

Gold Coast Primary Health Network Needs Assessment 2022



Primary healthcare workforce

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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 have conversations around these issues with patients.
- Evolving service system results in general practitioners being unclear about available services and the pathways to access these services.
- High levels of burnout have negative impact on health professionals' wellbeing.
- Long waitlists to see a private psychologist have a negative impact on accessing psychology services in the Gold Coast region.
- Service providers report that it is difficult to recruit and retain doctors willing to work in the after hours for the remuneration available, which impacts the ability to deliver services to meet demand levels.
- There is a projected shortfall in the GP workforce by 2030.

Key Findings

- Registered health practitioners in the Gold Coast Primary Health Network (GCPHN) region have increased by 53.7% from 2013 to 2020. Some of those increases were for:
 - medical practitioners: 1,866 to 2,694 – 44.4% increase
 - nurses and midwives: 6,282 to 9,424 – 50.0% increase
- Guanaba-Springbrook and South Tamborine-Canungra are two GCPHN regions recognised as Distribution Priority Areas for general practitioners (GPs).
- Coolangatta, Southport and Surfers Paradise SA3 regions have limited to no shortages for specialists.
- Registered and employed health professionals in the GCPHN region are predominantly females and aged 20 to 34 years.
- Presentations related to women's health issues, pregnancy and family planning are more often reported by younger and female GPs

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. 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

Trends – total Gold Coast health workforce

Between 2013 to 2020, the number of registered health practitioners in the GCPHN region increased by 5,908 (53.7%). This increase included 2,694 medical practitioners, 9,424 nurses and midwives, 886 physiotherapists and 727 psychologists. The highest increase between 2013 and 2020 was for occupational therapists (122.7% change).

Table 1. Key workforce statistics by health profession, Gold Coast, 2013-2020

Professions	2013	2019	2020	Change from 2012 to 2020 (%)
Aboriginal and Torres Strait Islander Health Practitioners	0	3	5	NA
Chiropractors	99	114	117	18.2%
Chinese Medicine Practitioners	118	143	151	28.0%
Dental Practitioners	478	606	634	32.6%
Medical Practitioners	1,866	2,552	2,694	44.4%
Medical Radiation Practitioners	270	387	402	48.9%
Nurses and Midwives	6,282	9,055	9,424	50.0%
Occupational Therapists	220	433	490	122.7%
Optometrists	101	128	137	35.6%
Osteopaths	32	53	57	78.1%
Pharmacists	478	629	655	37.0%
Physiotherapists	519	826	886	70.7%
Podiatrists	67	104	106	58.2%
Psychologists	466	633	727	56.0%
Paramedicine Practitioners	0	444	419	NA
Total	10,996	16,108	16,904	53.7%

Sources: Department of Health 2020; ABS 2018

Demographics – total Gold Coast health workforce

There are several demographic changes taking part in the health workforce, including an increasing proportion of females GPs; the national proportion of the female GP workforce is expected to increase from 46.3% in 2019 to 54.1% in 2030.

Health professionals in the GCPHN region are predominantly females and aged 20 to 34 years (Table 2). However, there have been some notable changes between 2013 and 2020, with more young health professionals in the workforce across male and female workers compared to previous years.

Table 2. Health care professionals, by age and sex, Gold Coast, 2013-2020

		2013	2019	2020	Change 2013-2020 (%)	Change 2019-2020 (%)
Male	20-34	819	1296	1357	65.7%	4.7%
	35-44	834	1,135	1210	45.1%	6.6%
	45-54	721	915	975	35.2%	6.6%
	55-64	495	707	712	43.8%	0.7%
	65-74	189	258	281	48.7%	8.9%
	75+	42	54	51	21.4%	-5.6%
Female	20-34	2,162	3,850	4204	94.4%	9.2%
	35-44	1,919	2,881	2995	56.1%	4.0%
	45-54	2,162	2,624	2705	25.1%	3.1%
	55-64	1,378	1,932	1941	40.9%	0.5%
	65-74	262	433	447	70.6%	3.2%
	75+	13	22	24	84.6%	9.1%

