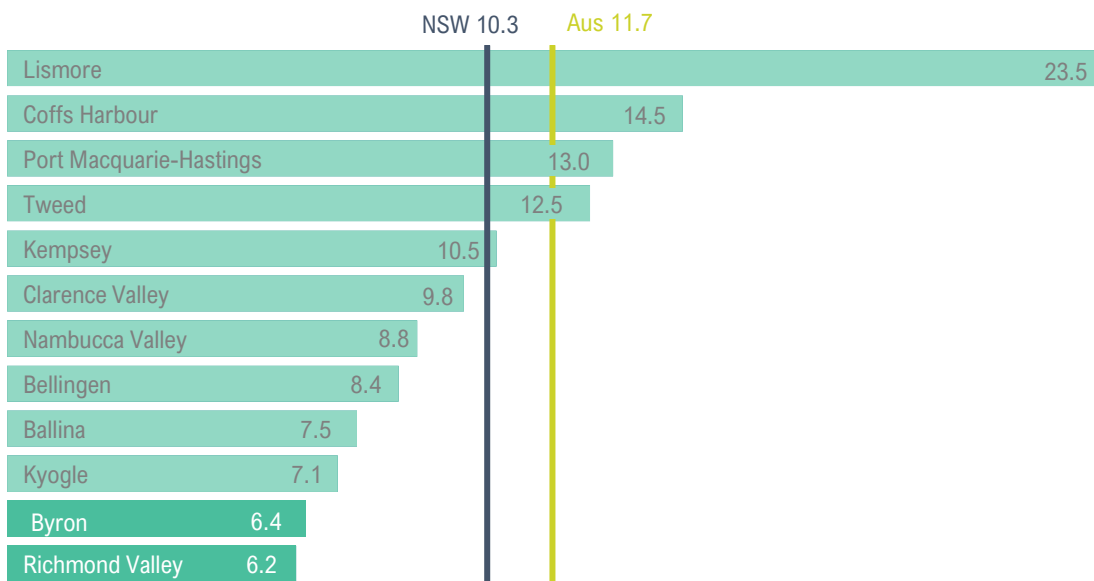


Geographic distribution

- In 2022, 70% of the region’s nurses were 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 nurse at 23.5 FTE per 1,000 residents, almost two times higher than the rate for the region overall (figure 19). The lowest rates were for Richmond Valley (6.2) and Byron (6.4) LGAs.

Figure 19:

Richmond Valley and Byron LGAs had the lowest rate of nurse FTE per capita in 2022.

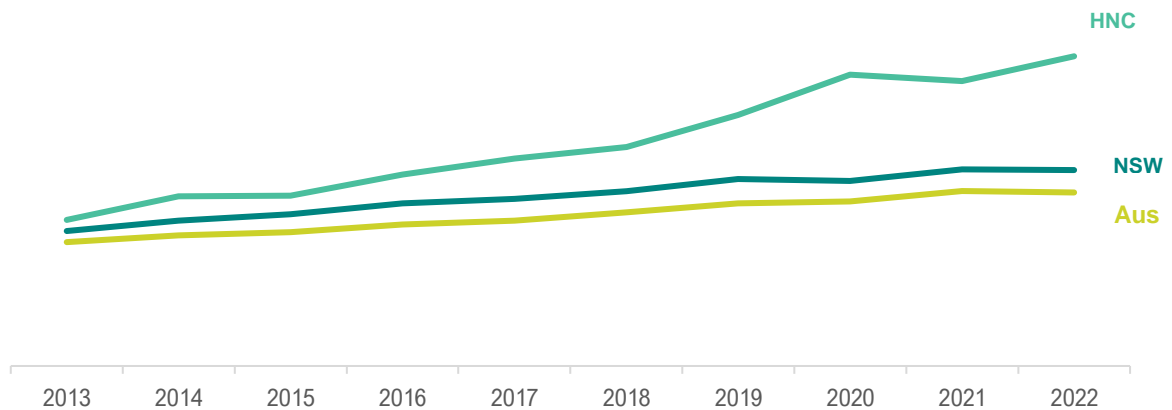


Workforce profile

- In 2022, 6.6% of the nurse FTE across the region were aged 65 years and over. This is higher than NSW (4.2%) and Australia (3.7%)(figure 20).

Figure 20:

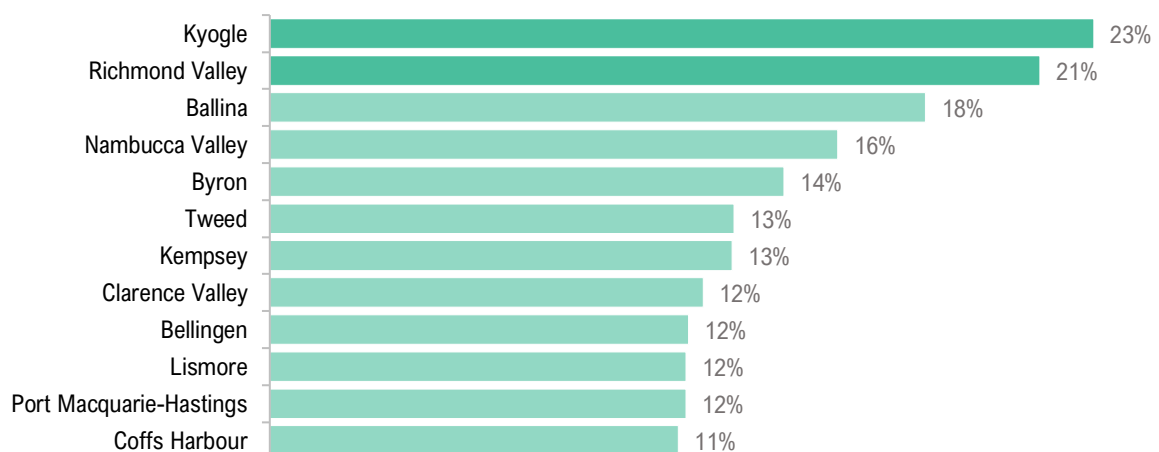
The nursing workforce aged 65 and over is **increasing faster** in the North Coast than NSW and Australia.



- In 2022, 12.8% of the overall nurse FTE intended on working another 0-4 years compared to 10% for NSW and 9% for Australia. In addition, 14% intended on working another 5-9 years, 13.8% 10-14 years, 8.3% 15-19 years and 33.9% 20+ years, while 17.2% was unknown.
- Over one in five nurses in Kyogle and Richmond Valley LGAs intend to work less than four years (figure 21).

Figure 21:

In 2022, over 20% of nurses in Kyogle and Richmond Valley intend to **work less than four years**.



