



Chapter 10

Workforce

Chapter 10: Workforce

Introduction

Providing primary care is impossible without a strong, capable workforce of suitably qualified and trained health professionals.

The primary health care workforce is integral to delivering health services in the ACT that meet the needs of consumers and the community. CHN’s responsibility is to ensure the health and primary health care workforce in the ACT is supported and prepared to provide the best possible care to people in the region, with a person centred mindset and in an inclusive environment.

This chapter analyses available data to better understand the primary health care workforce in the ACT – considering staff volume, skills, distribution and diversity. It is necessary to understand workforce challenges and barriers of specific professions, as well where barriers may be shared across professions. Factors that can facilitate a strong and robust workforce is discussed, to highlight areas where CHN can assist in supporting the primary health care workforce.

Primary care health professionals

This priority area focuses on the health workforce in the ACT, with specific attention towards the primary care workforce, including general practitioners, practice nurses and other staff working in general practices, as well as allied health professionals. While there is no formal exhaustive definition, allied health professionals comprise a broad range of professions that have a direct role in patient care and often work closely with GPs in a multidisciplinary team. They include pharmacists, physiotherapists, occupational therapists, exercise physiologists, dieticians, speech therapists, psychologists, optometrists and podiatrists. The relationships between these services in the ACT and their contribution to providing patient centred care are considered and discussed.

ACT primary care workforce

GP workforce

In 2023, there were 638 Primary Care GPs working solely in the ACT (1). This number has risen steadily since 2018, at a rate of 1.7% per year.

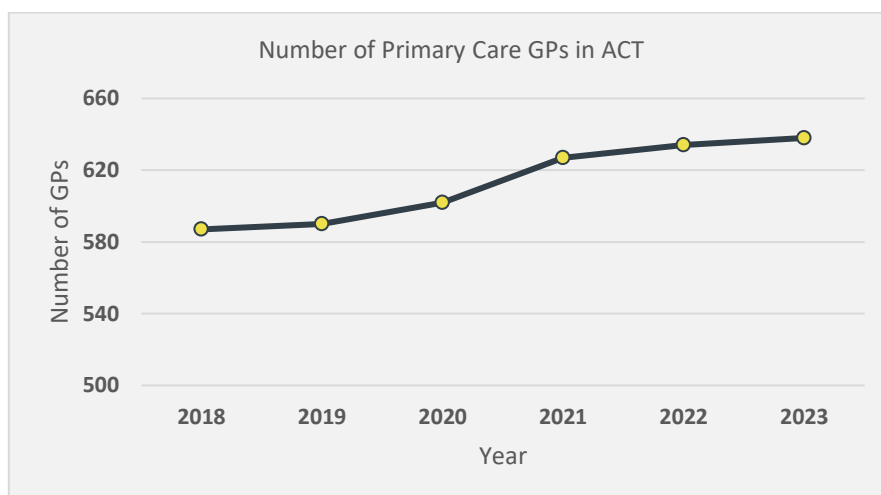


Figure 133: Number of primary care GPs in the ACT, 2023 (DOHAC – General practice workforce)

The GP full time equivalent (GPFTE) in the ACT was 414.2 (1). While this rate has risen in the last five years, it remains lower than its peak in 2021, and showed a slight decline in the past two years. This is the equivalent of 90.7 GPFTE per 100,000 population, a rate well below the national rate of 112.3 per 100,000 and the second lowest of all states and territories.

