

### Primary health workforce

A strong primary health workforce is critical to meeting the health needs of the Gippsland community:



a **growing** and **ageing** population



rising rates of **chronic disease**



a need for **culturally safe** care



increasing **mental health** needs

In Australia in 2022, the health workforce represented 5% of the total employed workforce and was made up of:



**54%** nurses and midwives



**26%** allied health professionals



**16%** medical practitioners



**3%** dental practitioners

In Gippsland, the health care and social assistance sector is the largest industry of employment, accounting for 20% of the total workforce in 2025.

*The health workforce includes a wide range of support staff and professionals. Many, but not all, are registered with the Australian Health Practitioner Regulation Agency (AHPRA), however essential support staff are not required to be registered. All contribute to the health of Australians, but data availability varies.*

#### Health workforce system stakeholders in Gippsland include:

- Healthcare providers** including hospitals, general practices, private providers, aged care, Aboriginal Community Controlled Organisations (ACCOS).
- Universities** and other education and training providers.
- Australian Health Practitioner Regulation Agency (AHPRA).**
- Professional colleges**, including The Royal Australian College of General Practitioners (RACGP) and The Australian College of Remote and Rural Medicine (ACRRM).

#### Key strategies and plans

**Australia's Primary Health Care 10 Year Plan 2022–2032** outlines strategies to strengthen primary health care as part of the broader health system, including:

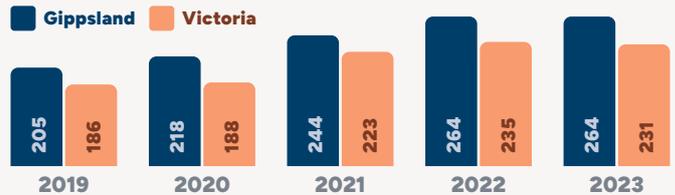
- **Stronger Rural Health Strategy**
- **National Medical Workforce Strategy 2021–2031**

**The Victorian Health Workforce Strategy 2024–2034** highlights the strong future demand for healthcare workers. It is projected that nearly 60,000 new workers will be needed in Victoria between 2023 and 2026.

#### Nursing

In 2023, Gippsland had a higher rate of primary and community nurses per 100,000 population (264) compared to Victoria (231).

Primary and community nurses, full-time equivalent (FTE) per 100,000 population (2019–2023)\*



Most Gippsland Local Government Areas (LGAs) have a higher rate of primary and community nurses per 100,000 residents. Only Baw Baw and South Gippsland have a rate below the Victorian average.

Primary and community nurses by Gippsland LGA, FTE per 100,000 population (2023)\*

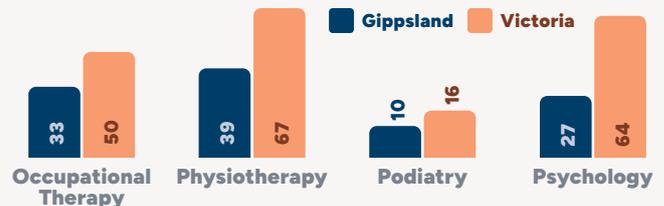


There is a growing number of nurse practitioners (NPs) in Gippsland, with a total of 51 in 2024, up from 22 in 2017.

#### Allied health

Gippsland has fewer allied health professionals per population compared to Victoria, including occupational therapy (34% less), physiotherapy (42% less), podiatry (38% less) and psychology (58% less).

Allied health FTE per 100,000 population (2023)\*



*“ Serious lack of referral options in mental health for both psychologists and psychiatrists with no affordable access for essential care for those with complex trauma history. ”*

- General Practitioner

#### Lived and living experience workers (LLEW)

There is a growing number of LLEWs with approximately **70 across Gippsland in 2025**.

