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Primary Healthcare Workforce

Needs Assessment

phn
GOLD COAST

An Australian Government Initiative

➤ Primary Healthcare Workforce

Local health needs and service issues

- Variability in formal education, practical experience, and resources in relation to alcohol and other drugs, mental health, and domestic violence limits capacity of general practitioners to identify issues and have conversations with patients.
- Evolving service system results in general practitioners being unclear about available services and the pathways to access these services.
- Burnout and wellbeing of health professionals.
- Currently there are long waitlists to see a private psychologist despite a strong private market, resulting in decreasing access to psychology services in the Gold Coast Primary Health Network region.

Key findings

- Registered health practitioners in the Gold Coast Primary Health Network (GCPHN) region increased by 46.5 per cent from 2013 to 2019:
 - medical practitioners: 1,866 to 2,552 – 36.8 per cent increase
 - nurses and midwives: 6,282 to 9,055 – 44.1 per cent increase
- Guanaba-Springbrook and South Tamborine-Canungra are two GCPHN regions which are Distribution Priority Areas for general practitioners (GPs).
- Registered and employed health professionals in the GCPHN region are predominantly females, and aged 20 to 34 years¹.
- Coolangatta, Southport and Surfers Paradise have limited to no shortages for specialists.
- Women's health issues, pregnancy and family planning presentations are more likely to be reported by younger GPs and female GPs.
- Musculoskeletal conditions are more likely to be reported by male GPs.



¹ Includes Aboriginal and Torres Strait Islander health practitioners, Chiropractors, Chinese medicine practitioners, medical radiation practitioners, occupational therapists, optometrists, osteopath, pharmacist, physiotherapists, podiatrists, psychologists, oral health therapists, dental hygienists, dental therapists, dental prosthetics, dentists, nurses, midwives, medical practitioners

Overview

The health workforce in Australia is large and diverse, covering many occupations. These include health practitioners registered by the Australian Health Practitioner Agency (AHPRA) as well as other health professionals and health support workers.

The Australian Health Practitioner Regulation Agency (AHPRA) is the statutory authority responsible for administering the National Registration and Accreditation Scheme (NRAS). The current list of registered health professions includes:

- Aboriginal and Torres Strait Islander health practitioners
- Chiropractors
- Chinese medicine practitioners
- Medical radiation practitioners
- Occupational therapists
- Optometrists
- Osteopaths
- Pharmacists
- Physiotherapists
- Podiatrists
- Psychologists
- Oral health therapists
- Dental hygienists
- Dental therapists
- Dental prosthetics
- Dentists
- Nurses
- Midwives
- Medical practitioners

This profile includes primary and hospital and health service workforce across public and private hospitals and as well as private specialists. The data is from the annual registration process, together with data from a workforce survey that is voluntarily completed at the time of registration. Survey response rates for registered and employed health professionals in 2015 was 92.8 per cent nationally. The 2015 survey response rates are as follows:

Table 1. National response rates for registered and employed health professionals, 2015

Profession	Response Rate
Aboriginal and Torres Strait Islander health practice	73.8%
Chiropractic	94.9%
Chinese medicine	95.0%
Dental	94.5%
Medical	94.3%
Medical radiation practice	95.6%
Nursing and Midwifery	91.4%
Occupational therapy	93.3%
Optometry	95.2%
Osteopathy	93.7%
Pharmacy	96.5%
Physiotherapy	93.5%
Podiatry	93.1%
Psychology	97.2%

Source. Health workforce data tool

Trends - Total Gold Coast health workforce (not just primary care)

Between 2013 to 2019 registered health practitioners² in the GCPHN region increased by 5,112 health professionals, which includes 2,552 medical practitioners, 9,055 nurses and midwives, 826 physiotherapists and 633 psychologists.

Table 2. Key workforce statistics by health profession, 2013 and 2019

	2013	2019	Percentage change from 2013 to 2019
Health Professionals			
A&TSI Health Practitioners	0	0	NA
Chiropractors	99	114	15.2%
Chinese Medicine Practitioners	118	143	21.2%
Dental Practitioners	478	606	26.8%
Medical Practitioners	1,866	2,552	36.8%
Medical Radiation Practitioners	270	387	43.3%
Nurses and Midwives	6,282	9,055	44.1%
Occupational Therapists	220	433	96.8%
Optometrists	101	128	26.7%
Osteopaths	32	53	65.6%
Pharmacists	478	629	31.6%
Physiotherapists	519	826	59.2%
Podiatrists	67	104	55.2%
Psychologists	466	633	35.8%
Paramedicine Practitioners	0	444	NA
Total	10,996	16,108	46.5%

Sources: Department of Health 2020; ABS 2018, please note employed in Australia working in registered profession in all settings/job roles and job areas. Aboriginal and Torres Strait Islander 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. They work collaboratively within multidisciplinary healthcare teams to achieve better health outcomes for Aboriginal and Torres Strait Islander people and communities and play a key role in facilitating relationships between Aboriginal and Torres Strait Islander patients and other health practitioners. To gain registration, practitioners must complete a minimum 12-month Certificate IV program of study approved by the Aboriginal and Torres Strait Islander Health Practice Board of Australia.

² Includes Aboriginal and Torres Strait Islander health practitioners, Chiropractors, Chinese medicine practitioners, medical radiation practitioners, occupational therapists, optometrists, osteopath, pharmacist, physiotherapists, podiatrists, psychologists, oral health therapists, dental hygienists, dental therapists, dental prosthetics, dentists, nurses, midwives, medical practitioners

Demographics - Total Gold Coast health workforce (not just primary care)

There are several demographic changes taking part in the health workforce³, including an increasing proportion of females and GPs delaying retirement. Between 2019 and 2030, the proportion of the GP workforce who are female is expected to increase from 46.3 per cent in 2019 to 54.1 per cent in 2030 nationally.

Health professionals in the GCPHN region are predominantly females, and aged 20 to 34 years. However, there have been some notable changes between 2013 and 2019; There are more young health professionals in the workforce. Table 3 demonstrates the rate of people aged 20-34 employed in the GCPHN region working in their registered profession has increased at the highest rate.