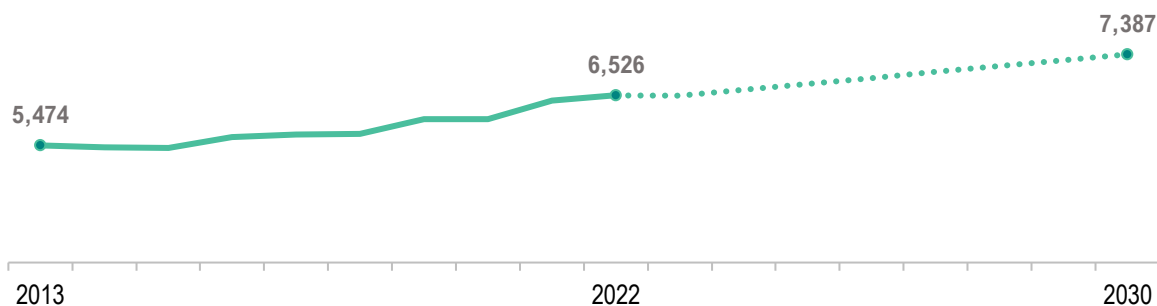
Outlook

- Consistent with the growth in recent years, the nursing workforce is forecast to continue to grow over the short- to medium-term (figure 22).

- The supply of primary care nurses remains a problem with a projected overall shortage in Australia and largely depends on investment in primary care training pathways. Nurse retention is an issue with the most common reasons nurses leave primary care being self-reported as low wages, burnout, stress, lack of appreciation and unsupportive or poor management.¹⁵

Figure 22:

The nursing workforce FTE is projected to **grow by 861 (15.2%)** to 2030.



4. Midwifery workforce

Summary

Overall, the midwifery workforce has been decreasing since 2013 to 2022 and is projected to continue to decline in the medium-term in the North Coast. This is consistent with a decreasing total fertility rate (calculated as number of births per women) over this period in the North Coast (from 2.31 to 2.07) and NSW (from 1.95 to 1.72).

In 2022 Kyogle LGA had no midwives, while Bellingen, Ballina, Richmond Valley and Clarence Valley LGAs had rates below the NSW rate. The proportion of midwives aged 65 years and over is increasing and more than one fifth of the workforce intended on working less than five years. The number of midwives with a dual registration of nurse and midwife is decreasing, while the number with midwife only registration is growing.

Current state and recent trends

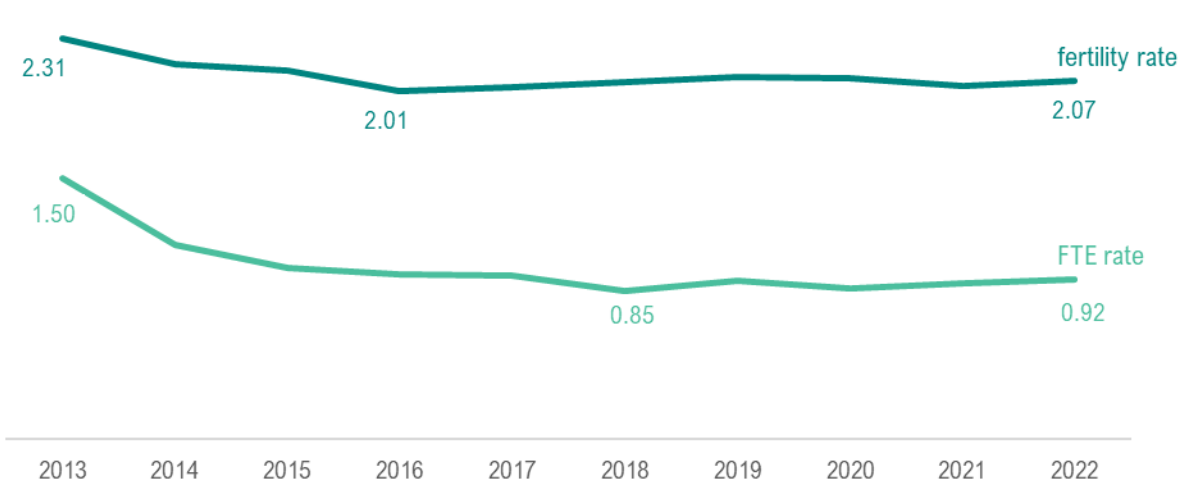
- In 2022, there were 581 midwives in the North Coast region, totalling 502 FTE.
- The midwife FTE in the region has decreased by 34% (254) from 2013 to 2022, consistent with a falling total fertility rate. However, following the decline to 2018, the midwifery FTE has increased slightly (by 12% or 53) up to 2022.
- Ballina and Nambucca Valley were the only two LGAs that experienced an increase in the number of midwives between 2013 and 2022. Kyogle LGA experienced a 100% decrease (from four in 2013 to zero in 2022, noting data suppression rule for less than three headcount or FTE). Other LGAs experiencing large decreases were Clarence Valley (53% down), Bellingen (50% down) and Tweed (39% down).
- The rate of midwives FTE per 1,000 residents in the North Coast (0.9) remained higher than the rates for NSW (0.7) and Australia (0.8) in 2022. However, the rate of midwives decreased from the 1.5 FTE per 1,000 residents in 2013. This decline shows a similar pattern to the

¹⁵ APNA (n4)

total fertility rate, which declined to a low of 2.01 births per woman in 2016 and has slowly been increasing to 2.07 in 2022 (figure 23).

Figure 23:

The midwife FTE rate and fertility rate have been decreasing in the North Coast.

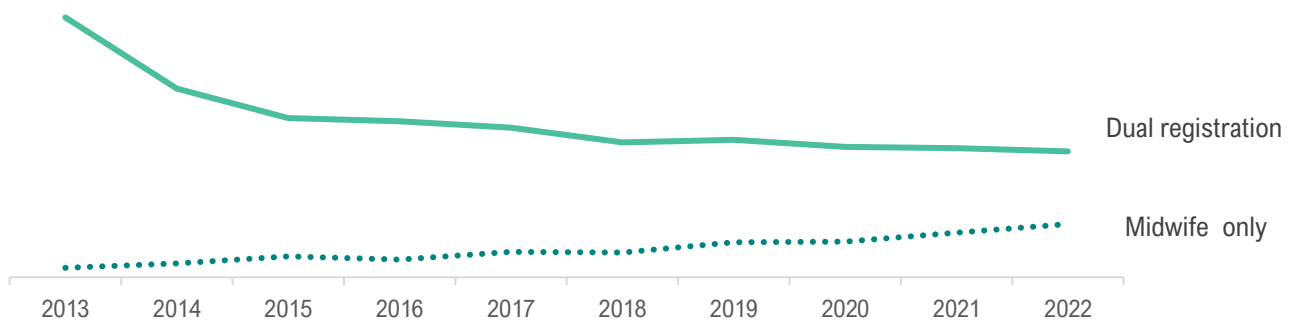


Note: the FTE rate is calculated as the number of FTE per 1,000 residents, and the fertility rate is calculated as the number of births per woman.