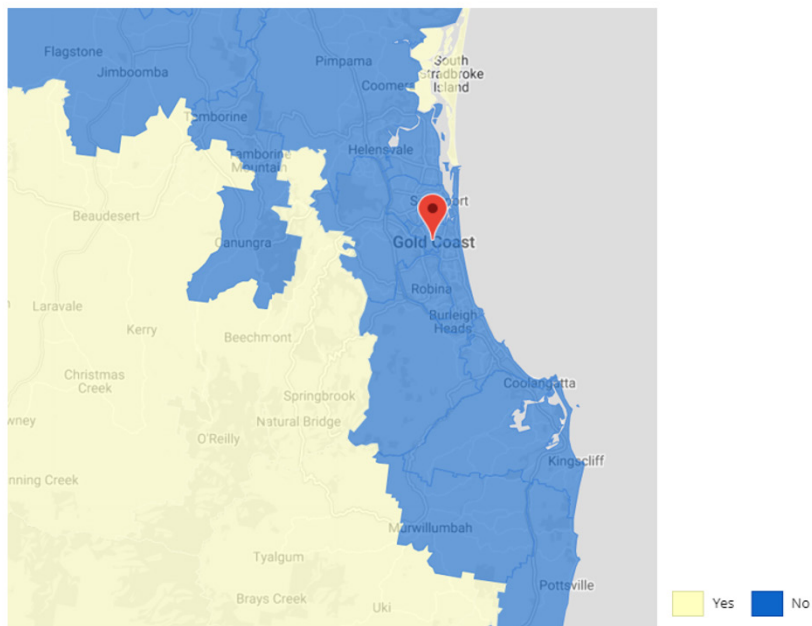
Sources: Department of Health 2020; ABS 2018, please note employed in Australia working in registered profession in all settings/job roles and job areas

General practitioner Distribution priority area (DPA) areas in the GCPHN region

Distribution Priority Area (DPA) identifies areas with limited access to doctors, based on the needs of the community. Instead of using ratio of GP to population, the DPA system considers gender, age demographics and the socio-economic status of people living in the area when determining if the area is eligible to be a DPA. The DPA classification system uses the Modified Monash Models boundaries when assessing the GP catchment benchmarks.

The Modified Monash Model (MMM) is a classification system that helps to distribute the health workforce better in rural and remote areas. The MMM tells us about the area according to its size and geographical remoteness. The scale goes from 1 to 7, with MM 1 being a major city and MM 7 very remote. Inner metropolitan areas are automatically deemed non-DPAs and areas from MM 5 to 7 are automatically deemed DPAs.

Figure 1. Distribution Priority Area, Gold Coast, 2022



Source: Health workforce locator

DPA areas designated in the GCPHN region include:

- Guanaba-Springbrook is classified as a DPA
- Tamborine – Canungra is classified as a partial DPA (North Tamborine – Canungra is not a DPA while South Tamborine – Canungra is a DPA)

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, and
- has an Australian Statistical Geography Standard – Remoteness Area classification of RA3-RA 5.

There are eight specialties under DWS:

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

Table 3. District Workforce Shortage per speciality, Gold Coast, as of May 25, 2022

Region	Anaesthetics	Cardiology	Diagnostic radiology	General surgery	Obstetrics 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. Please note, Table 3 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 practitioners

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 refer patients to specialists,
- care 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, and
- perform legal processes such as certification of documents or provision of reports in relation to motor transport or work accidents.

The Gold Coast SA4 region has 1.5 GP FTE per 1,000 residents which is above both the national (1.2 per 1,000) and Queensland (1.3 per 1,000) average.

In 2021, Gold Coast region also had the highest rate of MBS services provided by GPs per capita (9.0 per 1,000 residents) compared to the national (7.5 per 1,000) and Queensland averages (7.8 per 1,000)¹.

¹Headsupp, 2021

Number of general practitioners in general practice

Table 4. Number of general practices and GPs, Gold Coast SA3 regions, as of 5 October 2022

Region	Number of general practices	Number of GPs	Average number of GPs per general practice
Broadbeach-Burleigh	29	149	5.1
Coolangatta	19	86	4.5
Gold Coast-North	22	84	3.8
Gold Coast Hinterland	7	33	4.7
Mudgeeraba-Tallebudgera	7	22	3.1
Nerang	16	74	4.6
Ormeau-Oxenford	41	181	4.4
Robina	21	92	4.4
Southport	28	131	4.7
Surfers Paradise	20	67	3.4