Table 3. Number and percentage increase from 2013 to 2019 of employed practitioners working in their registered profession

	Age	2013	2019	Percentage change
Male	20-34	819	1296	58.2%
	35-44	834	1,135	36.1%
	45-54	721	915	26.9%
	55-64	495	707	42.8%
	65-74	189	258	36.5%
	75-99	42	54	28.6%
Female	20-34	2,162	3,850	78.1%
	35-44	1,919	2,881	50.1%
	45-54	2,162	2,624	21.4%
	55-64	1,378	1,932	40.2%
	65-74	262	433	65.3%
	75-99	13	22	69.2%

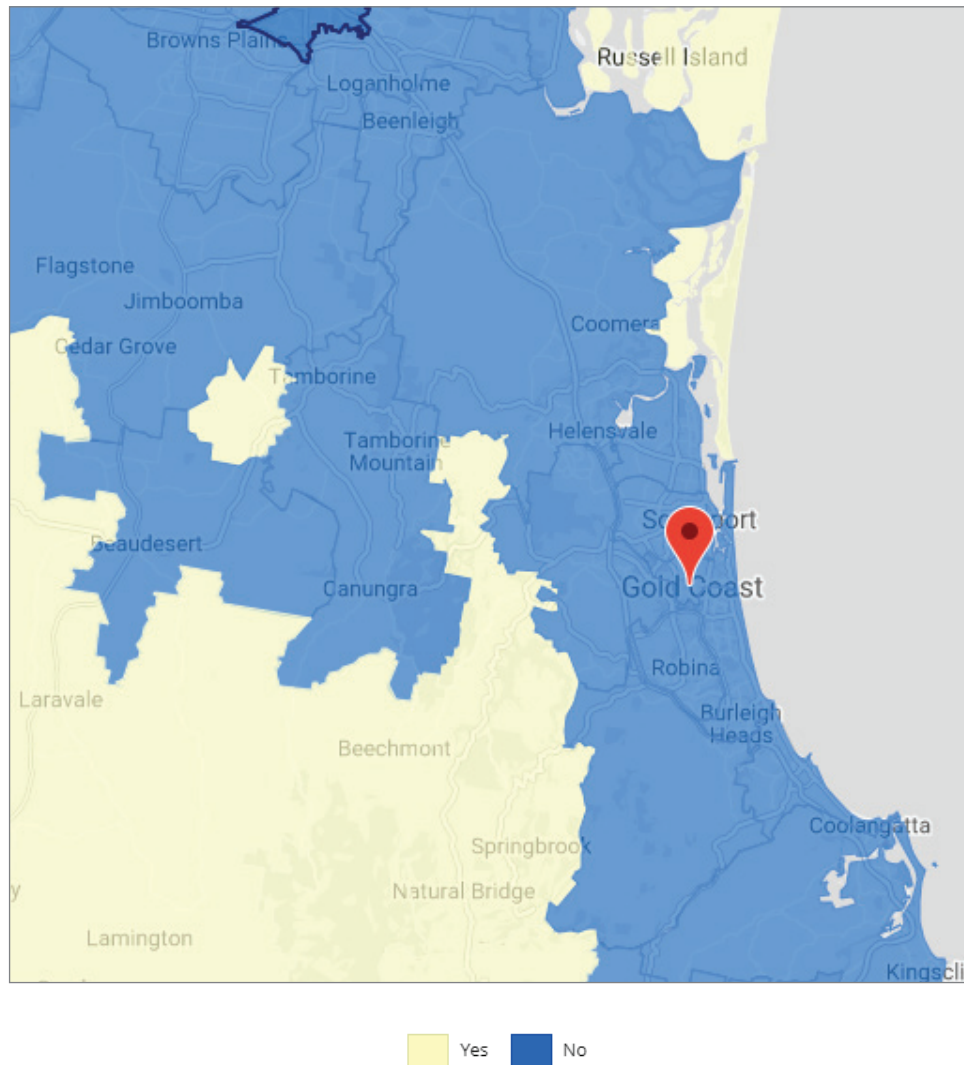
Sources: Department of Health 2020; ABS 2018, please note employed in Australia working in registered profession in all settings/job roles and job areas

³ Includes Aboriginal and Torres Strait Islander health practitioners, Chiropractors, Chinese medicine practitioners, medical radiation practitioners, occupational therapists, optometrists, osteopath, pharmacist, physiotherapists, podiatrists, psychologists, oral health therapists, dental hygienists, dental therapists, dental prosthetics, dentists, nurses, midwives, medical practitioners

General practitioner Distribution Priority Area (DPA) areas in the GCPHN region

Distribution Priority Area (DPA) identifies areas where people do not have enough access to doctors, based on the needs of the community. The DPA system considers gender, age demographics and the socio-economic status of people living in the area.

Figure 1. Distribution Priority Area, Gold Coast, 2021



Source: <https://www.health.gov.au/resources/apps-and-tools/health-workforce-locator/health-workforce-locator>

DPA areas designated in the GCPHN region include:

- Guanaba- Springbrook
- Tamborine-Canungra (north Tamborine - Canungra is not a distribution priority area while south Tamborine - Canungra is a distribution priority area)

Shortages in primary healthcare workforce

Specialist Medical Practitioners

The District of Workforce Shortage (DWS) classification is a health workforce classification for specialist medical practitioners. A DWS is an area where people have poor access to specialist medical practitioners. Population and Medicare billing data is used to determine the ratio of specialist to population in each Statistical Area Level (SA3) region. An area is classified as DWS if:

- Ratio of specialist to population is less than the national average.
- Has an Australian Statistical Geography Standard – Remoteness Area classification of RA 3 to RA 5.

There are eight specialties under DWS:

- anaesthetics
- cardiology
- diagnostic radiology
- general surgery
- obstetrics and gynaecology
- ophthalmology
- medical oncology
- psychiatry

Table 4. District Workforce Shortage for Specialist as at May 25 2021

	Anaesthetics	Cardiology	Diagnostic radiology	General surgery	Obstetrics and Gynaecology	Ophthalmology	Medical oncology	Psychiatry
Coolangatta								
Mudgeeraba-Tallebudgera								
Broadbeach-Burleigh								
Robina								
Nerang								
Guanaba - Springbrook								
Tamborine - Canungra								
Southport								
Surfers Paradise								
Gold Coast - North								
Ormeau-Oxenford								

Source: Health Workforce Locator.

	No
	Yes

Please note, Table 4 shows Coolangatta, Southport and Surfers Paradise as having no shortage across the eight specialist fields which may be due to two hospitals located in Southport and one in Coolangatta SA3 region.

General Practitioner

GPs play a central role in the delivery of healthcare to the Australian community. In Australia, GPs:

- are most likely the first point of contact in matters of personal health
- coordinate the care of patients and refers patients to specialists
- cares for patients in a whole-of-person approach and in the context of their work, family, and community
- care for patients of all ages and sexes across all disease categories
- care for patients over a period of their lifetime
- provide advice and education on healthcare
- perform legal processes such as certification of documents or provision of reports in relation to motor transport or work accidents

The rate for GP FTE per 1,000 residents (Estimated Resident Population) in the GCPHN region is slightly above the national and Queensland rate, while also having a higher rate of GP services per capita.