- In 2022, 30% of the midwife workforce were employed exclusively as midwives, while 70% were employed as dual midwife and nurse.
- Analysis by registration type shows that from 2013 to 2022 the midwife registration only FTE increased from 26.5 to 149.2, nearly a six-fold increase. However, the FTE of dual-registered midwife and nurse has declined from 729 to 353, a reduction by half in the same period (figure 24).

Figure 24:

Dual registrations (nurse and midwife) are decreasing.

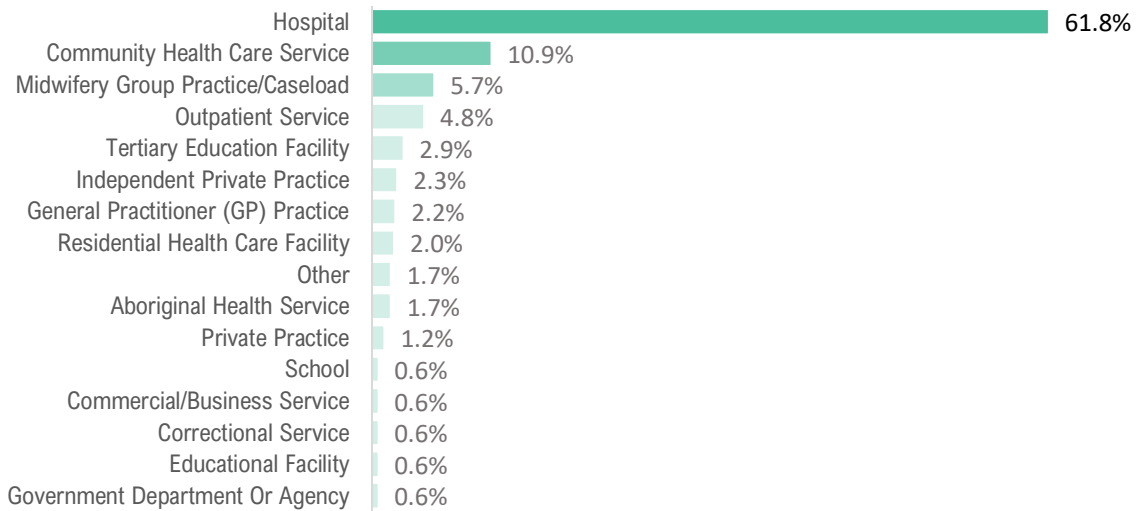


Work setting

- In 2022, hospitals were the work setting for 61.8% of midwife FTE, followed by community health care services (10.9%), Midwifery Group Practice/Caseload (5.7%) and outpatient services (4.8%) (figure 25).

Figure 25:

Most (61.8%) midwives worked in **hospital settings** in 2022.

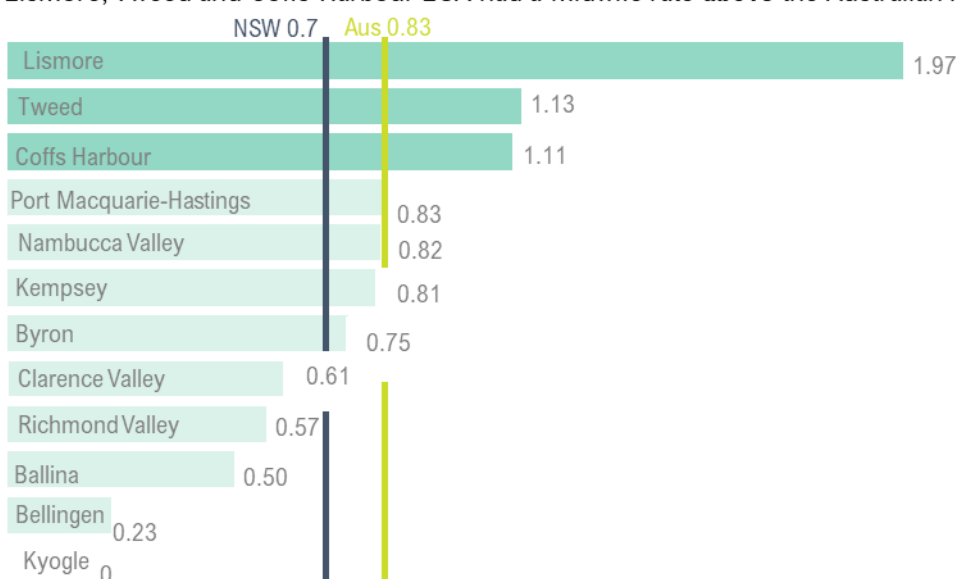


Geographic distribution

- In 2022, 72% of the region’s midwifery FTE worked in the larger population centres of Tweed, Port Macquarie-Hastings, Coffs Harbour, and Lismore LGAs.
- While Kyogle had no midwives, in per capita terms Bellingen (0.23 FTE per 1,000 residents), Ballina (0.50), Richmond Valley (0.57) and Clarence Valley (0.61) had rates below the NSW rate (0.70). Lismore LGA had a rate of 1.97 midwife FTE per 1,000 residents, significantly higher than Tweed and Coffs Harbour, with these three LGAs above the Australian average rate (figure 26).

Figure 26:

Lismore, Tweed and Coffs Harbour LGA had a midwife rate **above** the Australian rate.

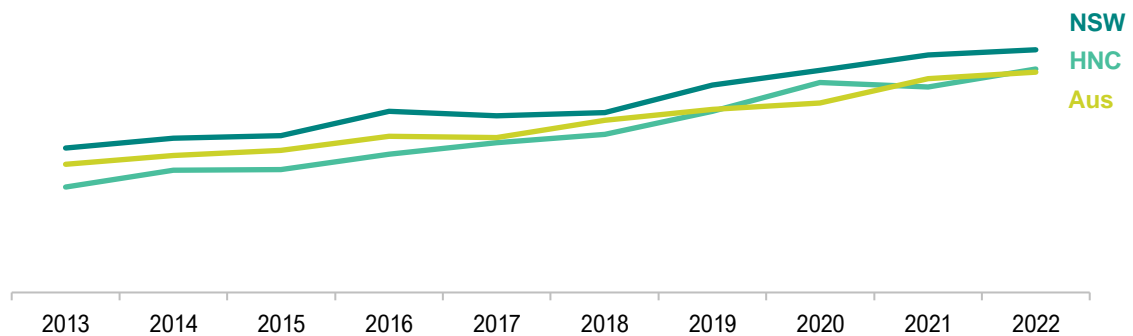


Workforce profile

- In 2022, 6.6% of the midwifery FTE across the region were aged 65 years or older, which is in line with the Australian average (6.5%) but lower than NSW (7.1%). The proportion of midwives aged 65 and over in the North Coast has increased by 3.5% since 2013 (figure 27).