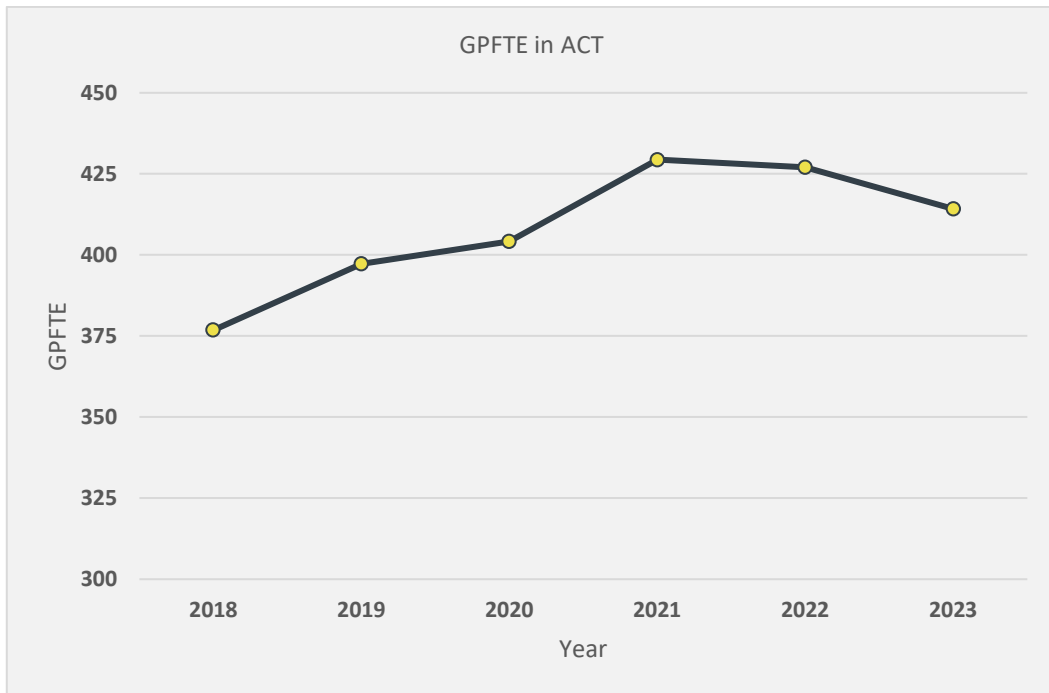


Figure 134: GPFTE in ACT, 2018-2023 (DOHAC – General practice workforce)

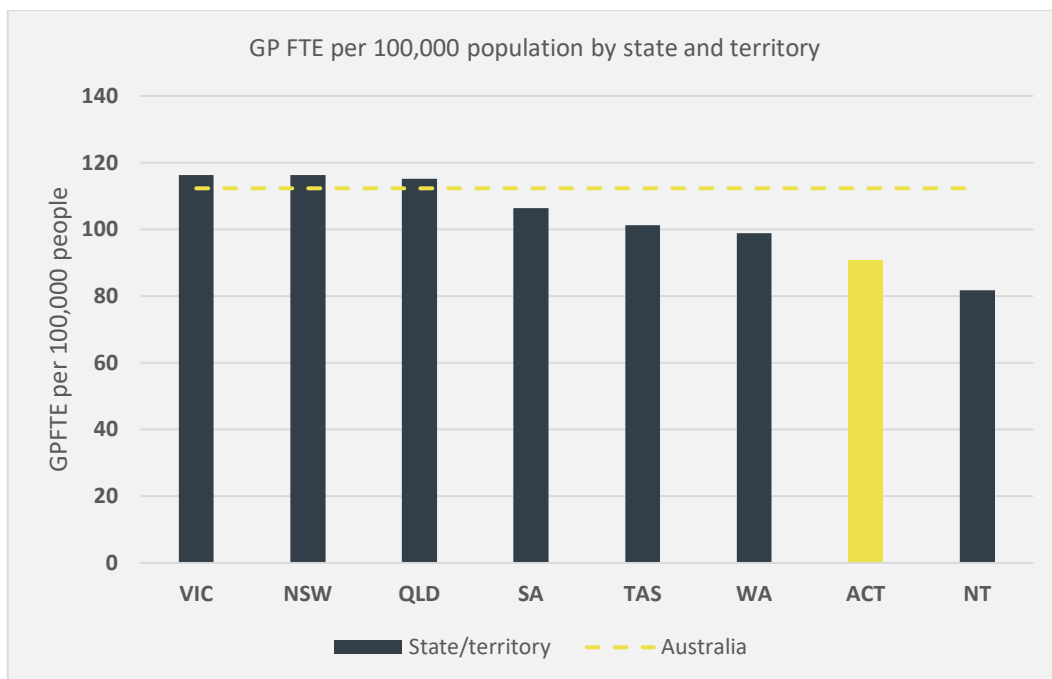


Figure 135: GP FTE rates per population across Australia, 2023 (DOHAC – General practice workforce)

The proportion of female GPs is growing, with 52% of GP FTE delivered by female doctors in 2023, compared to 48% in 2018 (1). This differs greatly from the national figures, with female doctors only accounting for 42% of the total GP FTE in Australia.