Number of general practitioners in general practice within the GCPHN (SA3 level) region

Table 5. Number of general practices within the GCPHN region that had one or more general practitioners in each general practice as of 26 March 2021

GCPHN SA3 regions	Number of general practices	Number of general practitioners	Average number of general practitioners per general practice
Broadbeach-Burleigh	28	151	5.4
Coolangatta	21	87	4.1
Gold Coast-North	22	89	4.0
Gold Coast Hinterland	6	27	4.5
Mudgeeraba-Tallebudgera	7	25	3.6
Nerang	17	77	4.5
Ormeau-Oxenford	40	183	4.6
Robina	20	97	4.9
Southport	25	122	4.9
Surfers Paradise	20	70	3.5

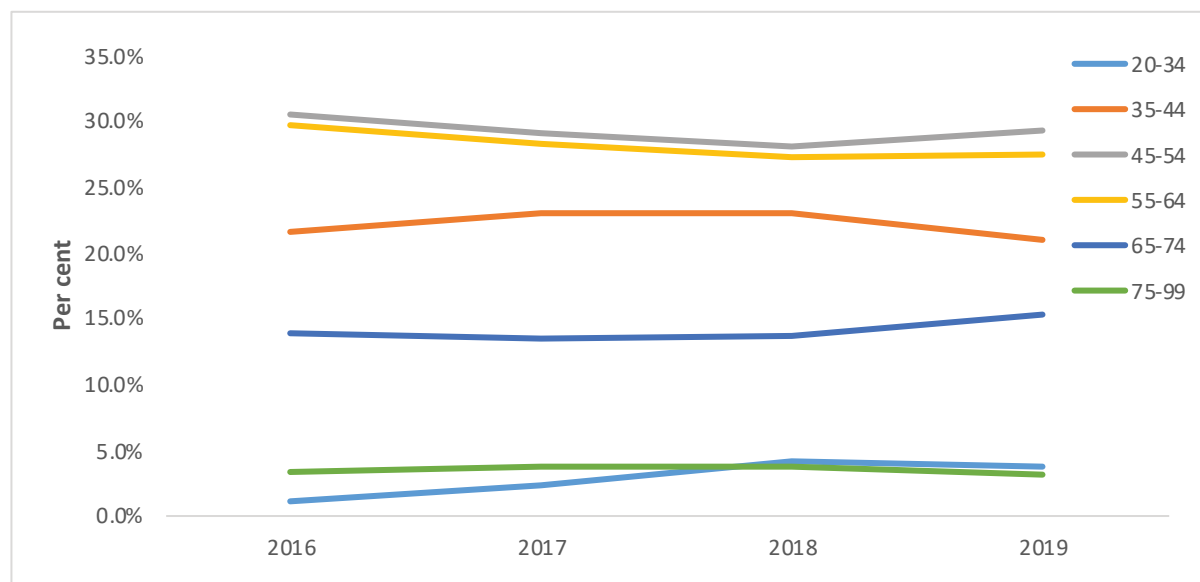
Source: GCPHN Client Relationship Management System. This data set is a component of the minimum data set.

There are currently 846 GPs working across 206 general practices. The average number of GPs per general practice in the GCPHN region was 4.18 as of 26 March 2021. The number of GPs listed in Table 5 includes GPs who may work at more than one general practice.

General practitioners by age group, in the Gold Coast PHN region, 2016-2019

GPs in the 75-99 age cohort as of 2019 are least represented in the GCPHN region, which mirrors national trends. GPs aged 45-54 were the most represented in the GCPHN region in 2019.

Figure 2. Percentage of general practitioners in general practice by age group, GCPHN region, 2016-19

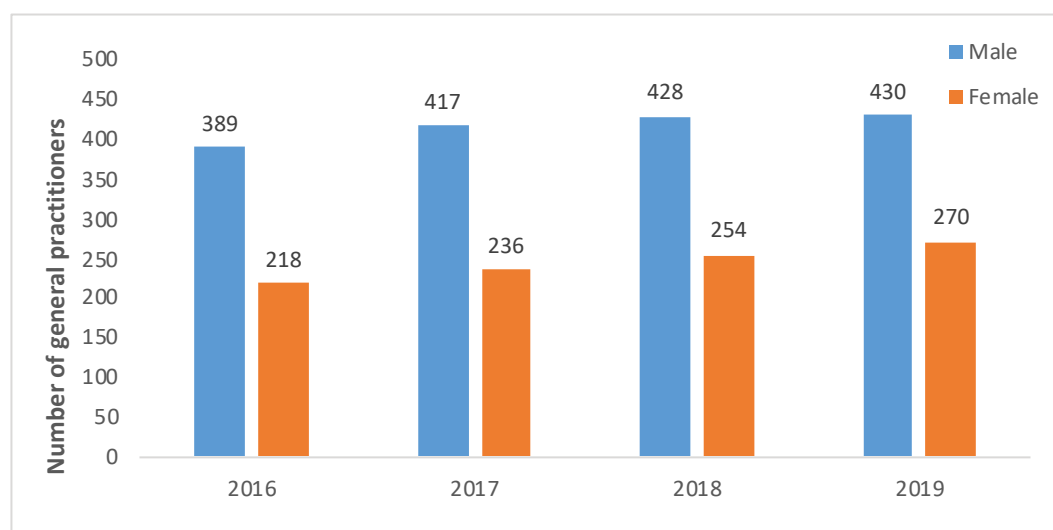


Source: Health Workforce Data tool, data is mapped to medical practitioners who primary speciality is general practice and in labour force in Australia

General practitioners by sex, in the Gold Coast PHN region, 2016-2019

There was a higher number of male GPs compared to female GPs in the GCPHN region from 2016 to 2019 whose primary speciality was general practice. In 2019, there was 23 per cent more male GPs compared to female GPs in the GCPHN region. There was a 24 per cent increase in female GPs from 2016 to 2019 compared to 11 per cent increase of male GPs in the same period.

Figure 3. Sex of general practitioners in the GCPHN region, 2016-19



Source: Health Workforce Data tool, data is mapped to medical practitioners who primary speciality is general practice and in labour force in Australia

General practitioners trained in Australia and overseas, in the GCPHN region, 2016-2019.

Due to a sustained increase in the number of GPs from 2016 to 2019, the number of overseas-trained GPs exceeded those trained domestically in general practice. In 2019, there were 383 GPs trained overseas and 287 GPs trained in Australia whose primary speciality was general practice.

The trend of increasing overseas trained GPs who had a primary speciality of general practice exceeding the number of Australian trained GPs is not seen nationally. Nationally in 2019, 14,513 GPs were trained in Australia which was above other overseas GPs (10,369) who had a primary speciality of general practice.

Table 6. General practitioners trained in Australia and overseas, in the GCPHN region, 2016-2019

Location trained	2016	2017	2018	2019
Australia	275	281	280	287
New Zealand	28	29	27	25
Other overseas	299	330	366	383
Not stated	5	13	9	5

Source: Health Workforce Data tool, data is mapped to medical practitioners who primary speciality is general practice and in labour force in Australia

Analysing data for medical practitioners in labor force in Australia (no primary specialty selected) the number of medical practitioners trained in Australia in 2019 (1,499) was above other overseas (939), New Zealand (111) and not stated (70) which is consistent with national trends in the GCPHN region.

