Primary health workforce on the North Coast – an exploratory analysis

Healthy North Coast

June 2026

Executive summary 1
Strategic imperative 1
The primary health workforce profile on the North Coast 2
The changing healthcare landscape 3
Workforce challenges in rural and remote areas 4
Building community capacity 5
Workforce education and training pipeline 6
The need for reform in health workforce 7
Opportunities 8
Key strategic documents 10
References 11

Executive summary

This analysis examines the current state, challenges and future opportunities for the health workforce on the North Coast. Systemic and global trends are reshaping the health workforce. Rising rates of chronic disease and multi-morbidity are increasing service demand and complexity. Climate change and geopolitical tensions pose health risks and threaten infrastructure supply chains. At the same time, advancements in digital health and artificial intelligence are transforming healthcare delivery, requiring new skills and more specialised workforce capabilities.

The North Coast region's older population creates higher demand for chronic disease management and allied health services, while social determinants such as homelessness, domestic violence, and disability increase the complexity of care needs. Geographic barriers, workforce shortages, and difficulties in attracting and retaining professionals further constrain service access.

General practitioners (GPs), nurses and midwives have relatively higher full-time equivalent (FTE) rates on the North Coast compared to NSW and Australia rates, while FTE rates of medical specialists are substantially lower. Across most professions, the workforce is ageing, with a significant proportion intending to retire within the next decade. Allied health workforce levels are comparable to NSW and Australia rates. Workforce pressures are compounded by structural issues, including declining interest in general practice careers, increased preference for flexible and part-time work, regulatory barriers limiting scope of practice, and growing burnout among clinicians. These trends, combined with increasing reliance on part-time work, present risks to long-term workforce sustainability.

Sustainability of the health workforce requires a shift beyond increase supply of practitioners. Building community capacity and strategies that cross the spectrum of care (from prevention through to palliative care) is essential to reduce demand on health services. Strengthening local engagement and capacity building can improving health outcomes and increase resilience of the health system. A coordinated, system-wide approach that integrates workforce development, community capacity building, and health system reform is essential to ensure a resilient and sustainable health workforce to meet the evolving health needs of North Coast communities.

Strategic imperative

The Healthy North Coast Strategic Plan 2023 – 2030 illustrates the importance on focusing on the needs of the current and future health workforce. It identifies several strategic initiatives aimed at strengthening the workforce and developing thriving workplace cultures. These strategic initiatives include:

- strengthening the capacity and capability of the primary health care workforce and service providers
- building cultural competency in the primary health care workforce and commissioned providers
- supporting workplace cultures that create strong learning environments and foster innovation
- building a high level of satisfaction in the primary health care workforce.

Australia's health workforce plays a critical role in delivering high-quality health care services to over 27 million people. The Australian Government, states and territories, health services, specialist medical colleges, primary health networks, regional training organisations, universities,

regulators and advocacy groups all contribute to developing an effective health workforce. However, their activities are not sufficiently coordinated to optimise the national health workforce. Change is needed to provide patients with timely access to the health care they need, and for healthcare professionals to have rewarding careers that do not threaten their own health, or their personal or family life (Department of Health, Disability and Ageing, 2021). Fostering a positive, high-trust environmental where health workers feel engaged, supported and valued can build a more resilient and sustainable workforce (Moulynox, n.d.).

The primary health workforce profile on the North Coast

The health workforce is vital for promoting health, preventing disease and providing ongoing care to the community.

The analysis of clinical workforce full-time equivalent (FTE) completed to support this exploratory analysis includes general practitioners (GPs), medical specialists, nurses, midwives and allied health professionals (including occupational therapists, pharmacists, physiotherapists, podiatrists and psychologists). It is important to note there are other generalist and non-clinical support roles that enable care delivery, however data on the scope of these cohorts is not available. Below are key features of the primary health workforce on the North Coast in 2024:

General practitioners:

- higher FTE rate per capita on the North Coast than NSW and Australia – on the North Coast there are 1.2 FTE per 1,000 people or one FTE for 811 people
- slightly younger workforce than NSW and Australia
- 28% of FTE intend to work less than 10 more years (the same as NSW and Australia)

Medical specialists:

- lower FTE rate per capita on the North Coast than NSW and Australia – on the North Coast there are 1.4 FTE per 1,000 people or one FTE for 731 people
- greater proportion of workforce intending to work less than 10 more years as specialist (25%) compared to NSW and Australia (both 22%).

