

## Ratios of health professionals to population in the Northern Territory

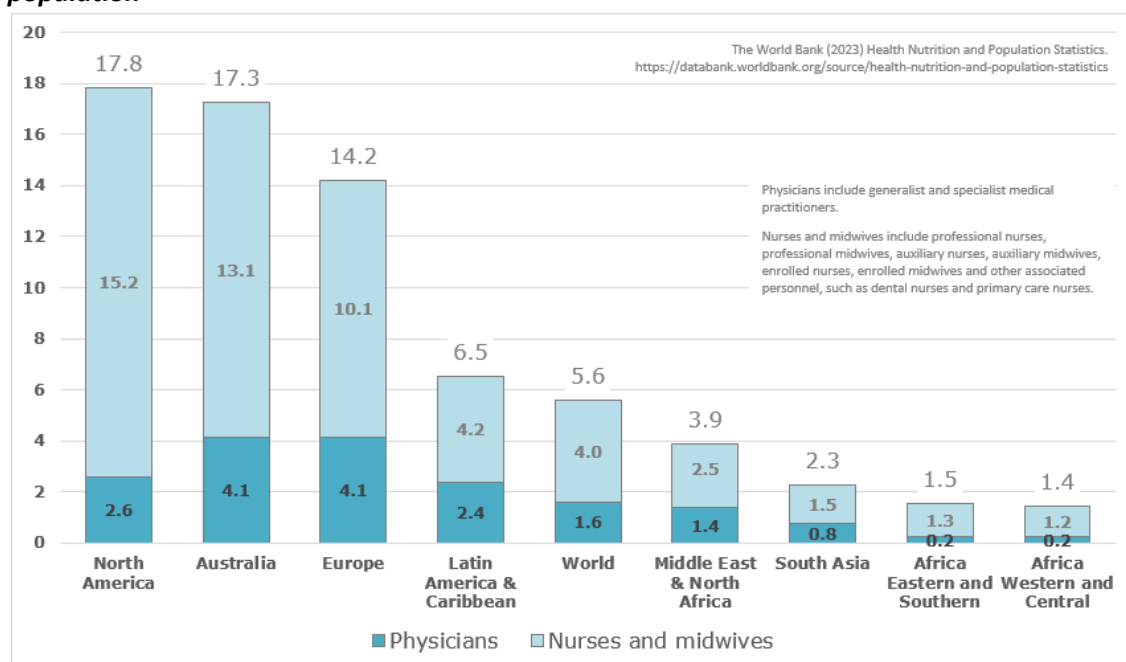
### Key Points

1. Overall, Australia has one of the highest ratios of health professionals to population in the world (17.3 physicians, nurses and midwives per 1,000 population).
2. However, the primary health care workforce in Australia is not distributed equitably to the areas with the greatest need. Metropolitan centres and medium / large regional towns have twice the number of primary care GPs to population compared to remote / very remote communities, despite the fact that remote and very remote areas have 2-3 times the avoidable mortality of major cities.
3. Relative to population, in the Northern Territory Aboriginal primary health care sector there are less core less core health professionals per client population in 2022-23 (6.6 FTE) than in 2013-24 (6.9 FTE).
4. Across Australia, Aboriginal Community Controlled Health Organisations (ACCHOs) are struggling to recruit health professionals to address health needs in the communities they serve. The number of vacancies for health professionals in Aboriginal community controlled health services quadrupled between 2014 and 2023.
5. The lack of government action to decisively address crisis of the availability of health professionals, especially in remote and very remote areas, risks undermining hard won gains in health made over the last several decades.

## Australia has a high ratio of health professionals to population ...

1. Comparing health workforce ratios across countries and regions internationally is made difficult by differences in how health systems operate; variations in definitions and scope of practice of the professions concerned; and accuracy and timeliness of data. With those concerns noted, however, a few general points can be made.
2. The World Bank collates international data on the number and ratio of physicians, nurses and midwives by country<sup>1</sup>. *Figure 1* below compares the ratios in Australia with other areas of the world. It can be seen from this data that Australia has one of the highest ratios of health workforce to population in the world (over three times the world average).

**Figure 1: International comparisons of number of physicians and nurses/midwives per 1,000 population**



... but it is not distributed according to need.