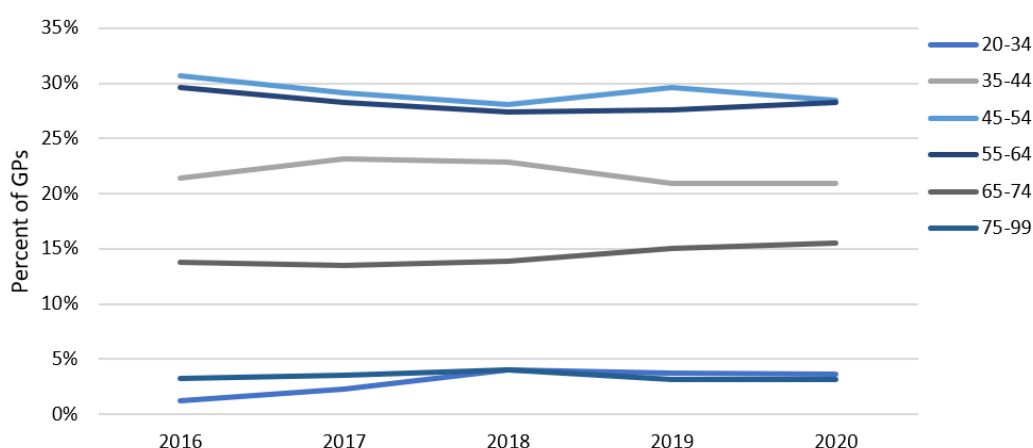
Source: GCPHN Client Relationship Management System. This data set is a component of the minimum data set. Note: the number of GPs listed in Table 5 includes GPs who may work at more than one general practice.

There are currently 855 GPs working across 212 general practices in the GCPHN region. In October 2022, the average number of GPs per general practice was 4.0.

General practitioners by age group

Between 2016 and 2020, the highest percentage of GPs working in the Gold Coast region were aged 45-54 years, followed by the 55-64 age group. GPs aged 34 or under, or 75 or more accounted for less than 5% of the total workforce. These trends are aligned with national patterns.

Figure 2. GPs by age group, Gold Coast, 2016-19



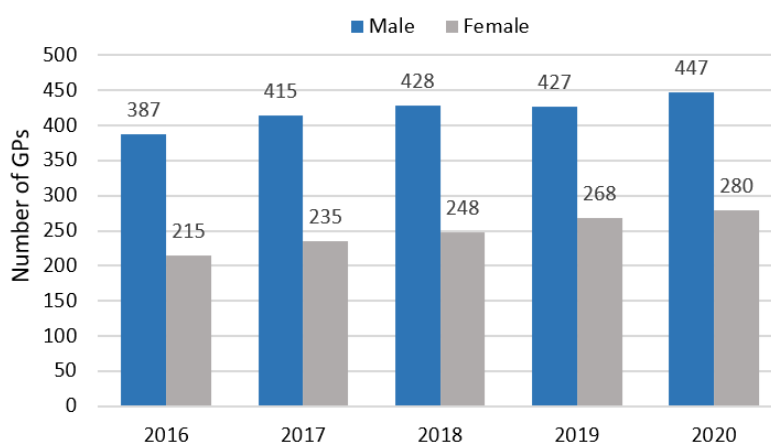
Source: Health Workforce Data tool, data is mapped to medical practitioners who primary specialty is general practice and in labor force in Australia

General practitioners by sex

There was a higher number of male GPs compared to female GPs in the GCPHN region from 2016 to 2020. In 2020, there was 45.9% more male GPs compared to female GPs (447 males vs 280 females).

There was a 30% increase in female GPs from 2016 to 2020 compared to 16% increase of male GPs in the same period.

Figure 3. Sex of general practitioners in the GCPHN region, 2016-2020



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

General practitioners trained in Australia and overseas

Due to a sustained increase in the number of GPs from 2016 to 2020, the number of overseas-trained GPs exceeded those trained domestically. In 2020, there were 380 GPs trained overseas and 318 GPs trained in Australia.

The trend of increasing overseas trained GPs with a primary specialty of general practice exceeding the number of Australian trained GPs is not seen nationally. Nationally in 2020 15,244 GPs were trained in Australia, compared to 10,911 overseas trained GPs.