Nurses and midwives:

- slightly higher FTE rate per capita on the North Coast (compared to NSW and Australia – on the North Coast there are 12.7 nurse FTE per 1,000 people or one FTE for 79 people, and 0.9 midwife FTE per 1,000 people or one FTE for 1,114 people
- compared to than NSW and Australia, older nursing and midwifery workforce with greater proportion intending to work less than 10 more years as a nurse or a midwife
- 20% of nurse FTE and 14% of midwife FTE work in primary care or residential settings, higher than NSW and Australia.

Allied health professionals:

- similar FTE rate per capita than NSW and Australia – on the North Coast there are 4.0 FTE per 1,000 people or one FTE for 248 people
- older workforce with greater proportion intending to work less than 10 more years
- declining proportion of workforce working in primary care or residential, which is similar to NSW and Australia.

It is important to recognise that the average FTE workforce rates in the North Coast do not reflect workforce maldistribution or unmet demand.

Regional and rural areas (like the North Coast) rely more heavily on general practitioners, as the access to medical specialists is extremely limited. Rural generalists (now formerly recognised as specialists), provide advanced skills in areas such as emergency medicine and obstetrics. Shortages still persist, increasing reliance on telehealth and international medical graduates. Clinicians on the Healthy North Coast Clinical Advisory Council emphasised the important role international medical graduates play in providing care for North Coast communities, and the need to support retention strategies. Expansions to the scope of practice for pharmacists and nurse practitioners will contribute to improving healthcare access in the North Coast region.

The combination of demographic change (an ageing population), geographic barriers, workforce shortages, and difficulties recruiting and retaining health professionals in the North Coast region creates challenges in maintaining an adequate health workforce to meet population needs. The North Coast region has an older population compared to metropolitan areas, and this increases demand on chronic disease management and allied health services. Patterns of healthcare access and use reflect this demand, with people aged 65 years and over having the highest use of allied health services in the region.

The North Coast region has a range of social determinants that place increased pressure on health services in the region, with higher rates of homelessness, domestic and family violence, and disability support needs compared to the NSW average. These factors contribute to complex healthcare needs and increase demand for multidisciplinary health services, highlighting the needs to develop sustainable workforce strategies to meet the growing healthcare needs of the North Coast region.

The changing healthcare landscape

Global megatrends affecting our context influence the health landscape. Planning for these changes is important to effectively manage the numerous and rapid changes facing North Coast communities (Planning Institute Australia, 2016).

Burden of chronic disease

Chronic health conditions are increasingly common in Australian society. They have significant health, social and broader economic impacts, and are a priority area of action in the health sector. Many people diagnosed with a chronic health disease experience multi-morbidity (more than one disease), which increases the complexity of their care and the demands on the health workforce caring for them.

Climate and geopolitical impacts on health and wellbeing

In recent years, geopolitical tensions and supply chain disruptions have highlighted the vulnerability of the highly interconnected global, economic and social systems. The COVID-19 pandemic and recent wars and trade conflicts (Russia/Ukraine, the Middle East crises, political environmental in the United States of America) have illustrated how the risk of heavy reliance on global supply chains exposes communities that depend on imported fuel, food and technologies to sudden shortages (Bednarski, 2025).

Fostering more self-sustaining communities is critical to protect community access to energy, food systems, and manufacturing materials. Localised energy sources (rooftop solar, community

batteries, electric vehicles) reduce exposure to the volatility of international fuel markets and geopolitical energy disputes (Wang, 2024). Strengthening local and regional food systems increases food security, and building local capacity in skills, repair and circular use of materials makes communities less dependent on global manufacturing networks (Sánchez-Vázquez, 2023).