Figure 27:

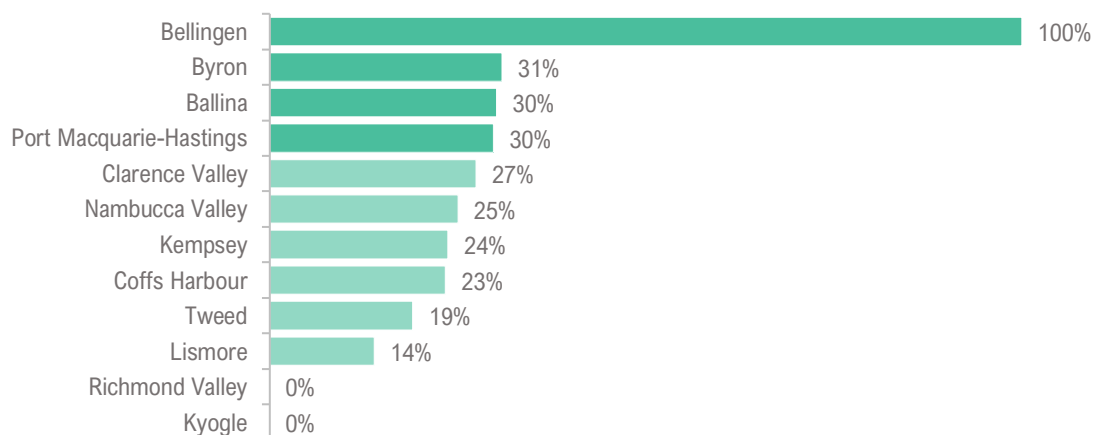
The proportion of **midwives aged 65 years and over** is increasing nationwide



- In 2022, 22.9% of the midwife FTE intended on working 0-4 years compared to 20% for NSW and 18% for Australia. In addition, 17.2% intended on working 5-9 years, 14.1% 10-14 years, 6.4% 15-19 years and 28.2% 20 years or more, while 11.2% was unknown.
- Over three in 10 midwives in Byron, Ballina and Port Macquarie-Hastings LGAs intend to work less than four years (figure 28).

Figure 28:

100% of midwives in **Bellingen LGA** intend to work **less than four years**.

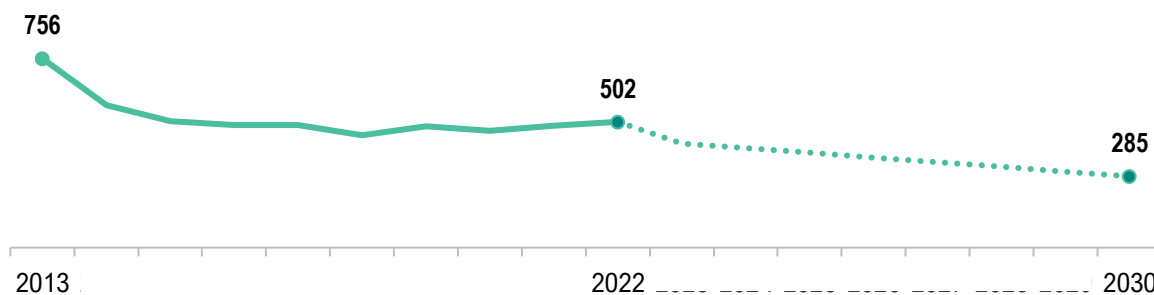


Outlook

- The midwifery workforce is forecast to continue to decline over the short- to medium-term, with the midwife FTE is expected to decrease by 41.4% (217 FTE) from 2022 to 2030 (Figure 29).

Figure 29:

The **Midwife workforce** is projected to decrease by 217 FTE by 2030.



5. Allied health workforce

Summary

Allied health professionals are typically university-qualified with specialised expertise in preventing, diagnosing and treating a range of conditions and illnesses.¹⁶ Not all allied health professionals are AHPRA-registered, which prevents 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 North Coast region between 2013 and 2021 and this trend is expected to continue in the short- to medium-term. Over the forecast period to 2030, occupational therapists and physiotherapists are expected to experience the highest growth.

The most common work setting for allied health workers were solo private practice and group private practice. The selected allied health professionals are not evenly distributed across the North Coast region. Lismore LGA had the highest rate per capita, while Richmond Valley and Kyogle LGAs had the lowest rates. There is a higher proportion of allied health professionals aged 65 years and older in the region (6.5%) compared to NSW (4.2%) and Australia (3.6%).

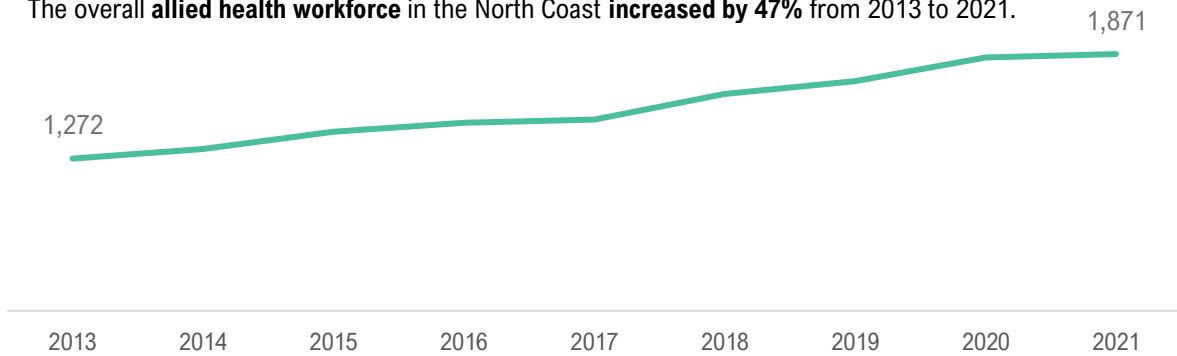
Current state and recent trends

- In 2021, there were 2,159 registered allied health professionals working in the North Coast with an FTE of 1,871. The overall allied health FTE increased by 47.1% (599) from 2013 to 2021 (figure 30).
- The allied health FTE increased across all LGAs apart from Richmond Valley (17.5% reduction) and Kempsey (5.2% reduction).