An increase in the overseas trained GPs percentage was smaller between 2018 and 2020, dropping to 4% from the 10% observed in 2016-17. In the same period, Australian trained GPs rose from 3% to 15%. This can be attributed to Australia's border closures due to the COVID-19 pandemic with a 90% decline in total immigration to Australia during that period².

Table 5. General practitioners trained in Australia and overseas, Gold Coast, 2016-2020

Location trained	2016	2017	2018	2019	2020
Australia	271	279	276	286	318
New Zealand	28	29	27	25	27
Other overseas	298	329	364	379	380
Not stated	5	13	9	5	0

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

² RACGP, General Practice Health of the Nation 2021

Common health presentations in general practice

Psychological issues, including depression, anxiety, and sleep disturbance continue to be the most common presentations in general practice, with 70% of GPs reporting those to be the most frequent reasons for patient presentations³. This number has been steadily rising from 2017 to 2022.

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There was a significant shift in preventative health presentations, which accounted for 56% of presentations in 2020; this can be explained by the flu vaccinations provided compared to previous years⁴. In 2021, there has been a return back towards the 2019 numbers of preventative health presentations.

Musculoskeletal, circulatory, endocrine and metabolic presentations have increased from the 2020 decline, but presentations are still lower than the previous year's percentages.

Commonly managed health issues according to practitioners' personal characteristics

Through the RACGP survey, GPs identified commonly managed health issues they had with their patients, this was split by GP characteristics (sex and age). Women's health issues, pregnancy and planning, and psychological presentations are more likely to be reported by GPs aged under 45 years and female. Male GPs are more likely to report consultations for musculoskeletal and respiratory issues, as shown in Tables 6 and 7.

³ EY Sweeney, RACGP GP Survey, May 2021

⁴ Communicable Diseases Intelligence 2021 - Influenza vaccination uptake in Australia in 2020: impact of the COVID-19 pandemic? (health.gov.au)

Table 6. Commonly managed health issues vary according to a practitioner's personal characteristics

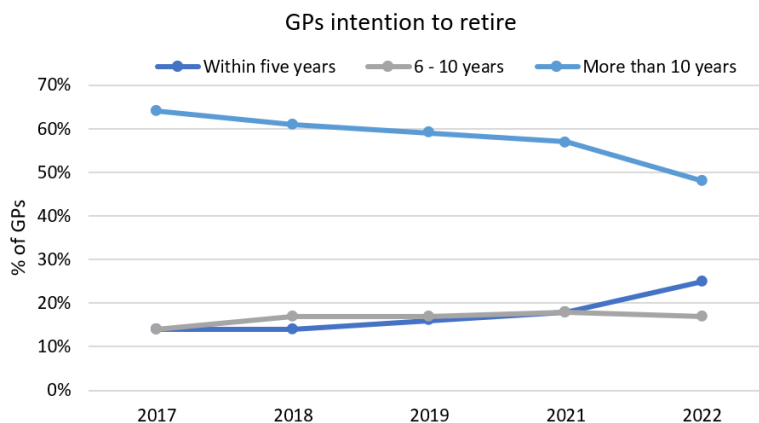
	GPs aged ≥45 years	GPs aged ≤44 years
Psychological	78%	66%
Preventive	22%	21%
Respiratory	33%	29%
Musculoskeletal	33%	42%
Endocrine and metabolic	26%	33%
Undifferentiated illness	18%	18%
Pregnancy and family planning	12%	6%
Circulatory	15%	30%
Women's health	37%	26%
Skin	8%	10%

Source Health of the nation (EY Sweeney, RACGP GP Fellow Survey, May 2021) GP responses to the question 'During the COVID-19 pandemic, what are the three most common reasons for patient presentations? Total survey respondents, n = 1386

GPs choosing to leave the profession

In 2022, the sixth edition of the General Practice: Health of the Nation report 2022 surveyed 3,219 GP and identified that more GPs are planning for early retirement than in the past. In 2022, 25% GPs reported intentions to retire within the next five years, an increase from 18% in 2021 (Figure 5). Fewer than half of GPs (48%) intend to still be practising in 10 years' time.

Figure 5. Proportion of GP responses to the question ‘When do you intend to retire from practising as a GP?’