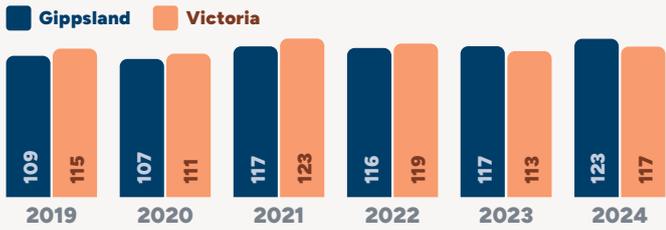
They work predominantly in mental health services, with some in the alcohol and other drug and family violence sectors.



## Medical

In 2024, Gippsland had a higher General Practitioner FTE per 100,000 population (123) compared to the Victorian average (117).

General Practitioner FTE per 100,000 population (2019–2024)\*



General Practitioner FTE per 100,000 population (2024)\*

### Top 3 GP catchments

**302** Neerim South  
**299** Trafalgar  
**170** Mallacoota

### Bottom 3 catchments

**77** Churchill  
**75** Orbost  
**67** Omeo

In 2023, there were 51% fewer **other medical practitioners** (non-GP specialist doctors) in Gippsland per 100,000 population (159) compared to the Victorian average (324).

Gippsland has a greater number of Australian General Practice Training (AGPT) trainees per 100,000 population compared to Victoria.

Number of active AGPT trainees per 100,000 population\*



\*Source: Department of Health, Disability and Ageing OFFICIAL: SENSITIVE - Data sourced from HeaDS UPP Tool on 02/09/2025.

## What can we do to improve?

- Stakeholder collaboration** as a foundation for enabling effective use of a limited health workforce to meet community needs.
- Promote initiatives that support professionals** to work to their full scope of practice.
- Promote access to professional development and supports** to help prevent burnout.
- Promote regional, rural and remote placements** where students can get a more diverse and challenging experience and remain in a rural area.
- Support for a multidisciplinary workforce** through funding models promoting person-centred care.
- Innovative supervision models** may include collaboration and remote options.
- Support for **Nurse Practitioner (NP) models** can help address workforce shortages.
- Expand the role of **community pharmacists**.
- Incorporate **lived and living experience workers**.
- Support upskilling and employment** for local people.
- Support for an **increased allied health workforce**.

*"I want a supportive multidisciplinary team."*

- Professional

## Professional stakeholder perspective

Insights from ongoing consultations include:



Workforce shortages are an ongoing issue resulting in increasing pressures on existing staff, especially in rural and remote areas due to an uneven distribution of health professionals.



GP wait times are four weeks or more in some areas, leading to increased presentations to emergency departments.



A funding model that incentivises rural and regional primary care to meet the needs of their community is needed.



Ongoing challenges related to Aboriginal and/or Torres Strait Islander health and wellbeing and access to culturally safe and holistic healthcare.



Main areas of workforce shortage include mental health, medical specialists and allied health.



Difficulties in recruiting, especially for short-term contracts.



Recruitment and retention strategies are important to support existing staff to stay as well as attracting new professionals. Possible solutions were suggested including:

- accommodation support
- childcare support
- more stable employment across providers
- opportunity for growing the lived experience workforce

*"The increasing as well as ageing population... will become more of a drain on GP services and the flow on effect for hospital services."*

- Professional

*"I want effective incentives that bring needed professionals to my district."*

- Professional

## Community perspective

Insights from ongoing consultations include:



Workforce shortages are impacting patient safety and quality of care.



Many consumers were aware of issues impacting the workforce in their communities, including burnout.

*"I want increased health workforce to meet demand."*

- Community member

*"Less overworked and stressed staff means better health outcomes for patients."*

- Community member

## Support provided by Gippsland PHN

- Workforce planning informed by the **Gippsland PHN Health Needs Assessment 2025–2028**
- Funding of innovative workforce models and support for reform initiatives, including **Community Led Integrated Health Care**
- Scholarships for students** studying allied health and other priority pathways
- Partnering with allied health for stronger primary care**
- Investment in developing the **Lived and Living Experience workforce**
- Education and training program** for health professionals

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