¹⁶ Allied Health Professions Australia (AHPA) (2023) [What is allied health?](#), accessed October 2023

Figure 30:

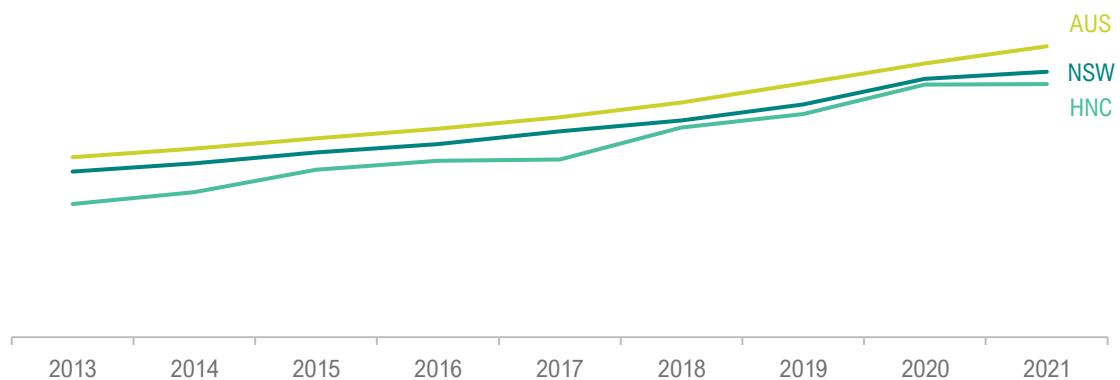
The overall **allied health workforce** in the North Coast **increased by 47%** from 2013 to 2021.



- The total allied health FTE per 1,000 residents increased by 36.7%, from 2.5 in 2013 to 3.5 in 2021. In 2021 the North Coast rate is only slightly below the rate for NSW (3.5) and Australia (3.7) (figure 31).

Figure 31:

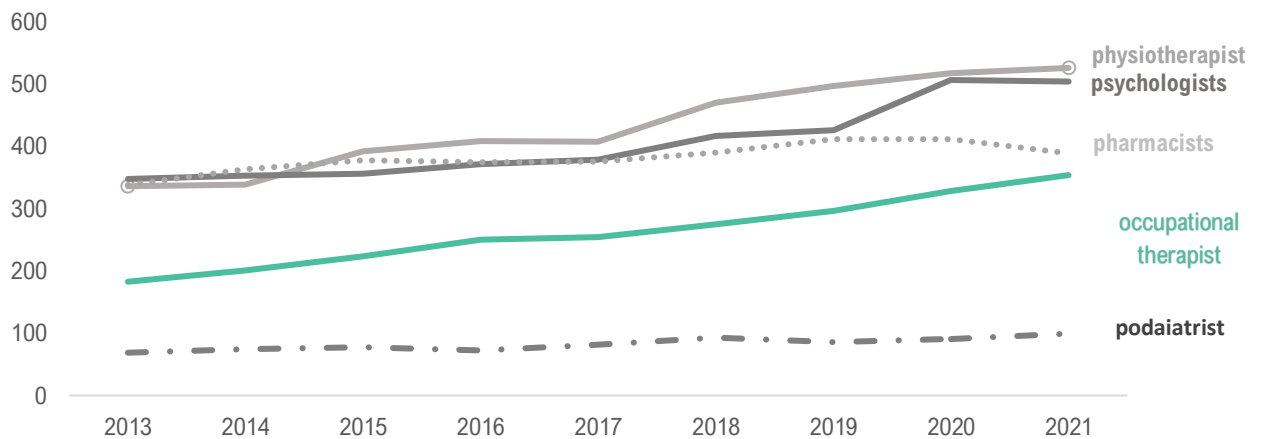
The rate of allied health FTE is **increasing** but **slightly below** NSW and Australia.



- In 2021 there was an FTE of 525.6 for physiotherapists, 504.2 for psychologists, 388.4 for pharmacists, 353.6 for occupational therapists, and 99.3 for podiatrists.
- From 2013 to 2021, occupational therapists had the highest growth rate (94%), followed by physiotherapists (57%), psychologists (45%), podiatrists (45%), and pharmacists (15%) (figure 32).

Figure 32:

Occupational therapists experienced the **highest growth** from 2013 to 2021

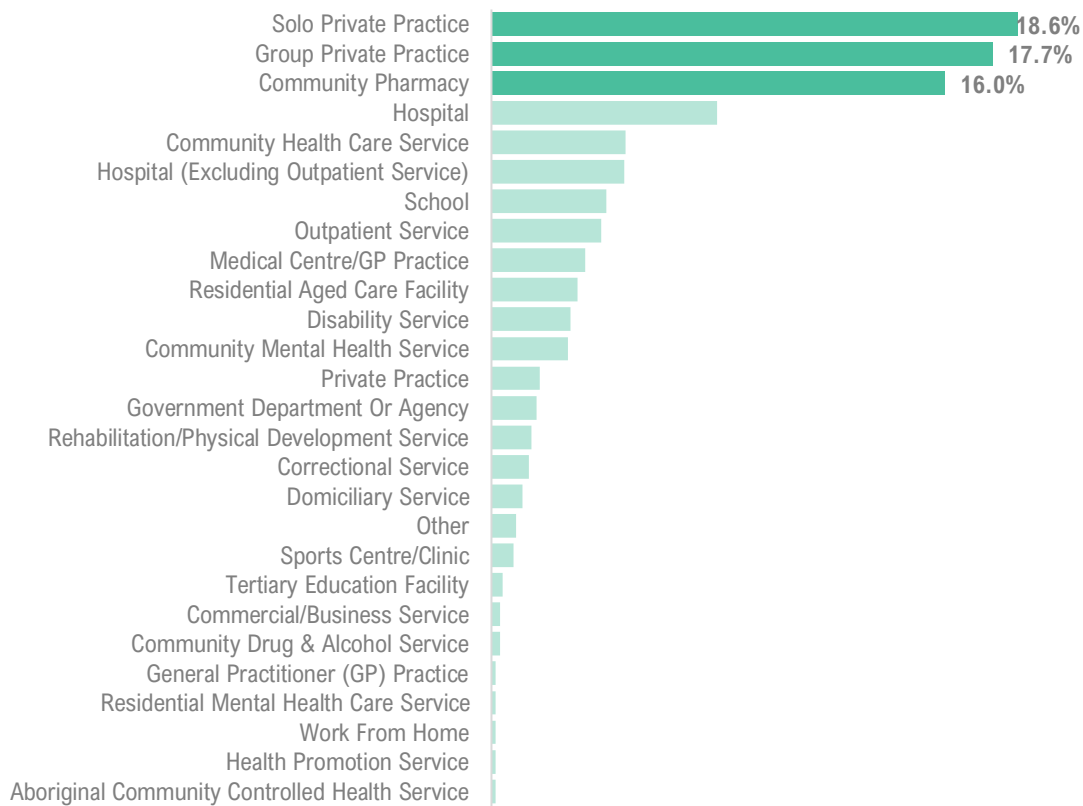


Work setting

- Allied health professionals work across a wide variety of settings, most commonly private practice (solo practice or group practice) and community pharmacy (figure 33).