The North Coast region is vulnerable to the effects of climate change, including extreme weather events (floods, bushfires and heatwaves), rising temperatures and change in rainfall patterns. These pose significant health risks to the population, including:

- injury, illness or death due to extreme weather events, heat stroke and heat related deaths
- increase in mosquito-borne and other infectious diseases
- increase in the risk of cardiovascular, respiratory and cerebrovascular diseases due to changes in air quality
- mental health and wellbeing impacts are compounding and felt more by those with preexisting vulnerabilities
- increasing inequity, as each of the impacts outlined above will be experienced disproportionately by people in lower socio-economic groups.

Adapting to a changing climate ensures the protection of livelihoods, infrastructure and people's quality of life as the climate changes.

Rise of artificial intelligence and advancements in health technology

The rise of artificial intelligence and evolving digital health landscape are changing the way people receive healthcare. Rapid advances in health technology have dramatically improved patient outcomes and reduced recovery times compared to previous therapeutic options. However, new technologies typically require greater specialisation of the clinician staff administering the therapy combined with a need for more services to be provided in large and better equipped facilities (NSW Health, 2023).

The development of communication technologies has presented new options for the delivery of health services, such as the use of virtual care. Virtual care can bring health care closer to people, especially those living in regional, rural and remote areas. There is the possibility of improved health outcomes for some conditions (such as hip and knee replacements) as virtual care options may improve uptake of prehabilitation and rehabilitation (Cumming, 2025). Hip and knee replacement surgeries are some of Australia's most common orthopaedic procedures, with demand rises as the population ages.

Workforce challenges in rural and remote areas

Australia has experienced movement of population from small towns to regional centres. This has contributed to a reduction in the skills and capabilities available in more remote areas and limited the ability to support a broad range of services. The expectations on professional practice, work-life balance and lifestyle are evolving, making it increasingly difficult to recruit health professionals who are committed to long-term careers in country towns, especially in remote and isolated areas.

A strong emphasis on safety and quality in health care has driven the development of stricter clinical guidelines, governance and training of health professionals. This has placed pressure on the range of services and procedures that are able to be provided to smaller rural towns. Legislation and regulatory barriers that prevent health practitioners working to their full scope of practice differ by profession (Department of Health, Disability and Ageing, 2023). Working to full

scope of practice means a health professional is able to work to the full extent of their profession's recognised skill based and / or regulatory guidelines. This enhanced patient access to care, improves health outcomes, and increases workforce retention (Department of Health, Disability and Ageing, 2025).

Most medical services in regional, rural and remote areas in NSW are delivered by GPs. The number of GPs with procedural skills in regional, rural and remote areas has declined significantly over the past 15 years. The number of GPs providing hospital services in smaller communities (sometimes known as Visiting Medical Officers) has declined too. Many rural services in NSW have needed to rely on locums to provide emergency and in-hospital services (NSW Health, 2023).

As a career choice, specialty training is preferable to medical graduates than general practice (RACGP, 2025). This affects both the model of medical care and services provided in rural and regional hospitals.

The shift towards part-time work for health professionals (particularly general practitioners) is driven by the desire for improved work-life balance, reduced burnout, and a younger workforce seeking flexibility. Feedback from clinicians on the Healthy North Coast Clinical Advisory Council emphasised this shift towards reduced full-time equivalent availability as clinicians protect themselves from burnout. The ratio of FTE relative to the number of health professionals provides an indication of whether occupational groups worked longer or less than their standard hours (Australian Institute of Health and Welfare, 2024). Between 2013-2022, medical practitioners (excluding general practitioners) were the only occupational group whose total FTE was greater than the number of practitioners. This indicates medical practitioners worked more than their FTE of 40 hours a week. In 2013, the ratio of general practitioner FTE to number of practitioners was 0.98 FTE Australia-wide. This has been steadily decreasing, and by 2022 had fallen to 0.91 FTE. This indicates a greater use of part-time working arrangements for these practitioners. Similar trends have been observed for allied health practitioners, nurses, midwives and dental practitioners (Australian Institute of Health and Welfare, 2024).

Building community capacity

Healthcare systems are experiencing growing pressures due to demographic shifts, the rising burden of chronic disease, technological advances and workforce shortages. Strategies that cross the health spectrum – prevention, early intervention, treatment, acute care, rehabilitation and palliative care are required to meet the needs of different demographic groups (for example, ageing population, areas socio-economic disadvantage) in the North Coast region.