The Royal Australian College of General Practitioners (RACGP) census

The RACGP is the professional body for GPs in Australia and supports the health system by setting the standard for education and practice and advocating for better health and wellbeing for all Australians.

The RACGP census survey saw almost 2,800 members provide valuable feedback. This feedback included specific challenges GPs wanted RACGP to better help address, with two areas that stood out:

- fair remuneration for the GP skills and the services GPs provide (around two-thirds of members identified this as a top challenge)
- understanding and adhering to regulatory and policy changes (just over half of members identified this as a top challenge)

Regarding advocacy issues that GPs most want RACGP to take on, the top five in order of importance:

1. increasing government funding for the primary health system
2. Medicare Benefits Schedule (MBS) issues
3. improving the primary health system for better patient outcomes
4. encroachment of other health professionals on GP services
5. reducing bureaucracy in the health system⁴

⁴ RACGP, 2021 Census survey summary

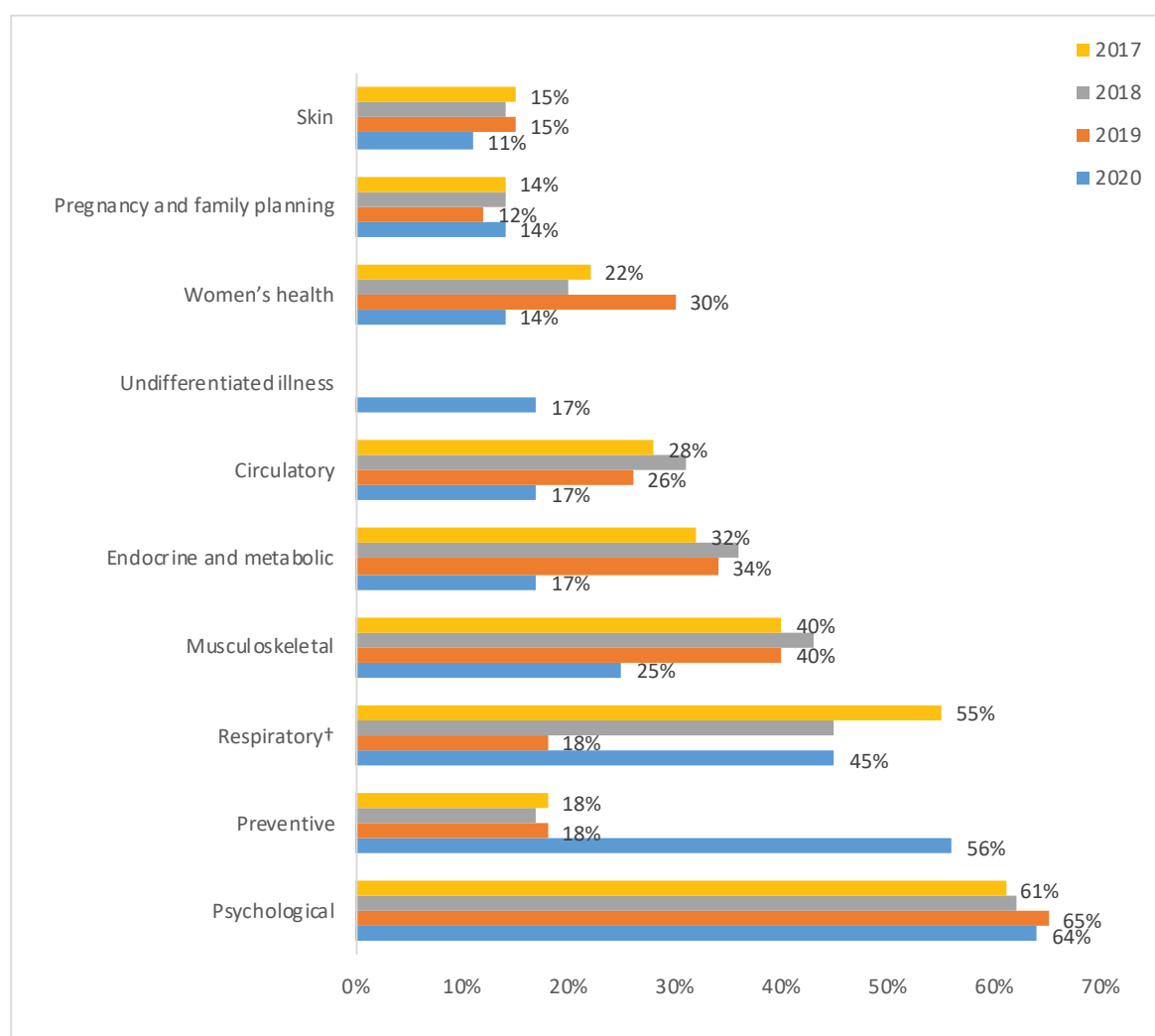
Common health presentations in general practice

Psychological issues, including depression, anxiety and sleep disturbance remain the most seen presentations in general practice, with 64 per cent of GPs reporting these in their three most common reasons for patient presentations.

However, 2020 saw a significant shift in the second most reported presentation, with preventive healthcare increasing to 56 per cent (from 18 per cent in 2019)⁵. This is due to the greater number of flu vaccinations provided in 2020 compared to previous years.

There was a decrease in other health presentations, including musculoskeletal (from 40 per cent to 25 per cent), circulatory (from 26 per cent to 17 per cent) and endocrine and metabolic (from 34 per cent to 17 per cent). This change in patient presentations is concerning, as the longer-term impacts of patients delaying health screening and chronic disease care could be significant.

Figure 4. GP responses to the question 'During the COVID-19 pandemic, what are the three most common reasons for patient presentations'



Source. Health of the Nation, RACGP, 2020 Base: Responses to survey question, n = 1309 (2017); n = 1537 (2018); n = 1174 (2019); n = 1782 (2020) Source: EY Sweeney, RACGP GP Survey, May 2020.

5 EY Sweeney, RACGP GP Survey, May 2020

Through the RACGP survey, GPs identified commonly managed health issues they had with their patients, split by GP characteristics (sex and age). Women's health issues, pregnancy, and family planning presentations are more likely to be reported by younger GPs and female GPs. Musculoskeletal consultations are more likely to be reported by male GP as can be seen in table seven and eight.