Figure 33:

Most allied health professionals in 2021 worked in **private practice** and **community pharmacy**.

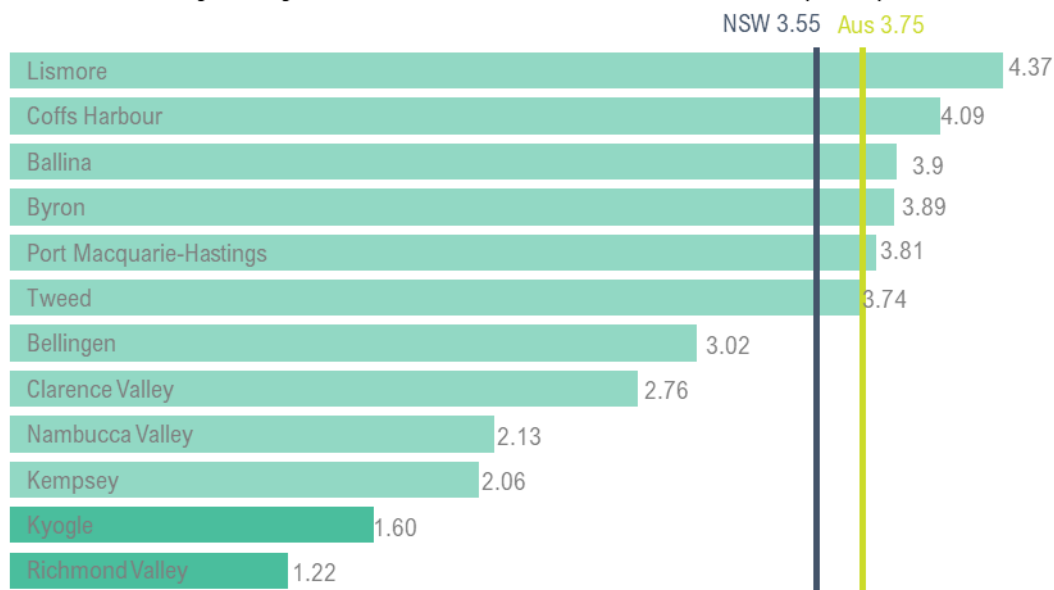


Geographical distribution

- In 2021, over half the allied health workforce of the region were in the larger population centres of Tweed, Port Macquarie-Hastings, and Coffs Harbour LGAs. 35.5% of the allied health FTE were in Lismore, Ballina, Clarence Valley and Byron LGAs.
- Lismore LGA had the highest rate of selected allied health FTE in the region (4.4 per 1,000 residents), followed by Coffs Harbour (4.1), Ballina (3.9), and Byron LGAs (3.9). Richmond Valley (1.2) and Kyogle (1.6) had the lowest rates per capita in the North Coast (figure 34).

Figure 34:

Richmond Valley and Byron LGAs had the lowest rate of nurse FTE per capita in 2022.

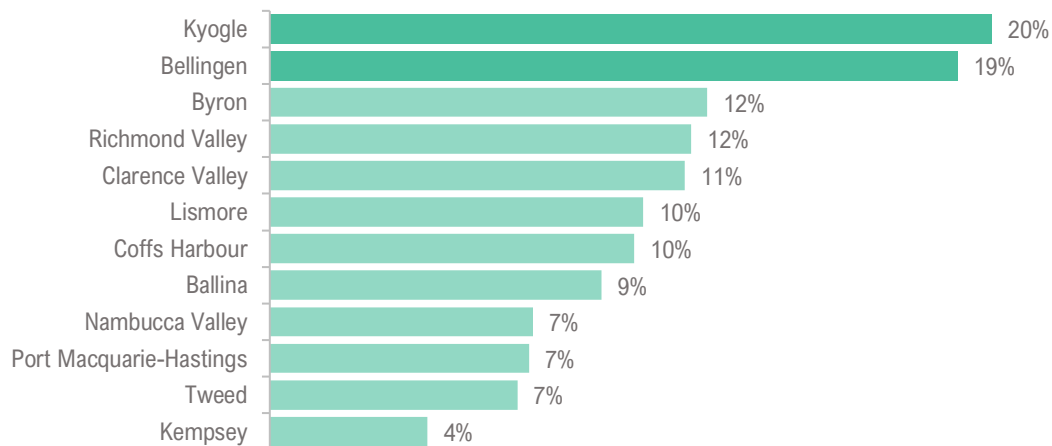


Workforce profile

- In 2021, 6.5% of the selected allied health professions were aged 65 years or older, which is higher than NSW (4.2%) and Australia (3.6%). Nearly two in every three (65.9%) allied health worker identified as female.
- In 2021, 9.2% of the allied health workforce intended on working 0-4 years compared to 7% for both NSW and Australia. In addition, 13.5% intended on working another 5-9 years, 20% 10-14 years, 10.8% 15-19 years, and 42.7% 20 years or more.

Figure 35:

Nearly 1 in 5 allied health FTE in **Kyogle and **Bellingen** intend to work less than 4 years.**

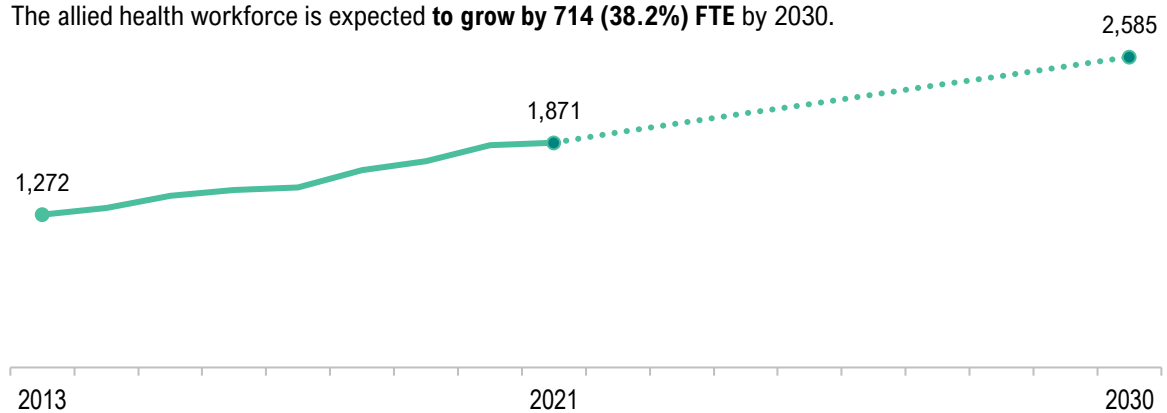


Outlook

- Consistent with the growth in recent years, the selected allied health workforce disciplines combined are forecast to grow steadily over the short- to medium-term, by 38.2% (714 FTE) between 2021 and 2030 (figure 36).