There is an opportunity to build community capacity to manage the increase in chronic life conditions. Building community capacity is an essential health promotion approach and refers to the characteristics of communities that affects their ability to identify and address social and public health problems (Birgel, 2023). A scoping review undertaken by Birgel et al. in 2023 aimed to identify the domains and methods used to assess community capacity related to community-based prevention and health promotion.

Supporting the involvement of communities in efforts to enhance their health is well recognised. Traditional, top-down health directives often result in little to no health benefits. In contrast, participatory approaches are effective, resulting in increased interest in the theoretical and practical components of these approaches (Rifkin, 2000). In the context of health promotion, capacity building stems from the recognition that strategies can be more effective and sustainable if the effort extends beyond traditional health sector boundaries. Developing and implementing effective

health promotion and prevention programs require careful consideration of contextual factors related to both objective and subjective aspects of a community's social and built environments (Birgel, 2023).

While objective measures such as demographic and healthcare data can be obtained from administrative sources like the Australian Bureau of Statistics (ABS) or the Australian Institute of Health and Welfare (AIHW), capturing important subjective factors such as community cohesion, trust and leadership can be challenging. Understanding these subjective factors is crucial to accurately assess a community's capacity and performance in implementing and maintaining community-based health promotion and prevention programs (Birgel, 2023).

Workforce education and training pipeline

The Workforce Prioritisation and Planning (WPP) program funded by the Department of Health, Disability and Ageing helped the Department to set distribution targets for the Australian General Practice Training (AGPT) program to meet current and future community needs. Between 1 August 2022 and 31 December 2025, Healthy North Coast was responsible for delivering the WPP program on the North Coast. This funding enabled delivery of a series of education and training events to support the healthcare workforce at various stages of their professions.

Funding to deliver these activities under the WPP program ceased as of 31 December 2025, and new funding sources would be required to deliver activities across the workforce education and training pipeline.

The below table outlines previous and future initiatives to support the healthcare workforce along the workforce education and training pipeline.

Stage and purpose	Previous activities	Future activities
Youth *Generate interest and promote health care careers and opportunities in regional and rural areas*	• Attended Luminosity • Multi-disciplinary team care presented to students	• Present at Northern Rivers Careers Expo • Attend Luminosity in collaboration with partner training organisations
Medical students *Promoting health care careers and primary health care*	• Attend medical student orientation • HNC supported student placements • Attend medical student graduation (and sponsor award)	• Attend medical student orientation • HNC supported student placements • Attend medical student graduation (and sponsor award)
Junior medical officers *Continue to support and promote careers in primary health care*	• Attend orientation and raise awareness of the PHN • Medical Educators JMO teaching in hospitals • Education sessions	• Attend orientation and raise awareness of the PHN • Medical Educators JMO teaching in hospitals • Education sessions
Registrars *Continue to support on career journey. Assist with connecting in with local community*	• Registrar dinner • GP Registrar handbook • Welcome experience • Implanon and Mirena training • Networking dinners	• GP networking dinner • GP Registrar handbook • Welcome experience promotion • Joint Regional Training Hub Committee Meeting

General practitioners *Further education through specialist in-reach clinics*	• Specialist in-reach • Specialist in-focus • Our Hospitals Together	• Specialist in-reach • Specialist in-focus • Our Patients Together • Clinical Education Program
Primary care workforce *Proactive activities to support attraction and retention*	• 'Transition to practice' program for nursing • Celebration of recognition days • Quarterly joint regional training hub meeting (RACGP, ACRRM, HNC, Northern NSW RTH, Clarence Valley RTH, UNSW Port Macquarie RTH, UNSW Coffs Harbour RTH)	• Quarterly joint regional training hub meeting (RACGP, ACRRM, HNC, Northern NSW RTH, Clarence Valley RTH, UNSW Port Macquarie RTH, UNSW Coffs Harbour RTH) • Primary Care Excellence Awards • Nurse re-entry program • Celebration of recognition days

The need for reform in health workforce

Doctors are more likely to suffer from psychological distress than the general population (Petrie, 2025). Burnout and dissatisfaction are increasingly recognised as ongoing causes of morbidity in doctors. Contributing factors include workplace and systemic pressures. Doctor burnout and fatigue impacts patient safety, job satisfaction and workforce retention.