Table 7. Commonly managed health issues vary according to a practitioner's personal characteristics

	GPs aged ≥45 years	GPs aged ≤44 years
Psychological	61%	70%
Preventive	56%	54%
Respiratory	43%	49%
Musculoskeletal	27%	21%
Endocrine and metabolic	20%	13%
Undifferentiated illness	19%	13%
Pregnancy and family planning	11%	20%
Circulatory	20%	10%
Women's health	12%	17%
Skin	13%	9%

Source. Health of the Nation, RACGP, and 2020 Base: GP responses to the question 'During the COVID-19 pandemic, what are the three most common reasons for patient presentations? Split by GP characteristics, base: Responses to survey question, n = 1782

Table 8. Commonly managed health issues vary according to a practitioner's personal characteristics

	Female GP	Male GP
Psychological	69%	56%
Preventive	56%	54%
Respiratory	43%	49%
Musculoskeletal	19%	34%
Endocrine and metabolic	17%	18%
Undifferentiated illness	14%	21%
Circulatory	14%	22%
Skin	8%	17%
Pregnancy and family planning	20%	5%
Women's health	21%	2%

Source. Health of the Nation, RACGP, and 2020 Base: GP responses to the question 'During the COVID-19 pandemic, what are the three most common reasons for patient presentations? Split by GP characteristics, base: Responses to survey question, n = 1782

Inflows of registrars

Registrars represent a key segment of the workforce with approximately 103 working in general practices within the GCPHN region in 2021. Historically, the number of medical school placements has been used as a policy lever to regulate the size of the GP workforce. However, recent evidence has shown that the number of GPs starting their registrar training has decreased by 20 per cent since 2016, and there are vacant placements that are not taken up⁶. This may be due to wages for GPs failing to keep pace with wages in other medical specialties. Locally in the GCPHN region, there is a shortage of GP Supervisors due to the high number of registrars indicating they want to work in the GCPHN region.

Over the past decade the income gap between GPs and specialists has continued to widen, reducing the financial attractiveness of general practice. In 2010, research identified that GPs earn about 32 per cent less than specialists in Australia⁷. By 2015, specialists earned over twice the remuneration earned by GPs⁸. If potential income influences the career choices of those interested in medicine, then recruitment to general practice will be negatively affected.

Trainees in general practices

Involvement in teaching provided by GP Supervisors provides several benefits to the general practice. For supervisors these benefits include enjoyment, adding variety to their practice, helping them learn and exposing students to the profession⁹. For general practices, trainees can increase general practice capacity by providing additional workforce. For patients, they can appreciate longer consultations and new perspectives that trainees can provide on the patient's conditions¹⁰. Yet, having trainees in the general practice adds to the administrative and organisational workload.

The GCPHN region is a popular region for trainees, medical students and registrars with two universities and trainees from other regions wanting to complete their training in the region. Feedback from General Practice Training Queensland indicates the GCPHN region has a shortage of registrar GP Supervisors due to the high number of registrars wanting to work in the region.

6 Australian Medical Association (2019), Urgent action needed to ensure the future family doctor workforce.

7 Cheng, TC, Scott A, Jeon S-H, Kalb G, Humphreys J and Joyce C, What Factors Influence the Earnings of GPs and Medical Specialists in Australia? Evidence from the MABEL Survey (2010)

8 Organisation for Economic Cooperation and Development, Health at a Glance 2017: Chapter 8. Health Workforce: Remuneration of doctors (general practitioners and specialists), OECD Indicators, OECD Publishing, Paris

9 Laurence C, Black L. Teaching capacity in general practice: results from a survey of practices and supervisors in South Australia. Med J Aust 2009; 191:102–4

10 Howe A, Anderson J. Involving patients in medical education. BMJ 2003; 327:326–8

Demand for general practitioners

A report by Deloitte in 2020 highlighted that in Australia the demand for GP services is forecast to outpace supply, resulting in a widening shortfall of FTEs from 2020 onwards.

The demand for GPs will be affected by numerous factors:

- population growth
 - Gold Coast annual population growth rate is 2 per cent which is above Queensland rate of 1.6 per cent¹¹.
 - The GCPHN region has a large and growing elderly population with 105,846 (16.6 per cent) aged 65 and over – a person aged 65 and over makes over 10 visits to a GP annually, more than double the rate of under-65 individuals¹².
- increase in chronic disease
 - The growing prevalence of chronic health conditions, coupled with improved treatment which reduces mortality from these conditions, increases demand for GP services in Australia.
- increase in mental health conditions
 - As reported in figure four, psychological consultations are the most common reason for a patient presentation.
 - The estimated number of people with a mental or behavioural condition increased in recent years¹³.

Nurses

Primary healthcare is the first level of contact that individuals, families, and communities have with the healthcare system in Australia. Primary healthcare nurses work in a range of settings, each sharing the characteristic that they are a part of the first level of contact with the health system. In Australia, those settings can include:

- general practice
- residential aged care
- community settings
- domiciliary settings
- educational settings
- occupational settings

Scope of practice for nurses is determined by professional registration (registered nurse or enrolled nurse), educational background, nursing experience and clinical specialisation.

¹¹ Queensland Government Population Projections, 2018 edition (medium series)

¹² Ang, JB, 'The determinants of health care expenditure in Australia' (2010) 17(7) Applied Economics Letters 639.

¹³ Australian Bureau of Statistics, National Health Survey: First Results, 2017-18, Cat. No. 4364.0.55.001 (12 December 2018)

General Practice nursing

A general practice nurse is a registered nurse or enrolled nurse who is employed by, or whose services are otherwise retained by, a general practice. Nationally, there are approximately 14,000 nurses working within general practice, with around 63 per cent of general practices employing at least one nurse. In the GCPHN region, 81 per cent of general practices employed at least one nurse with a total of 438 nurses of which may work across numerous general practices.

Number of nurses in general practice on the GCPHN region (SA3 level)

Table 9. Number of general practices within the GCPHN regions that had one or more nurses in each general practice as of 26 March 2021

GCPHN SA3 regions	Number of general practices	Number of nurses	Average number of nurses per general practice
Broadbeach-Burleigh	24	83	3.5
Coolangatta	16	42	2.6
Gold Coast-North	18	43	2.4
Gold Coast Hinterland	6	17	2.8
Mudgeeraba-Tallebudgera	6	15	2.5
Nerang	10	38	3.8
Ormeau-Oxenford	38	105	2.8
Robina	17	42	2.5
Southport	21	58	2.8
Surfers Paradise	11	29	2.6

Source: GCPHN Client Relationship Management System. This data set is a component of the minimum data set.

Impact of COVID-19 on nurses

The Australian Primary Healthcare Nurses Association (APNA) undertook a sample survey of primary healthcare nurses (772 responses) in April 2021. The survey collected feedback from nurses on the impact of the pandemic on their work, and their views in relation to the COVID-19 vaccine rollout.