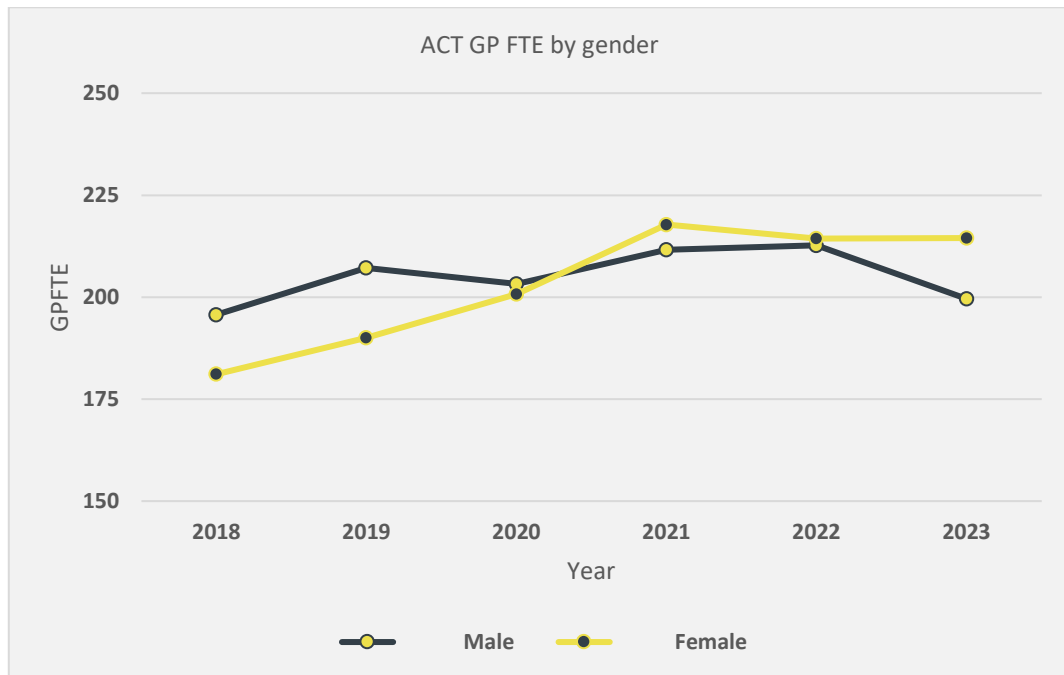


Figure 136: ACT GP FTE by sex 2018-2023 (DOHAC – General practice workforce)

There were 2,351,968 services delivered by GPs in 2023 (1). The number of GP services provided per population (5.1) and number of GP services provided per consumer (5.7) were both below national rates, as outlined in Table 21. This could indicate a lower need for services or poor access to GP services.

	GP services per population	GP services per patient	GP services per GP FTE
ACT	5.1	5.7	5,679
Australia	6.5	7.6	5,789

Table 21: GP services in ACT and Australia, 2023 (DOHAC – General practice workforce)

Practice nurses

Practice nurses work within the primary care system at general practice clinics, with a key role as part of the multidisciplinary team working with GPs and allied health professionals.

In 2022, there were 153 registered practice nurses working in the ACT, delivering 137 FTE (2). There are fewer nurses now than in 2021.

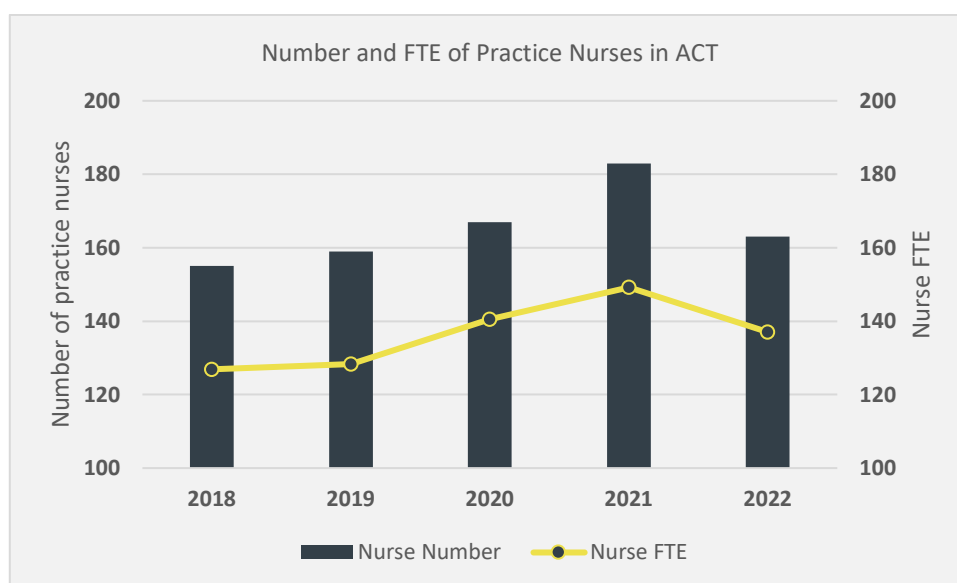


Figure 137: Number and FTE of primary care nurses in ACT, 2018-2023 (DOHAC – Health workforce data)