3. Many attempts to calculate the numbers and population ratios of health professionals in different regions of Australia over-estimate the numbers in remote and very remote Australia because of the way they count the numbers of professionals (see for example [1]). For example, the high number of locums in remote areas may make it appear there are more professionals in these areas than there are in reality.
4. The best data appears to be that published by the Department of Health and Aged Care which calculates General Practitioner Full Time Equivalent (GPFTE) in primary care, based on Medicare claims data<sup>2</sup>. This shows that doctors are concentrated in metropolitan areas and large and medium rural towns where there are between 1.25 and 1.35 GPFTEs per

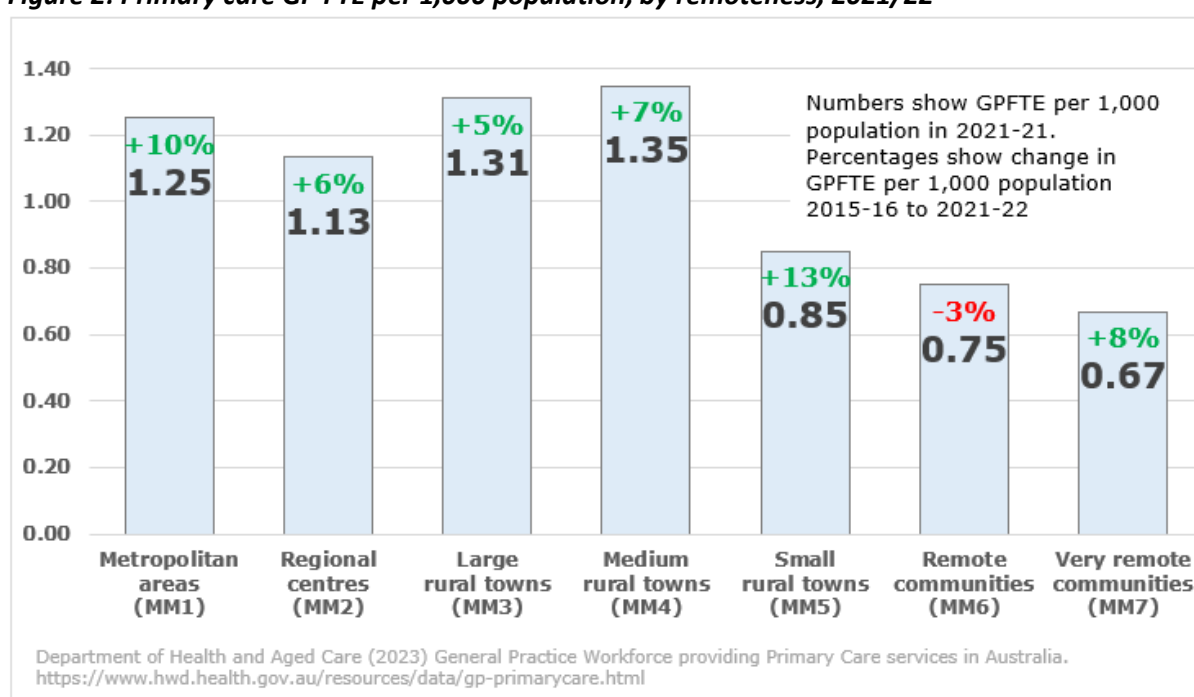
<sup>1</sup> The World Bank. *Health Nutrition and Population Statistics*. 2023; Available from: <https://databank.worldbank.org/source/health-nutrition-and-population-statistics>. These are figures for total physicians, nurses and midwives, not just those working in primary care

<sup>2</sup> Department of Health and Aged Care. *General Practice Workforce providing Primary Care services in Australia*. 2023; Available from: <https://www.hwd.health.gov.au/resources/data/gp-primarycare.html>

1,000 population. This is about twice the ration in remote and very remote areas (0.75 and 0.67 GPFTE per 1,000 population respectively)<sup>3</sup>. See *Figure 2*.

5. These figures also show that while the ratio of GPs to population improved in most regions of Australia from 2015-16 to 2021-22 by between 5% and 13%, the ratio fell in remote areas by 3% over this period.
6. There is a strong gradient in health from the cities to very remote areas, with avoidable mortality rates in remote and very remote areas being 2–3 times higher than in major cities<sup>4</sup>. Populations in remote and very remote areas have a much higher need for primary care health professionals than those in the cities while also facing much lower ratios of health staff to the populations they serve.

**Figure 2: Primary care GP FTE per 1,000 population, by remoteness, 2021/22**



## The workforce for Aboriginal primary health care relative to the number of clients is lower now than ten years ago

7. Estimates of the number of health professionals working in Aboriginal and Torres Strait Islander primary health care can be found in the Online Services Report (OSR) data collated by the Australian Institute of Health and Welfare (AIHW)<sup>5</sup>.