The Australian Health Practitioner Regulation Agency (Ahpra) works in partnership with the National Boards to ensure that Australia's registered health practitioners are suitably trained, qualified and safe to practice. Projections based on 10-year national data indicate that the number of practitioners per 100,000 population is increasing and projected to increase by nearly 1.6 times by 2040, an increase driven by medical specialists. The number of practitioners with active registrations and not intending to leave the profession (workforce retention rate) is decreasing. This is a challenge for the sustainability of the health workforce.

The Australian and state and territory governments currently have a significant appetite for reform and a focus on medical workforce (Bekis, 2025). However, it is not financially sustainable to continue to increase our health workforce supply. To reduce demand on the workforce it is necessary to build capacity in the community.

The Independent review of Australia's regulatory settings relating to overseas health practitioners registration and skills and qualification recognition, known as the Kruk Review (led by Robyn Kruk AO), was endorsed by National Cabinet in December 2023. The review explored how skill storages could be eased in health professions, including nursing and midwifery, medicine, psychology, pharmacy, paramedicine and occupational therapy. The review found that there are significant shortages in nursing, midwifery and medicine, particularly for experienced and senior professionals. The review confirmed there is an urgent need to reform the current regulatory system for overseas health practitioners coming to Australia to make it simpler, faster, fairer and less costly.

Through 2022, the Strengthening Medicare Taskforce review (Department of Health, Disability and Ageing, 2025) provided recommendations to the Australian Government regarding improvements to primary care. The taskforce identified 4 priority areas for primary care reform:

- increasing access to primary care – including bulk billing incentives for all Australian, increasing the number of Medicare Urgent Care Clinics, and reforming the after-hours programs

- encouraging multidisciplinary team care – including a national Scope of Practice review, increase incentive payments for practices to support multidisciplinary team-based care, and programs to expand the nursing workforce
- modernising primary care – including investing in a modernised My Health Record, funding a general practice grants program (to enhance digital health capability, infection prevention and control, and accreditation status of general practices), and strengthening electronic prescribing and targeted digital medicines enhancements
- supporting change management and cultural change – including funding to drive consumer engagement in primary care reform, the Medical Research Future Fund Primary Health Research Plan grant opportunities and using data to improve patient care (Department of Health, Disability and Ageing, 2025).

These recommendations have led to the creation of MyMedicare, which is a voluntary patient registration model designed to formalise relationships between patients and their GPs, improve continuity of care and provide targeted funding, particularly for chronic disease management and aged care.

The Scope of Practice review was an independent review led by Professor Mark Cormack. The review examined the barriers and opportunities health practitioners face working to their full scope of practice in primary care (Department of Health, Disability and Ageing, 2025). The final report proposed 18 recommendations across 4 themes:

- workforce design, development, education and planning
- legislation and regulation
- funding and payment policy
- enablers and other key considerations.

Both the Strengthening Medicare Taskforce review and the Scope of Practice review have had a significant impact on health workforce policy in Australia.

Opportunities

Healthy North Coast identifies several opportunities to continue supporting the primary health workforce and building capacity in the community to contribute to the sustainability of the health workforce:

- Explore opportunities to measure community capacity to implement participatory approaches to managing health through community-based prevention and health promotion.
- Build community capacity to manage health needs through community-based prevention and health promotion.
- Strengthen individual capacity building strategies to manage health (skill building, trust development, health communication).
- Develop sustainable workforce models that reduce reliance on temporary staff.
- Continue to support relational workforce activities to help facilitate a sense of belonging in the primary health workforce community.
- Explore opportunities to expand training pathways for regional students.
- Explore opportunities to strengthen incentives for general practice.
- Explore the demand and supply of health workforce and services with data analytics using tools such as the Health Demand and Supply Utilisation Patterns Planning (HeaDS UPP)

- Explore opportunities to support retention strategies for internationally trained clinicians
- Explore opportunities to support generalist and non-clinical support roles that enable care delivery.