Within the practice nurse population (2):

- 94% were female
- 6% were aged 65+ years
- 2.5% were First Nations Australians

Allied health workforce

The allied health sector comprises a range of services provided by health practitioners who are university qualified and have specialised expertise in preventing, diagnosing and treating a range of conditions and illnesses (3). These practitioners include, optometrists, occupational therapists, pharmacists, physiotherapists, podiatrists and psychologists.

Profession	Number	FTE	5 year growth (FTE)
Optometrists	90	83.6	+34%
Occupational Therapists	144	126.7	+54%
Pharmacists	323	312	+13%
Physiotherapists	336	296.3	+28%
Podiatrists	56	56	+20%
Psychologists	440	364.1	+10%

Table 22: Allied health services in ACT, 2023 (DOHAC – Health workforce data)

The number and FTE of allied health professionals in the ACT has increased over the last five years, as shown in Table 22 (2). This growth is important as the population of the ACT increases, to ensure continued management and multidisciplinary care for preventing and treating health conditions.

Sustainability

Ensuring the sustainability of the primary care workforce is a key task facing the ACT health system. Barriers faced by the primary care workforce create stress and challenges for the system, and addressing the barriers is key to a thriving primary care system now and in the future.

Maintaining and growing workforce numbers is important to allow the primary care system to continue to provide services to meet growing needs of the population. GPs who move to a new location, cease working clinically or retire from practice must be replaced by a new wave of doctors to regenerate the workforce. Naturally, older GPs are more likely to retire, while younger GPs and GP registrars are likely to have a longer career.

In 2023, 12% of GPFTE was provided by GPs aged 65+ years (1). As seen in Table 23, the proportion has remained relatively steady at 11-13% since 2018, with a spike in 2021 followed by a decline in the past two years towards pre-2021 levels.

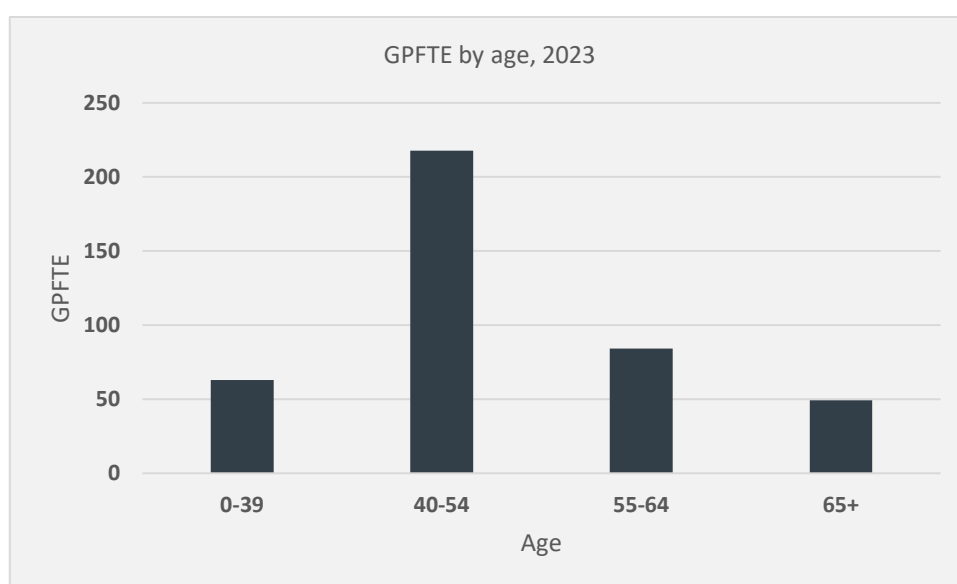


Figure 138 Age distribution of primary care GP FTE in ACT, 2023 (DOHAC – General practice workforce)

	2018	2019	2020	2021	2022	2023
Total GP FTE	376.8	397.3	404.1	429.4	427.1	414.2
65+ GP FTE	42.4	44.8	46.2	56.7	51.6	49.2
65+ Proportion of FTE (%)	11.3	11.3	11.4	13.2	12.1	11.9

Table 23: GPFTE number and proportion by GP's aged 65+ in ACT, 2018-2023 (DOHAC – General practice workforce)

The number of GP FTE provided by GP trainees (or registrars) was 32.5 in 2023, which was 7.8% of the total GP FTE in ACT (1). That is an annual growth rate of 8% over the last five years from 22.3 FTE in 2018, while the proportion of GP trainees also increased over the period.