The sample survey of the largest workforce in primary healthcare, shows that nurses involved in the vaccine rollout:

- are most commonly educating patients about the COVID-19 vaccine and discussing vaccine hesitancy (88 per cent), with a significant majority (79 per cent) feeling confident or very confident providing this education.
- 19 per cent reported being 'tired and burnt out'.
- see the low supply of COVID-19 vaccines as the main issue hampering their work (28 per cent)

Among nurses whose organisations are not involved directly in the vaccine rollout a significant majority (85.8 per cent) provide general education to patients about the COVID-19 vaccine and/or discussing vaccine hesitancy.

This survey highlighted that primary healthcare nurses are taking a lead in educating patients about the COVID-19 vaccine and potential vaccine hesitancy, regardless of whether they are directly involved in the vaccine rollout.

The sample survey also identified how COVID-19 is having a wider impact on the health of Australians:

- Of those respondents who indicated that their role had changed as a direct result of the pandemic, approximately 46 per cent reported doing less preventative health and screening activities; and chronic disease and healthy ageing management compared to pre-COVID.
- For those respondents doing less preventative health and chronic disease management, more than a quarter (27 per cent) reported that their general practice does not have a process in place to support patients with routine care.

This is a significant concern as the reduced focus on preventative health and chronic disease management will likely cost the community and government more in health and treatment costs in future years¹⁴.

Health workforce burnout and wellbeing

Australian doctors reported having noticeably higher rates of psychological distress and suicidal thoughts compared to both the Australian population and other Australian professionals from a paper published in 2018. In particular, the levels of very high psychological distress in doctors aged 30 years and below is significantly higher than individuals aged 30 years and under in the Australian population and other professionals (5.9 per cent vs. 2.5 per cent vs. 0.5 per cent)¹⁵.

Physician burnout is an under-recognised and under-reported problem and is characterised by a state of mental exhaustion, depersonalisation, and a decreased sense of personal accomplishment¹⁶.

While doctors and medical students are highly educated, and have access to services, it has been previously identified that there may be several barriers to seeking treatment for mental health problems, including:

- perceptions of stigmatising attitudes regarding medical professionals with mental health conditions.
- lack of confidentiality and privacy.
- concerns about career progression and potential impacts on patients and colleagues.
- embarrassment
- concerns regarding professional integrity¹⁷.

14 Australian Primary Health Care Nurses Association COVID-19 'Pulse Check' Survey – April 2021

15 National Mental Health Survey of Doctors and Medical Students, Beyond Blue

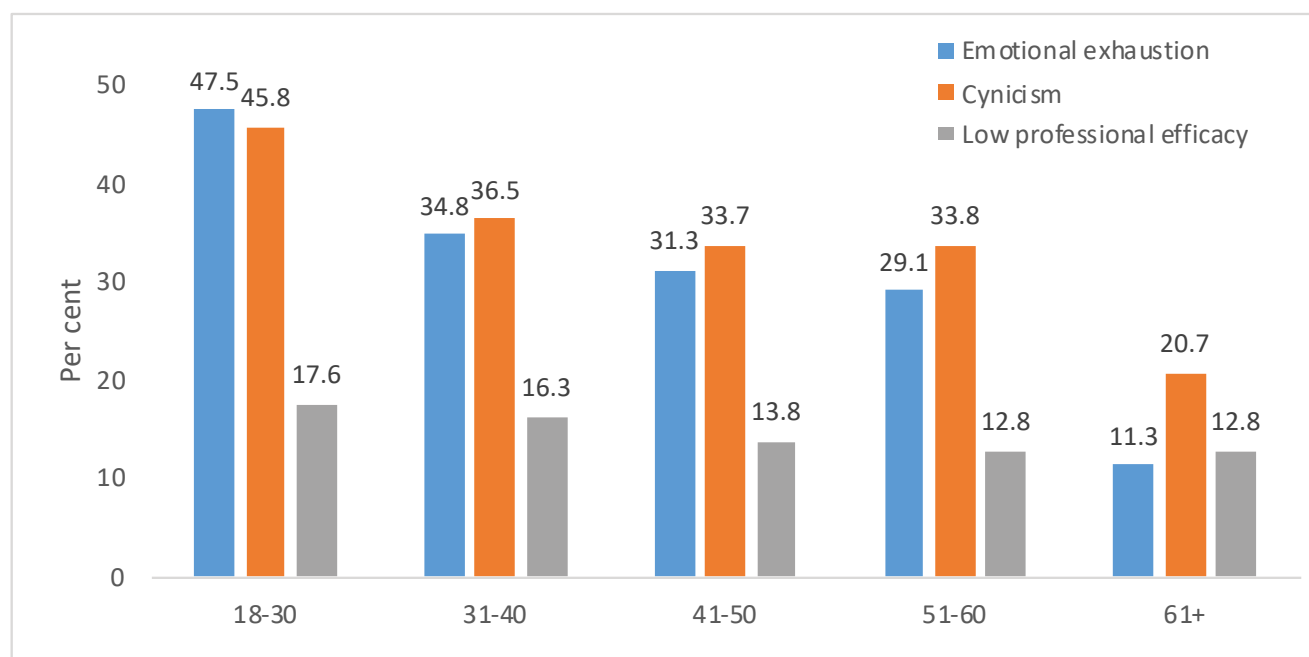
16 Lacy BE, Chan JL. Physician Burnout: The Hidden Health Care Crisis. Clin Gastroenterol Hepatol. 2018 Mar;16(3):311-317. Doi: 10.1016/j.cgh.2017.06.043. Epub 2017 Jun 30. PMID: 28669661

17 National Mental Health Survey of Doctors and Medical Students, Beyond Blue

In a study conducted by Beyond Blue, GPs were asked about whether they experienced several work-related stressors. Reported levels of burnout were high across the three domains measured. Specific subgroups of the population, including young doctors and female doctors, reported higher rates of burnout in comparison to others. Of interest, levels of doubt were substantially higher in young doctors in comparison to both pre-clinical and clinical medical students (45.8 per cent vs. 23.6 per cent vs. 26.6 per cent). This suggests that the transition from study to working may be a particularly difficult time for newly trained doctors and they may require additional support.

The most common source of work stress reported by doctors related to the need to balance work and personal responsibilities (26.8 per cent). Other sources of work-related stress include too much to do at work (25 per cent), responsibility at work (20.8 per cent), long work hours (19.5 per cent), and fear of making mistakes (18.7 per cent). There were some differences in work stressors within subgroups of the population. For example, overseas trained and Indigenous doctors were more likely to report being very stressed by racism and bullying. Females were more likely than male doctors to report being very stressed by life and work stressors.