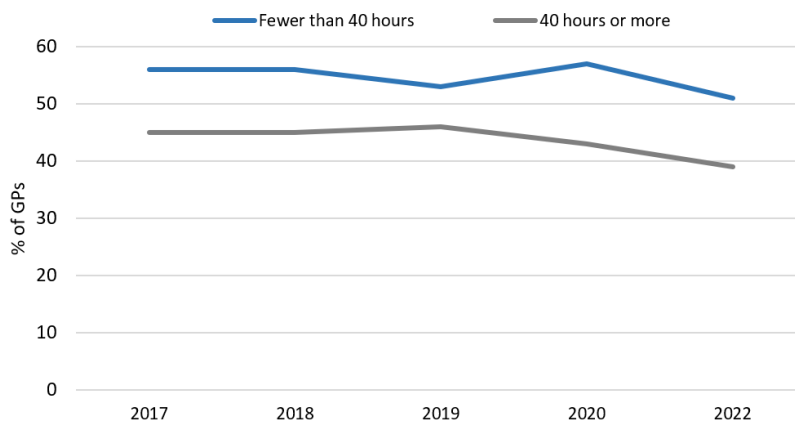
Source: The Navigators, RACGP Health of the Nation survey April/May 2022

Retirement trends are not solely explained by an ageing workforce. Younger GPs are also reporting their intentions to leave the profession at an earlier age. The proportion of GPs who still intend to be practicing in 10 years’ time has decreased among those aged under 45 years from around 90% in 2017 to below 80% in 2022.

GPs moving away from full-time work

GPs also appear to be reducing the volume of hours they practice, with a shift towards more GPs working fewer than 40 hours (Figure 6). In 2022, 61% of GPs were working less than 40 hours, compared to 53% in 2019. It is unclear whether GPs are picking up hours in other employment sectors to supplement income, or reducing working hours to avoid burnout.

Figure 6. Proportion of GP responses to the question, ‘Approximately how many hours do you spend at work during a typical week?’



Source: The Navigators, RACGP Health of the Nation survey April/May 2022. Note the question was not asked in 2021.

The future workforce

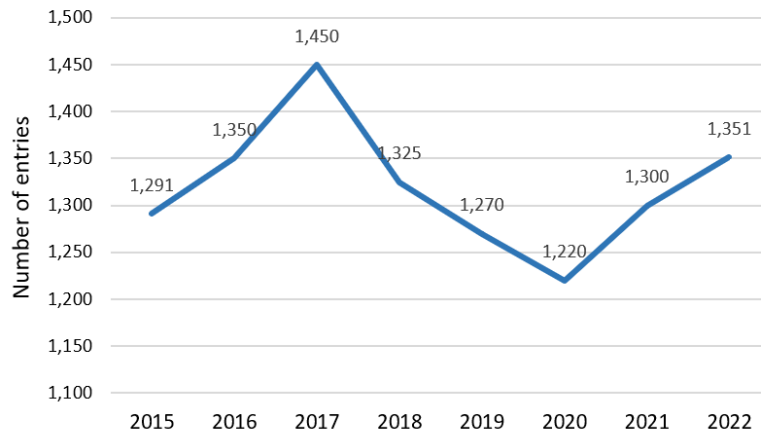
In 2022, only 13.8% of medical students consider general practice as a preferred career path, a decrease from 16.1% in 2021⁵.

With fewer GPs choosing to recommend general practice as a career, and other issues emerging associated with chronic underfunding, this is unlikely to improve without significant increase in GP private billing.

⁵ Medical Deans Australia and New Zealand. National data report 2021. 2021. Available at https://medicaldeans.org.au/md/2022/06/MSOD-National-Data-Report-2021_correction-May-2022.pdf

The number of GPs entering the Australian General Practice Training (AGPT) Program saw a significant decline from 2017 to 2020, causing concern regarding the future of the profession. While 2021 and 2022 have seen an increase in the number of GPs starting the RACGP Australian General Practice Training Program (Figure 7), this has not yet flowed through to increased number of GPs entering the profession.