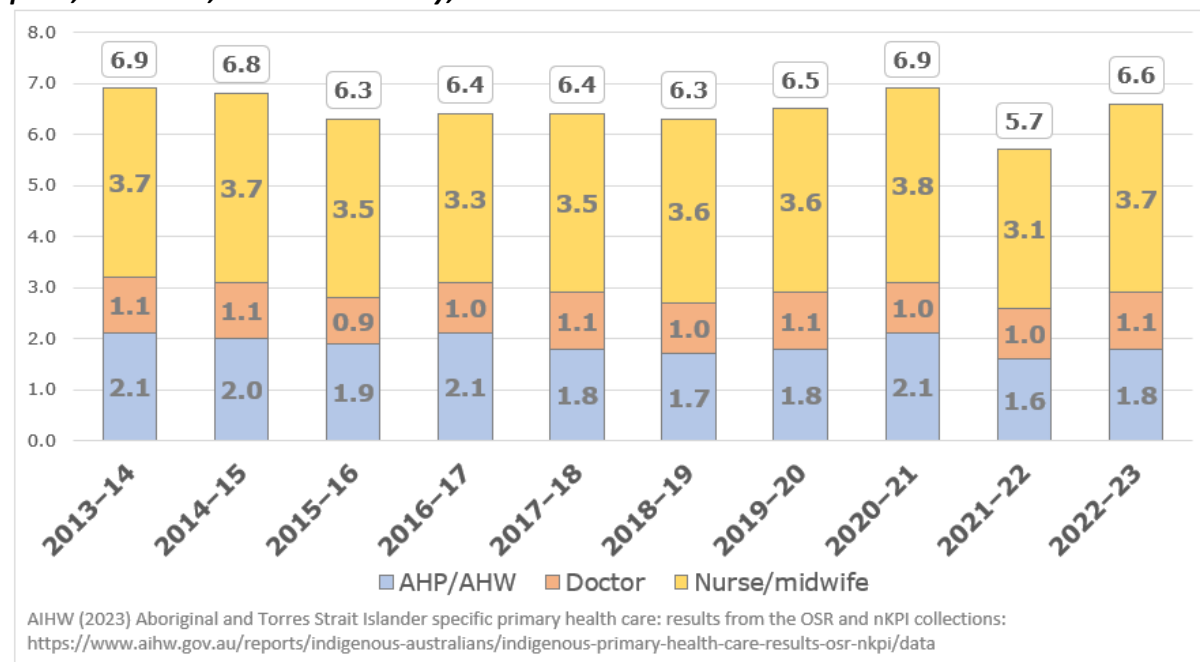
<sup>3</sup> Statistics calculated in this way are not available for other primary health care professionals. The figures that do exist tend to overestimate the numbers / ratios of those professionals in remote and very remote areas and should not be relied upon.

<sup>4</sup> Australian Institute of Health and Welfare. *Rural and remote health*. 2023; Available from: <https://www.aihw.gov.au/reports/rural-remote-australians/rural-and-remote-health>

<sup>5</sup> The OSR covers all organisations funded by the Australian Government under its Indigenous Australians' Health Programme (IAHP). These are mainly, but not exclusively, ACCHSs. In the published data, it is not always possible to separate ACCHS from non-ACCHS figures. The figures are based on self-reporting from the organisations concerned. The

8. The latest OSR data shows that Aboriginal primary health care services in the Northern Territory (ACCHS and non-ACCHS) have an average of 6.6 FTE clinical professionals per 1,000 clients, consisting of:
- 1.8 FTE Aboriginal Health Practitioners / Aboriginal Health Workers;
  - 3.7 FTE nurses and midwives; and
  - 1.1 FTE doctors.

**Figure 3: Aboriginal and Torres Strait Islander primary health care: number of clinical staff FTE per 1,000 clients, Northern Territory, 2013-14 to 2022-23.**



9. In 2021-22 there was a large fall in the ratio of these health professions to the client population being served due to the effects of the COVID-19 pandemic. This recovered somewhat but not completely in 2022-23. Overall there are less of these core members of the primary health care team per client population in 2022-23 than in 2013-24.

## Primary health care services cannot recruit to fill needed positions

10. The workforce crisis in Aboriginal primary health care is reflected in the increasing difficulty Aboriginal community controlled health services have in recruiting health professionals. As measured by the OSR, the number of health professional vacancies has almost quadrupled between 30 June 2014 and 30 June 2023, from 166 to 624. Vacancies are severe where the health needs are greatest, with over 270 vacancies nationally in remote and very remote areas (see *Figure 4*).
11. This data is strongly supported by the experience of our services. In July 2023, the largest AMSANT members reported that remote and very remote areas had in total 49 GP FTE positions, but could fill only 28 or 57% of these. One service, in an isolated small town was only able to fill one GP position out of six.

12. The lack of government action to decisively address crisis of the availability of health professionals, especially in remote and very remote areas, risks undermining hard won gains in health made over the last several decades.

**Figure 4: Number of Health Staff FTE Vacancies in Aboriginal community controlled health services by remoteness, Australia, 2014 to 2023**