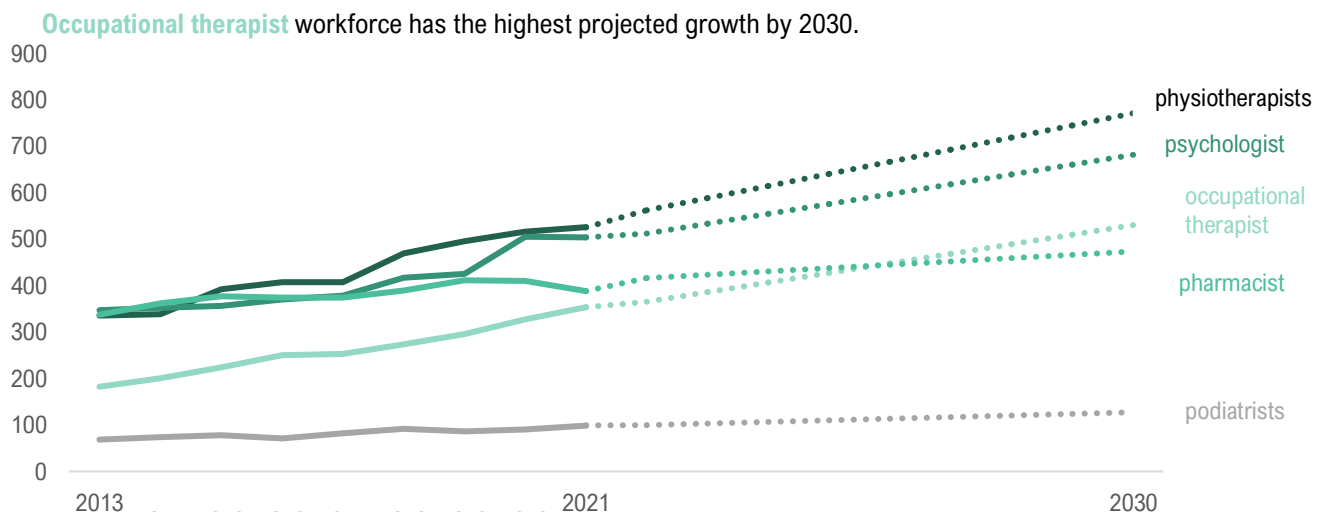
Figure 36:

The allied health workforce is expected to grow by 714 (38.2%) FTE by 2030.



- For each of the selected allied health disciplines, the highest growth from 2021 to 2030 is projected for occupational therapists (50.1%), followed by physiotherapists (46.8%), podiatrists (28.4%), psychologists (35.3%) and pharmacists (22%) (figure 37).

Figure 37:



6. Aboriginal and Torres Strait Islander health workforce

Summary

The Aboriginal and Torres Strait Islander health workforce (those who identify as First Nations) has grown steadily over recent years. Evidence shows that Aboriginal and Torres Strait Islander workers deliver better health outcomes for Aboriginal and Torres Strait Islander peoples due to their unique skill set and cultural insights.¹⁷

The number of Aboriginal and Torres Strait Islander health professionals in the North Coast region has increased during the period 2013 to 2021 and is expected to continue to increase. The rate of Aboriginal workers as a proportion of the total health workforce has also increased. The largest number of Aboriginal workers were employed as nurses, while the workforce with the largest growth in Aboriginal workers was allied health.

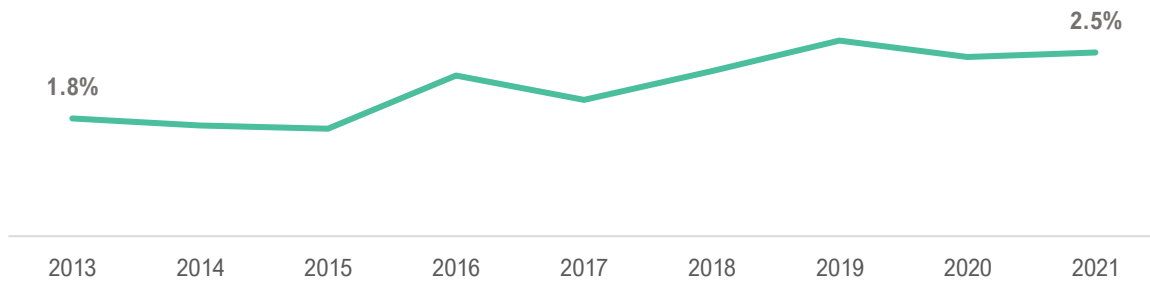
Current state and recent trends

- In the last eight-year period, the total FTE of Aboriginal health workers across the North Coast region increased by 64.8%, from 152.7 in 2013 to 251.6 in 2021. Aboriginal workers represent 2.5% of the overall health workforce in 2021, up from 1.8% in 2013 (figure 38).

¹⁷ Australian Institute of Health and Welfare (AIHW) (2020), [Aboriginal and Torres Strait Islander Health Performance Framework 2020 Summary Report](#). accessed October 2022

Figure 38:

The proportion of **Aboriginal health professionals** in the North Coast is **increasing**.



- The largest number of Aboriginal and Torres Strait Islander health professionals were employed as nurse and/or midwife (222), followed by allied health professionals (33). The largest growth in Aboriginal workforce was for allied health professionals (from nine FTE in 2013 to 33 FTE in 2021) (figures 39 and 40).

Figure 39:

The **biggest growth** in Aboriginal workforce was for **allied health professionals**.