Figure 7. Entry into general practice training, Australia, 2017- 2020



Data source: RACGP training data

Demand for GPs and projected shortfall in the GP workforce by 2030

A report by Deloitte in 2022 highlighted that in Australia the demand for GP services is forecast to outpace supply, resulting in a widening shortfall of FTEs from 2022 onwards. The report found:

- With an ageing and growing population, demand for GP services is projected to increase by 38% by 2032 (and by 47% in cities).
- Despite this significant increase, supply of GPs will decrease by 15% in cities and 4% overall, which will result in a shortfall of 11,392 GPs by 2032.
- In per capita terms, the average Australian in 2021 demanded 2.1 hours of GP care per annum. This is forecast to grow to 2.5 hours per annum by 2032. Meanwhile, supply of GP clinical hours per person is estimated to decline to 1.8 hours per annum by 2032 from 2.2 hours per annum in 2021. This indicates an average annual shortfall for Australians of 40.9 minutes of GP care per year by 2032⁶.

⁶General Practitioner workforce report 2022, Prepared for Cornerstone Health Pty Ltd, Deloitte

Nurses

Primary healthcare is often 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, such as:

- 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.

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% of general practices employing at least one nurse.

In the GCPHN region, 83% of general practices employ at least one nurse. There is a total of 421 nurses of which some may work across more than one general practice.

Table 7. Number of general practices with one or more nurses, GCPHN region, as of 5th October 2022

GCPHN SA3 regions	Number of general practices	Number of nurses	Average number of nurses per practice
Broadbeach-Burleigh	25	77	3.1
Coolangatta	16	39	2.4
Gold Coast-North	19	45	2.4
Gold Coast Hinterland	7	19	2.7
Mudgeeraba-Tallebudgera	6	10	1.7
Nerang	10	34	3.4
Ormeau-Oxenford	39	92	2.4
Robina	18	43	2.4
Southport	24	60	2.5
Surfers Paradise	13	23	1.8

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 and a follow up survey in August 2021 (500 responses). 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.

⁷ Australian Primary Health Care Nurses Association COVID-19 'Pulse Check' Survey – April 2021

⁸ Australian Primary Health Care Nurses Association COVID-19 'Pulse Check' Survey – August 2021

The survey showed that nurses involved in the vaccine rollout:

- are most commonly educating patients about the COVID-19 vaccine and discussing vaccine hesitancy (90%), with a significant majority (86%) feeling confident or very confident providing this education;
- 19% reported being ‘tired and burnt out’;
- see the low supply of COVID-19 vaccines as the main issue hampering their work (28%);
- in August 2021, 30% of primary healthcare nurses reported not working to their full scope of practice (a 10% increase from April 2021 survey); and
- 1 in 5 respondents reported intending to cease working as a nurse in the next 2 to 5 years.

Among nurses whose organisations are not involved directly in the vaccine rollout, a significant majority (90%) 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 surveys also identified the wider impact of COVID-19 on the health of Australians:

- of those respondents who indicated that their role had changed as a direct result of the pandemic, 46% reported doing less preventative health and screening activities, and chronic disease and healthy ageing management compared to pre-COVID.
- of those respondents doing less preventative health and chronic disease management, more than a quarter (27%) 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 years.

Wellbeing of health workforce

Burnout and psychological distress

A 2018 study found Australian doctors have higher rates of psychological distress and suicidal thoughts compared to the Australian general population and other Australian professionals. In particular, levels of very high psychological distress were found to be much higher in doctors aged 30 years and below than in individuals aged 30 years and under in the Australian general population and other professions (5.9% vs. 2.5% vs. 0.5%)⁹.

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 accomplishment¹⁰. While

⁹ National Mental Health Survey of Doctors and Medical Students, Beyond Blue

¹⁰ 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

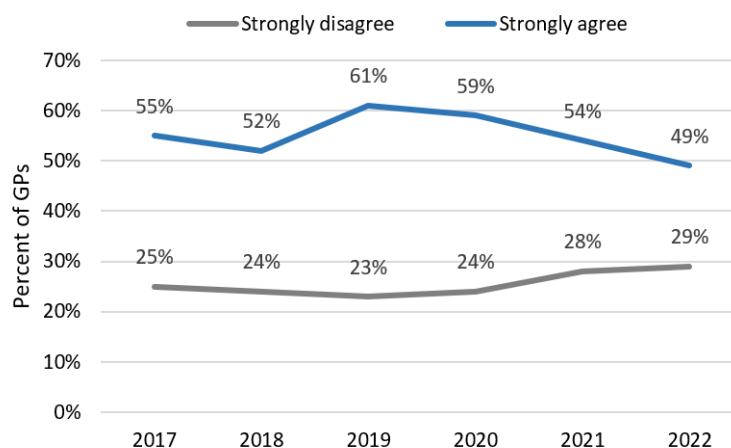
doctors and medical students have good understanding of the larger health system and have access to services, they may experience barriers to seeking treatment for mental health problems, including:

- 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, and
- concerns regarding professional integrity¹¹.