Key strategic documents

Australian Digital Health Agency | National Digital Health Strategy and the National Digital Health and Workforce Education Roadmap

Australian Policy Online | Independent review of Australia's regulatory settings relating to overseas health practitioners

Department of Health, Disability and Ageing | Primary Health Care 10-Year Plan 2022-2032

Department of Health, Disability and Ageing | National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework and Implementation Plan 2021–2031

Department of Health, Disability and Ageing | National Mental Health Workforce Strategy

Department of Health, Disability and Ageing | National Nursing Strategy

Department of Health, Disability and Ageing | National Preventive Health Strategy

Department of Health, Disability and Ageing | The National Rural Generalist Pathway

Department of Health, Disability and Ageing | National Medical Workforce Strategy 2021-2031

NSW Health | NSW Regional Health Strategic Plan 2022-2032

NSW Government | Future health: guiding the next decade of care in NSW 2022-2032

Rural Doctors Network | Primary Health Workforce Needs Assessment

References

Australian Institute of Health and Welfare. (2024). *Health workforce*. Retrieved from https://www.aihw.gov.au/reports/workforce/health-workforce

Bednarski, L. R. (2025). Geopolitical disruptions in global supply chains: a state-of-the-art literature review. *Production Planning & Control*.

Bekis, N. (2025). Implementing the National Medical Workfroce Strategy. Department of Health, Disability and Ageing.

Birgel, V. D. (2023). Community capacity for prevention and health promotion: a scoping review on underlying domains and assessment methods. *BMC Systematic Review*.

Cumming, J. (2025). *AI-supported telehealth transforms hip surgery recovery in regional Australia*. Retrieved from CSIRO: https://www.csiro.au/en/news/All/Articles/2025/November/Fortius#:~:text=Climate%20change-,AI%2Dsupported%20telehealth%20transforms%20hip%20surgery%20recovery%20in%20regional%20Australia,rising%20as%20the%20population%20ages.

Department of Health, Disability and Ageing. (2021). *National Medical Workforce Strategy 2021 - 2031.* Retrieved from https://www.health.gov.au/sites/default/files/documents/2022/03/national-medical-workforce-strategy-2021-2031.pdf

Department of Health, Disability and Ageing. (2023). *Unleashing the potential of our health workforce (scope of practice review).* Retrieved from https://www.health.gov.au/sites/default/files/2023-09/unleashing-the-potential-of-our-health-workforce-scope-of-practice-review-terms-of-reference.pdf

Department of Health, Disability and Ageing. (2025). *About the Strengthening Medicare measures*. Retrieved from https://www.health.gov.au/our-work/strengthening-medicare-measures/about#:~:text=nurses%20and%20midwives.-,Strengthening%20Medicare%20priority%20areas,change%20management%20and%20cultural%20change.

Department of Health, Disability and Ageing. (2025). *Unleashing the potential of our health workforce - scope of practice review*. Retrieved from https://www.health.gov.au/our-work/scope-of-practice-review

Moulynox, R. (n.d.). *Employee burnout and retention in Australian healthcare - s*. Retrieved from Great place to work: https://greatplacetowork.com.au/blog/employee-burnout-and-retention-in-australian-healthcare-sustainable-solutions/

NSW Health. (2023). *NSW Regional Health Strategic Plan 2022-2032.* Retrieved from NSW Health: https://www.health.nsw.gov.au/regional/Publications/regional-health-strategic-plan.pdf

Petrie, K. G. (2025). A systematic review and meta-analysis of interventions to reduce or prevent symptoms of common mental disorders and suicidality in physicians. . *Nature Mental Health*.

Planning Institute Australia. (2016). *Through the lens: megatrends shaping our future.*

RACGP. (2025). *Health of the Nation.* East Melbourne: RACGP.

Rifkin, S. B.-H. (2000). Participatory approaches in health promotion and health planning: a literature review. *London: Health Development Agency*.

Sánchez-Vázquez, A. M. (2023). Training and Skills Development for the Circular Economy in the Current Geopolitical Context: A Bottom-Up Design Focused on Community Need and

Social Enterprise. In: Scholz, S.G., Howlett, R.J., Setchi, R. (eds) Sustainable Design and Manufacturing. *Smart Innovation, Systems and Technologies*.

Wang, Q. W. (2024). Geopolitical risks and energy transition: the impact of environmental regulation and green innovation. *Humanities and Social Sciences Communications*.