Figure 5. Burnout in the domains of emotional exhaustion, cynicism and professional efficacy, by age group

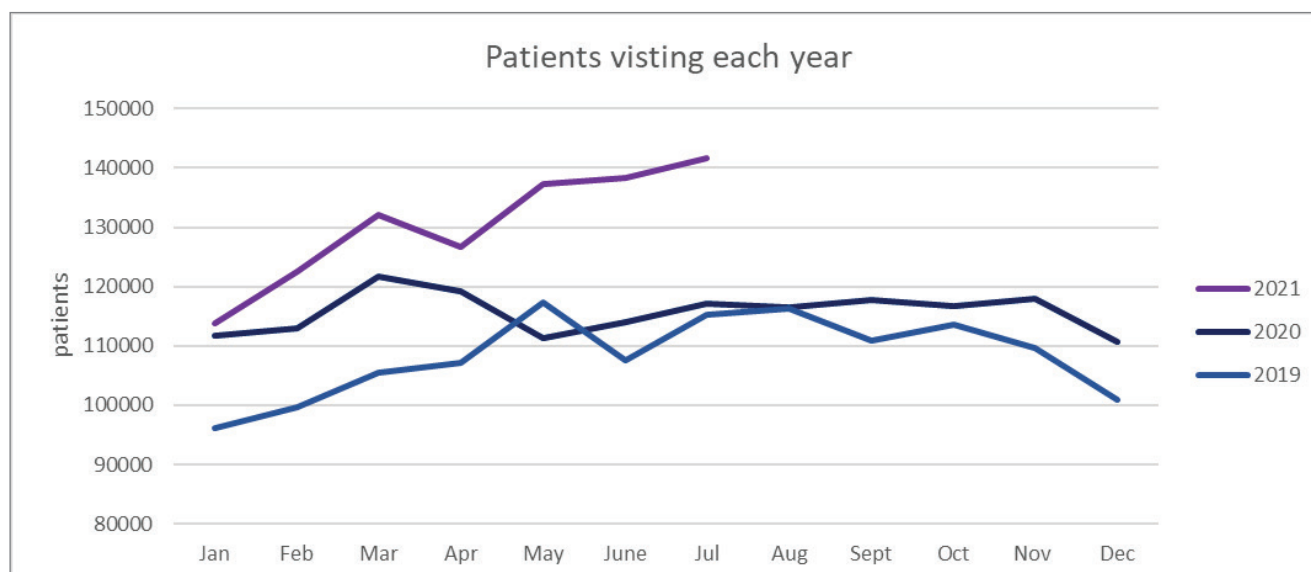


Source. The National Mental Health Survey of Doctors and Medical Students, Beyond Blue. This data set is a component of the minimum data set.

GP health underpins all the work they complete, stress can come from many sources but primarily from the continual stresses of general practice. The situation may be made worse because of personal vulnerabilities that the GP may be experiencing at different times along the path. Stress has significant implications for wellbeing and clinical performance.

The graph below reflects the anecdotal experience of the increasing utilisation of general practices contributing to fatigue, burnout and reduced capacity to participate in a range of other activities.

Figure 6. Patients visiting 80 Gold Coast General Practices, 2019 to 2021



Source. Primary Sense

Registrars' health

For general practice registrars coming out of hospital practice and entering general practice training, there is a major adjustment and much to learn. It also takes time to settle into general practice, particularly for part time registrars, anxiety therefore, is not uncommon for general practice registrars.

Emotional and psychological impacts of disasters on healthcare workers

The emotional and psychological impacts of disasters on healthcare workers is known to change with time, as emerging events elicit different responses and coping mechanisms¹⁸.

In May 2020, one in two GPs reported at least one negative impact on their wellbeing during the COVID-19 pandemic. The most reported impact was to work-life balance (33 per cent), although more than one in four (27 per cent) reported a deterioration in their mental health state.

One in three GP's rank their own wellbeing as one of the top three challenges that impacts their ability to provide care to patients during COVID-19¹⁹.

Professional support for GPs

Medical practice and health policy are both changing rapidly. While the adopting of changes is not new for physicians, the pace of change in standards of care, marked by medical advances has accelerated over the past 20 years.

GPs must simultaneously absorb new processes in the healthcare system brought about by the Department of Health, while also staying up to date with the latest research to offer the best care to their patients.

¹⁸ Stuchbery M. Minding healthcare workers: Psychological responses of healthcare workers during the COVID pandemic. Melbourne: Victorian Comprehensive Cancer Centre, 2020.

¹⁹ Health of the Nation, RACGP, 2020

Biomedical research had led to major accomplishments, including the near eradication of polio and the development of life-saving options for AIDS and cancer. To support these achievements there has been a parallel rise in approved Therapeutic Good Administration (TGA) medicines. The rapid advancements in medical information are mirrored by the 3 per cent annual increase in new scientific journals from 1900 to 1996²⁰ and nearly two million scientific research articles published in 2012²¹. This continued increase of medical advancements has resulted in exponential growth of medical knowledge, increased complexity of medical practice and greater medical specialisation.

The role of a GP is increasing each year and their level of knowledge is expected to be very high in numerous different domains. GPs are expected to have high levels of knowledge in:

- preventative medicine
- mental health
- alcohol and other drugs
- family and domestic violence
- chronic disease management
- complex multi-comorbidity
- sensible use of limited medical resources
- coordination of the healthcare team
- digital health
- use of telehealth

In recent years, there has been an increase in the number of consultations with GPs for mental health, alcohol and other drugs and family and domestic violence. Not only do GPs require additional training on patient care, so do general practice staff and health professionals. This training can include business management which includes business development, continuity, systems, and professional development.

Growing and upskilling the mental health and suicide prevention workforce

The mental health workforce, and wider health workforce, are the most critical component of Australia's mental health system. The Productivity Commission on Mental Health Inquiry report identified numerous issues with the mental health and suicide prevention workforce including:

- low number of nurses, psychologists and allied health practitioners working in mental health settings
- low number of Psychiatrist actively working in Australia
- underrepresentation of Aboriginal and Torres Strait Islander people in the mental health workforce
- need to boost mental health peer workforce
- additional mental health training for GPs working in aged care

The National Mental Health and Suicide Prevention Plan is the Federal Government's response with key initiatives announced in the 2021-22 Federal Budget to address the above issues.

20 Mabe M, Amin M. Growth dynamics of scholarly and scientific journals. *Scientometrics*. 2001; 51:147–162. doi: 10.1023/A:1010520913124

21 Hughes DA, Bagust A, Haycox A, Walley T. The impact of non-compliance on the cost-effectiveness of pharmaceuticals: a review of the literature. *Health Econ*. 2001; 10:601–615. doi: 10.1002/hec.609.

MBS changes and workforce issues

The Better Access initiative aims to improve treatment and management for people who have mild to moderate mental health conditions through Medicare rebates for people accessing care. GPs are encouraged to work more closely and collaboratively with psychiatrist, clinical psychologists, registered psychologists, occupational therapists, and appropriately trained social workers to support patients.