Maintaining a healthy work–life balance is important for GP’s wellbeing, and to encourage continuing engagement in the profession. GP work–life balance has declined annually since 2019, and for the first time since the survey began, in 2022, fewer than half of GPs reported having a good work– life balance (Figure 8).

Burnout and poor work–life balance appears to be linked to earlier exit from the profession. GPs who indicated intention to retire early are significantly more likely to report experiencing burnout in the previous 12 months, and more likely to report that they are unable to maintain a good work–life balance¹².

Figure 8. GP responses to the question, ‘I am able to maintain a good work–life balance’, 2017-2022



Source: *The Navigators, RACGP Health of the Nation survey April/May 2022.*

Psychological impacts of disasters on healthcare workers

The COVID-19 pandemic has had a profound impact on healthcare workers and their mental health, with emerging evidence suggesting potential long term ramifications¹³. In May 2020, one in two GPs reported at least one negative impact of the COVID-19 pandemic on their wellbeing. The most frequently reported impact was to their work-life balance (33%), although more than one in four (27%) reported a deterioration in their mental health state. One in three GPs ranked their own wellbeing as one of the top three challenges that impacts their ability to provide care to patients during COVID-19¹⁴. This can decrease safety and quality of care for patients and negatively affect workforce retention and engagement¹⁵.

¹¹National Mental Health Survey of Doctors and Medical Students, Beyond Blue

¹²The Navigators, RACGP Health of the Nation survey April/May 2022.

¹³Smallwood, N, Harrex, W, Rees, M, Willis, K, Bennett, CM. COVID-19 infection and the broader impacts of the pandemic on healthcare workers. *Respirology*. 2022; 1– 16.

¹⁴Health of the Nation, RACGP, 2020

¹⁵Smallwood, N, Harrex, W, Rees, M, Willis, K, Bennett, CM. COVID-19 infection and the broader impacts of the pandemic on healthcare workers. *Respirology*. 2022; 1– 16. 8

Furthermore, recent observations from the COVID-19 pandemic have found that the Australian healthcare workforce are struggling to regain their mental and physical health back to pre-pandemic levels since starting to recover from the height of the pandemic¹⁶.

Need for continuous learning

Medical practice and health policy are 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 Commonwealth Department of Health, while also staying up to date with the latest research to offer the best care to their patients.

The rapid advancements in medical information are mirrored by the 3% annual increase in new scientific journals from 1900 to 1996¹⁷ and nearly two million scientific research articles published in 2012¹⁸. This has resulted in exponential growth of medical knowledge, increased complexity of medical practice and greater medical specialisation. The role of GPs 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 other general practice staff and health professionals. This training can include business management and development, continuity, systems, and professional development.

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:

¹⁶Stubbs, J.M., Achat, H.M. & Schindeler, S. Detrimental changes to the health and well-being of healthcare workers in an Australian COVID-19 hospital. *BMC Health Serv Res* 21, 1002 (2021).

¹⁷Mabe M, Amin M. Growth dynamics of scholarly and scientific journals. *Scientometrics*. 2001; 51:147–162.

¹⁸Hughes 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.

- 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, and
- 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.

Service system

Services	Distribution	Information
RACGP GP Support Program	Online	Offers free, confidential specialist advice to help cope with professional and personal stressors impacting mental health and wellbeing, work performance and personal relationships.
DRS4DRS	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	Lifeline provides all Australians experiencing a personal crisis with access to 24-hour crisis support and suicide prevention services
beyondblue	Online	beyondblue's support service is available 24 hours /7 days a week by phoning
Royal Australian College of General Practitioners (RACGP)	Online	RACGP is the professional body for general practitioners in Australia, and is responsible for maintaining standards for quality clinical practice, education and training, and research.



Australian Government



An Australian Government Initiative

“Building one world class health system for the Gold Coast.”

Gold Coast Primary Health Network
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