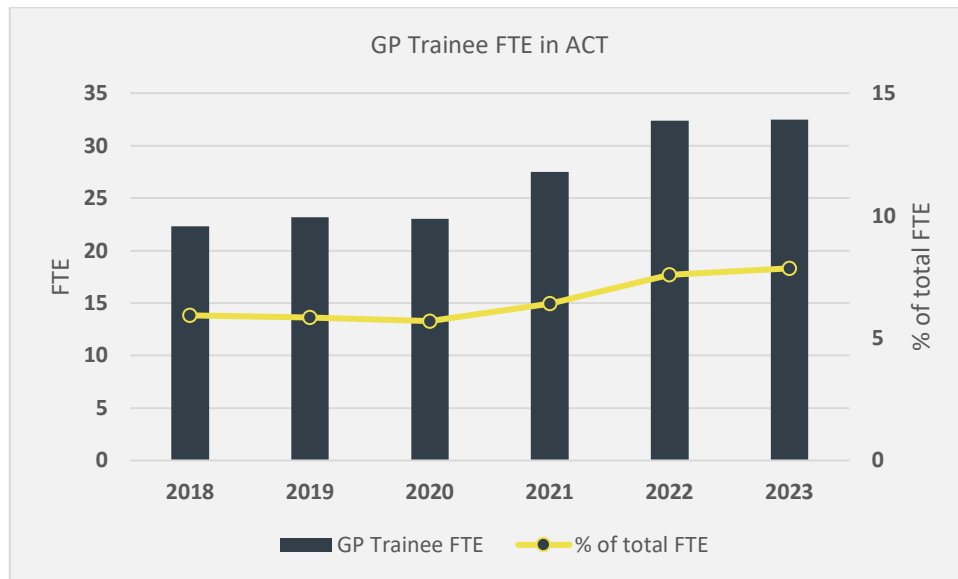


Figure 139: Number and proportion of primary care GP trainee FTE in ACT, 2018-2023 (DOHAC – General practice workforce)

In 2021, there were 0.49 GP trainee FTEs for every 65+ GP FTEs, a ratio that increased to 0.66 in 2023. While addressing the sustainability of the GP workforce is paramount, the growing ratio is a positive indicator for the age distribution of the GP workforce in ACT.

Barriers to sustainability

Barriers raised by stakeholders across the ACT that threaten the sustainability of the primary care workforce, are detailed below.

- Ageing workforce;

Despite data suggesting the proportion of older GPs has remained relatively steady, stakeholders felt that the overall GP workforce is getting older and there are not enough younger GPs living and working in Canberra. A lack of younger GPs moving to ACT and preferring to live and work elsewhere raises a concern that the workforce volume will not grow at a rate required to match the growing population in the ACT, and that primary care provision and accessibility will suffer. The impact was particularly felt in certain regions of the ACT, where smaller, traditionally family-owned general practices, have GPs approaching retirement age, without younger GPs to support the practice in the future. This could create GP gaps in these regions, reducing accessibility to care. Further analysis is suggested to identify locations at risk.

- **General practice closures**

Stakeholders were concerned about the potential loss of smaller, independent general practices in the ACT and the increase in large, corporate style general practices. Fuelled by the need to streamline costs of running a general practice and a lack of incentives provided to practices, many feel that only large general practices with many doctors can be profitable. Stakeholders were concerned that the trend could lead to concentration of doctors in large, central practices, with fewer general practices operating throughout the region. That could reduce accessibility and choice for consumers. It could also improve care coordination and multidisciplinary care.
- **Resourcing**

Lack of funding and resources was identified as a key challenge facing general practices and the primary care workforce. Currently, costs of providing bulk billed services to all consumers are higher than income generated through Medicare repayments to practices. This was seen by many as the primary factor pushing general practices in the ACT to move to a private billing model, increasing out of pocket payments and financial stress on consumers. Increasing funding and resources to GPs would alleviate some of these concerns and enhance bulk billed services as a viable option for more general practices in the ACT.
- **Perceptions of GP as a career**