The three tables below highlight the increase in Medicare-subsidised mental health-specific services from 2015-2016 to 2019-2020 in the GCPHN region. This increase in GP, clinical psychologists, and other allied health providers Medicare-subsidised mental health-specific services is above the Gold Coast population growth rate and employment rate for clinical psychologists and medical practitioners.

- In this same period, the population in the GCPHN region increased by 10.3 per cent (575,629 in 2015 to 635,191 in 2020)^{22[1]}.
- Number of medical practitioners (working in all settings) employed in the GCPHN region working as a medical practitioner increased by 23.3 per cent (2,070 in 2015 to 2,552 in 2020).
- Number of clinical psychologists (working in all settings) employed in the GCPHN region working as a clinical psychologist increased by 23.2 per cent (514 in 2015 to 633 in 2020)^{23[2]}.

The number of GP Medicare-subsidised mental health-specific services (Mental Health Treatment items, review of a GP Mental Health Treatment Plan, and GP Mental Health Treatment Consultation) have increased 31.1 per cent from 2015-2016 to 2019-2020 in the GCPHN region.

Table 10. Number of Medicare-subsidised mental health-specific services in the GCPHN region 2015-2016 to 2019-2020

Provider type	2015–2016	2016–2017	2017–2018	2018–2019	2019–2020	Rate change from 2015-2016 to 2019-2020
Psychiatrists	82,241	84,033	84,162	85,276	87,138	6.0%
General practitioners	93,462	102,199	110,186	120,163	122,516	31.1%
Clinical psychologists	65,549	69,438	75,266	80,405	85,333	30.2%
Other psychologists	95,942	92,091	100,336	105,059	106,073	10.6%
Other allied health providers	5,790	7,422	7,675	7,484	8,501	46.8%
All providers	342,984	355,183	377,625	398,387	409,561	19.4%

Source: AIHW analysis of MBS data maintained by the Australian Government Department of Health.

22 [1] Queensland Government Population Projections, 2018 edition (medium series)

23 [2] Sources: Department of Health 2020; ABS 2018

Table 11 shows that Robina had the largest per cent with 42.6 per cent increase (7,720 in 2015-2016 to 10,295 in 2019-2020). Ormeau-Oxenford had the greatest number of GP Medicare-subsidised mental health-specific services with 28,221 in 2019-2020.

Table 11. Number of GP Medicare-subsidised mental health health-specific services, Gold Coast SA3 regions, 2015-2016 to 2019-2020

	2015–2016	2016–2017	2017–2018	2018–2019	2019–2020	Rate change from 2015-2016 to 2019-2020
Broadbeach - Burleigh	10,026	10,828	11,489	12,686	13,232	32.0%
Coolangatta	9,829	10,403	11,229	11,530	11,424	16.2%
Gold Coast - North	11,562	12,276	13,082	14,102	14,559	25.9%
Gold Coast Hinterland	3,449	3,538	3,874	4,349	4,302	24.7%
Mudgeeraba - Tallebudgera	4,998	5,388	5,967	6,643	6,869	37.4%
Nerang	10,008	11,350	11,676	12,700	13,028	30.2%
Ormeau - Oxenford	20,416	23,149	25,135	27,788	28,221	38.2%
Robina	7,220	8,243	8,865	9,991	10,295	42.6%
Southport	10,248	11,031	12,350	13,173	13,154	28.4%
Surfers Paradise	5,726	6,012	6,544	7,227	7,457	30.2%

Source: AIHW analysis of MBS data maintained by the Australian Government Department of Health.

The number of clinical psychologists Medicare-subsidised services has increased 30.2 per cent from 2015-2016 to 2019-2020 in the GCPHN region. Table 12 shows that Broadbeach-Burleigh had the largest percentage increase with 47 per cent (7,830 in 2015-2016 to 11,508 in 2019-2020). Ormeau-Oxenford had the greatest number of clinical psychologists' services with 15,872 in 2019-2020.

Table 12. Number of Clinical Psychologists Medicare-subsidised services, Gold Coast SA3 regions, 2015-2016 to 2019-2020

	2015–2016	2016–2017	2017–2018	2018–2019	2019–2020	Rate change from 2015-2016 to 2019-2020
Broadbeach - Burleigh	7,830	8,987	9,832	10,616	11,508	47.0%
Coolangatta	7,836	7,943	8,318	8,982	9,422	20.2%
Gold Coast - North	7,346	7,678	8,286	8,390	9,061	23.3%
Gold Coast Hinterland	2,114	2,287	2,393	2,442	2,438	15.4%
Mudgeeraba - Tallebudgera	3,892	4,066	4,481	5,009	5,386	38.4%
Nerang	7,975	8,109	7,841	8,990	9,342	17.1%
Ormeau - Oxenford	11,652	12,222	14,912	14,922	15,872	36.2%
Robina	5,956	5,971	6,495	7,452	8,011	34.5%
Southport	7,038	7,664	8,379	8,445	8,780	24.8%
Surfers Paradise	3,926	4,525	4,349	5,177	5,531	40.9%

Source: AIHW analysis of MBS data maintained by the Australian Government Department of Health.

COVID-19

As part of the Australian Government's COVID-19 response, changes were made to the Better Access initiative including:

- an increase from 10 to 20 in Medicare subsidised individual psychological services each calendar year
- expanded eligibility to include residents of aged care facilities
- expanded access to telehealth

Early data suggest utilisation of MBS funded psychological services remained high during 2020-2021 in the GCPHN region.

Local stakeholders report that the changes to Better Access have impacted on the workforce and consequently, timely access to services for people seeking mental health support. NGOs service providers report increased wait times for their services due to difficulty in recruiting staff as many private practitioners are choosing to work from home and see patients through Better Access. This is particularly an issue in the northern corridor of the GCPHN region as there is already a limited workforce and high demand in the area.

Service system

Services	Number in the GCPHN region	Distribution	Capacity discussion
RACGP GP Support Program	Online	Online	Offers free, confidential specialist advice to help cope with professional and personal stressors impacting areas such as mental health and wellbeing, work performance and personal relationships
DRS4DRS	Online	Online	<ul style="list-style-type: none"> • independent program providing confidential support and resources to doctors and medical students across Australia • The DRS4DRS website provides coordinated access to mental health and wellbeing resources, training on becoming a doctor for doctors
Lifeline	Online	Online	<ul style="list-style-type: none"> • Lifeline provides all Australians experiencing a personal crisis with access to 24-hour crisis support and suicide prevention services
beyondblue	Online	Online	<ul style="list-style-type: none"> • beyondblue's support service is available 24 hours /7 days a week by phoning
RACGP	Online	Online	<ul style="list-style-type: none"> • The Royal Australian College of General Practitioners (RACGP) is the voice of general practitioners (GPs) in our growing cities and throughout rural and remote Australia.



Australian Government



An Australian Government Initiative

Gold Coast Primary Health Network

"Building one world class health system for the Gold Coast."

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