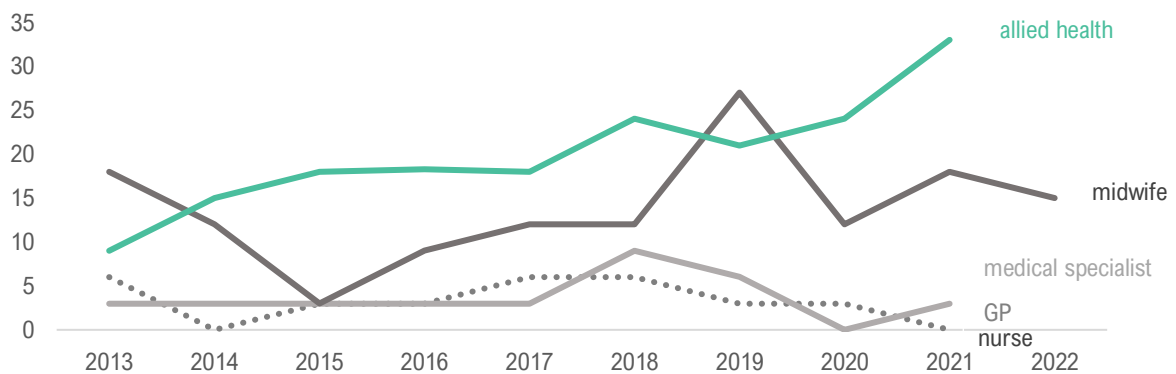
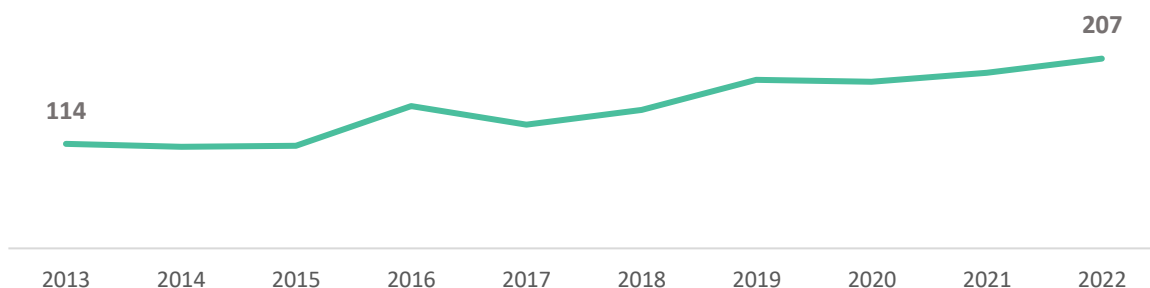


Figure 40:

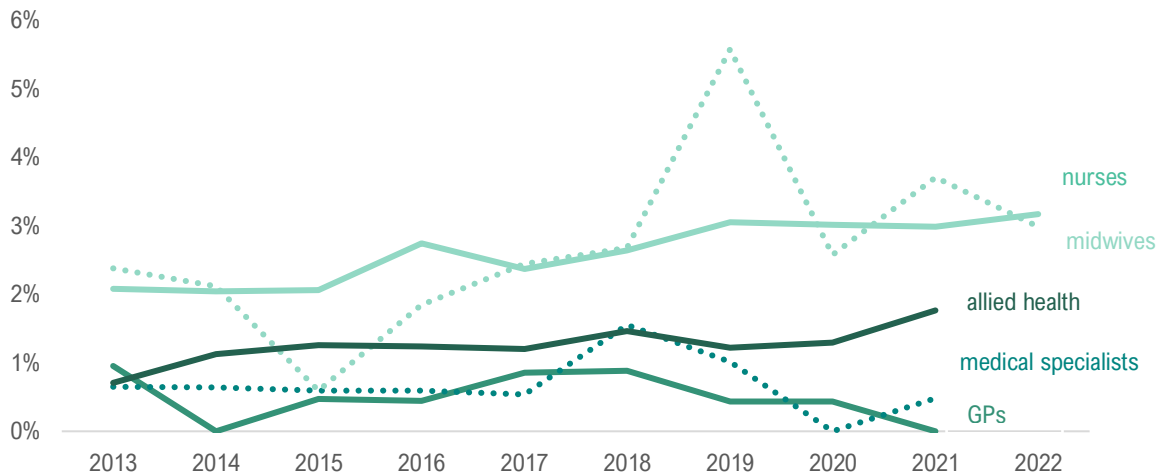
The **largest number** of Aboriginal health professionals were **nurses**.



- In 2021, Aboriginal and Torres Strait Islander workers represented 0.5% of medical specialists, and 1.8% of selected allied health professionals in the North Coast (figure 41). Aboriginal and Torres Strait Islander workers represented 3.2% of the nurse FTE and 3% of the midwife FTE, slightly above NSW and Australia.

Figure 41:

Nurses and midwives had the **highest proportion** of Aboriginal health professionals.

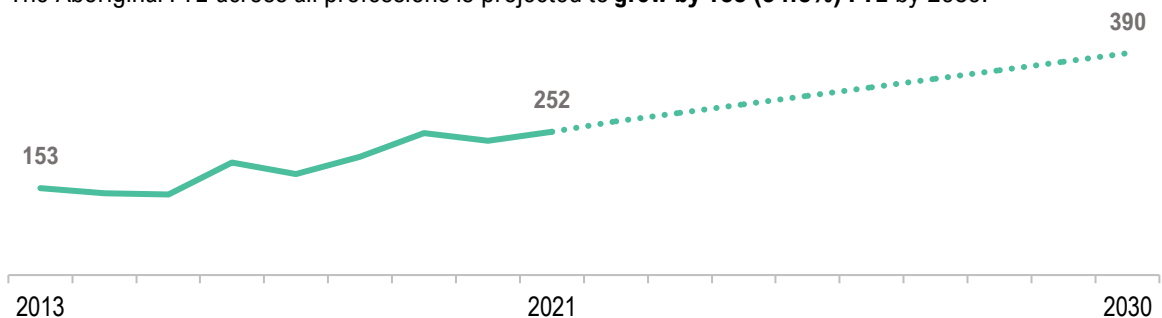


Outlook

- The overall Aboriginal FTE for all health professions in the region is projected to grow by 54.8% (138) from 2021 to 2030 (figure 42).
- A limitation of the data is that not all health professions identify as Aboriginal and Torres Strait Islander making it difficult to report with accuracy both the current rates and future predictions.

Figure 42:

The Aboriginal FTE across all professions is projected to **grow by 138 (54.8%) FTE** by 2030.



Aboriginal health practitioners

- Aboriginal health practitioners are registered healthcare practitioners who provide clinical services and patient care with a focus on culturally safe practice for Aboriginal and Torres Strait Islander people.¹⁸
- Available data shows that in 2021 there was an FTE of six Aboriginal health practitioners in the North Coast, a decrease from 15 FTE in 2020.

¹⁸ Australian Department of Health (2017). [Aboriginal and Torres Strait Islander Health Practitioners 2017 Factsheet](#), accessed September 2023

- These results must be interpreted with care. For data confidentiality reasons the FTE or headcount values that are greater than 0 and lesser than three are not provided. This data suppression rule impacts on the data accuracy for Aboriginal health practitioners and the ability to draw conclusions.