The perception of general practice as a career option for junior doctors may have a substantial effect on their career decisions. Many stakeholders expressed the view that a career as a GP is considered disadvantageous, compared to other medical career options. Factors such as lack of early exposure to general practice, together with lower salary compared and lower perceived respect and recognition than other medical specialties were thought to contribute. Increasing exposure of junior doctors to general practice could improve perceptions of GPs and strengthen the workforce in ACT.
- **Burnout**

‘Burnout’ is a syndrome resulting from chronic workplace stress that has not been successfully managed, and is characterised by feelings of exhaustion, feelings of distance, negativity and cynicism towards work and reduced personal efficacy (4). A survey completed in 2023 found that over 75% of GP registrars experienced moderate to high levels of burnout (5). High stress levels, high expectations, a large administrative load and overwhelming complexity may contribute to GP burnout and were proposed as challenges faced by many GPs in the ACT. Understanding, addressing and supporting people in the workforce who may be experiencing feelings of burnout is necessary to promote a strong, effective workforce. Similar experiences were reported across many allied health professions, with burnout cited as a key factor in turnover and turnover intention (6).

Barriers to support

Stakeholders identified areas impacting on the ability of the primary care system to provide continued support and assistance to younger, less experienced doctors. The two prevailing themes were lack of GP supervisors and lack of financial support.

- **Lack of GP supervisors;**
Stakeholders across the ACT reported a lack of experienced GPs willing to supervise GP registrars. Suitable supervisors are older, experienced doctors; and there is a high demand for their services. There are several competing opportunities for this cohort in the region, such as research roles and GP advisory roles with government and non-government organisations. This means that there are alternative paths for GPs who would like to reduce their clinical hours, limiting availability of GP supervisors.
- **Financial support;**
Many stakeholders felt that a barrier facing recruitment of GP supervisors is the associated financial sacrifice. GP supervisors suffer a reduction in clinical hours and, consequently, the number of consultations and practice income generated. It was felt that the lost revenue exceeds the payments made to a GP supervisor, meaning many general practices and GPs will be forgoing potential income.

Identified needs

- Improve support and assistance to primary health care professionals in the ACT to reduce risk of burnout and departure from the workforce.
- Improve supports to general practices to ensure long term sustainability of clinics across ACT.
- Improve incentives for GPs to become GP supervisors and focus on attracting GP registrars by addressing barriers to entry, promoting general practice as a career, and providing robust support to ensure growth and sustainability of the GP workforce.
- Provide ongoing education and training for primary care professionals to provide culturally safe, inclusive and responsive care to the ACT community.

Reference list

1. Department of Health and Aged Care (2024), General Practice Workforce providing Primary Care services in Australia, [General Practice Workforce providing Primary Care services in Australia \(health.gov.au\)](#)
2. Department of Health and Aged Care (2024), Health Workforce Data, [Health Workforce Data - Log in](#)
3. AIHW (2024), General practice, allied health and other primary care services, [General practice, allied health and other primary care services - Australian Institute of Health and Welfare \(aihw.gov.au\)](#)
4. World Health Organization (2019), Burn-out an “occupational phenomenon”: International Classification of Diseases, [Burn-out an "occupational phenomenon": International Classification of Diseases \(who.int\)](#)
5. Hoffman, R., Mullan, J. & Bonney, A. (2023) “A cross-sectional study of burnout among Australian general practice registrars”. BMC Med Educ 23, 47 (2023). <https://doi.org/10.1186/s12909-023-04043-4>
6. Roth L, Le Saux C, Gilles I, Peytremann-Bridevaux I. (2024) Factors Associated with Intent to Leave the Profession for the Allied Health Workforce: A Rapid Review. Med Care Res Rev. 2024 Feb;81(1):3-18. doi: [10.1177/10775587231204105](https://doi.org/10.1177/10775587231204105)
7. Saxby, C. (2016). Clinical supervision, burnout and intent to leave: an Australian mixed methods study of community-based allied health professionals. <https://core.ac.uk/download/pdf/83973697.pdf>
8. RACGP (2024), General Practice Health of the Nation 2024, [RACGP - General Practice: Health of the Nation 2024](#)
9. RACGP (2023), Standards for general practices, 5th edition, [RACGP - Table of contents](#)
10. CHN local data