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NSW Health

# Workforce Data Report

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Prepared for the Special Commission of Inquiry into Healthcare Funding  
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# 1. Workforce Questions and Corresponding Data

Question	Report section heading	Table/graph/figure
1. What is the age distribution of the NSW Health workforce? Are there any significant differences between LHDs?	<a href="#">Chapter 6: Demographics in the Health Workforce</a>	Figure 6 Table 6 Figure 7 Figure 8
2. What workforce specialties have an age profile that could indicate either a pipeline risk or a high separations risk?	<a href="#">Chapter 6: Demographics in the Health Workforce</a>	Figure 6 Table 7
3. How has the size and distribution of the NSW Health workforce changed over time?	<a href="#">Chapter 3: Overview of the Health Workforce</a> <a href="#">Chapter 5: Distribution of the Health Workforce</a>	Figure 1 Table 4 Table 5
4. Has the size and distribution of the NSW Health workforce changed at different rates across different LHDs?	<a href="#">Chapter 4: Growth in the Health Workforce</a>	Table 1 Table 2
5. What is the distribution of seniority of roles across the medical workforce?	<a href="#">Chapter 4: Growth in the Health Workforce</a>	Figure 5
6. What is the amount and proportion of overtime being undertaken by nurses?	<a href="#">Chapter 7: Nursing Overtime in the Health Workforce</a>	Figure 9 Figure 10
7. How many agency nurses is NSW Health engaging? Where are these nurses engaged and how significant a component of the nursing workforce are agency nurses?	<a href="#">Chapter 8: Utilisation of Nursing Agencies in NSW Health</a>	Table 8 Figure 11
8. How is the NSW Health clinical workforce distributed across the state? How has this changed over time?	<a href="#">Chapter 5: Distribution of the Health Workforce</a>	Table 4 Table 5
9. Are there areas of NSW with lower per capita health worker figures?	<a href="#">Chapter 5: Distribution of the Health Workforce</a>	Table 4 Table 5
10. How many medical professionals are there by specialty in NSW?	<a href="#">Chapter 9: Distribution of Medical Specialties</a>	Table 9
11. How are these medical specialties spread across NSW?	<a href="#">Chapter 9: Distribution of Medical Specialties</a>	Table 9
12. How many VMOs does NSW Health engage, where are they engaged and what are the medical specialties?	<a href="#">Chapter 12: Utilisation of VMOs in NSW Health</a>	Figure 14 Figure 15 Table 14
13. How has the use of VMOs changed over time and does this indicate a staffing shortage issue or a remuneration issue?	<a href="#">Chapter 12: Utilisation of VMOs in NSW Health</a>	Figure 14
14. How much has the use of locums increased in recent years?	<a href="#">Chapter 10: Medical Locum Utilisation in NSW Health</a>	Figure 12 Table 10
15. Is NSW Health more reliant on locums in any particular areas of NSW?	<a href="#">Chapter 10: Medical Locum Utilisation in NSW Health</a>	Figure 12 Table 10
16. How much is NSW Health spending on locum engagements and how much has this increased?	<a href="#">Chapter 10: Medical Locum Utilisation in NSW Health</a>	Figure 13
17. How much do locums contribute to NSW Health wages bill?	<a href="#">Chapter 10: Medical Locum Utilisation in NSW Health</a>	Figure 13

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18. How is the NSW Health workforce employed and has this changed over time?	<a href="#">Chapter 11: Employment Mix in NSW Health</a>	Table 11 Table 12
19. Is there an increasing casualisation or use of contract staff?	<a href="#">Chapter 11: Employment Mix in NSW Health</a>	Table 11 Table 12
20. Are there any differences in employment engagement between LHDs?	<a href="#">Chapter 11: Employment Mix in NSW Health</a>	Table 13
21. What percentage of its employees does NSW Health retain by profession? How has the retention rate by profession changed over time?	<a href="#">Chapter 13: Attrition (Separation) and Retention in NSW Health</a>	Table 15
22. Has the rate of exits increased in recent years?	<a href="#">Chapter 13: Attrition (Separation) and Retention in NSW Health</a>	
23. Has attrition increased for any particular profession?	<a href="#">Chapter 13: Attrition (Separation) and Retention in NSW Health</a>	
24. Does NSW Health have higher rates of exit for any professions in boarder LHDs?	<a href="#">Chapter 13: Attrition (Separation) and Retention in NSW Health</a>	
25. What is the level of attrition at facility [to be nominated by Inquiry] vs the level of locum usage at that facility?	<a href="#">Chapter 10: Medical Locum Utilisation in NSW Health</a> <a href="#">Chapter 13: Attrition (Separation) and Retention in NSW Health</a>	
26. How do rates of pay by profession compare to those of other states?	<a href="#">Chapter 14: NSW Health Pay Comparison</a>	Figures 17-24
27. What are the average actual earnings by profession?	<a href="#">Chapter 14: NSW Health Pay Comparison</a>	Table 19
28. How has pay changed over time and has this kept pace with inflation?	<a href="#">Chapter 14: NSW Health Pay Comparison</a>	Figure 25
29. How do rates of pay compared for the following professions: a. Nurse/Midwives b. Clinical Nurse Specialist c. Paramedics d. Paramedic Specialists e. Junior Medical Doctors f. Senior Staff Specialist g. Allied Health Professional h. Pharmacist	<a href="#">Chapter 14: NSW Health Pay Comparison</a>	Table 19 Figures 17-24
30. How does intention to exit align when compared to actual exit rates?	NSW Health does not hold data to address this question.	
31. How much has been paid in incentives?	<a href="#">Chapter 16: NSW Health Rural Workforce Incentives</a>	
32. Where are incentives being paid and to how many recipients?	<a href="#">Chapter 16: NSW Health Rural Workforce Incentives</a>	Table 20
33. How many scholarships have been issued and for what groups?	<a href="#">Chapter 17 NSW Health Rural Health Scholarships</a>	
34. How many subsidies have been paid?	<a href="#">Chapter 18: NSW Health Tertiary Study Subsidies</a>	
35. How many applicants for subsidies are there?	<a href="#">Chapter 18: NSW Health Tertiary Study Subsidies</a>	

## 2. Executive Summary

This report provides data and analysis of the NSW Health workforce (**health workforce**) in response to questions raised by the Special Commission of Inquiry into Healthcare Funding (**the Inquiry**). The report provides a description of the composition of the health workforce, including the size of the workforce, its distribution and how the workforce has changed over time.

The report examines the age demographics of the workforce at a state and Local Health District (**LHD**) level, with the analysis finding that broadly, the health workforce distribution has a median age of 41.5, and skews younger than the broader public sector. It does not show any significant geographical areas where the health workforce age distribution by profession indicates pipeline or retirement concerns.

The composition of the medical workforce is assessed over time and by LHD, which identifies that the mix of medical staff is unchanged from 2019 to 2024. In addition, information on the composition of the medical workforce, including seniority is provided.

Medical specialties are broken down and provide insight into their distribution across NSW. The use of agency medical locums and Visiting Medical Officers (**VMOs**) is examined and identifies the number of VMOs engaged pre-COVID was approximately 6100-6200 (headcount) per year, and this decreased to approximately 6000 at the start of COVID-19. This has started to rise in the following years.

Further, the report presents data on the number of medical locum engagements across NSW. Since COVID-19 there has been an increase in the number of locum engagements across rural and regional NSW, with the figure rising 52% or 231 Full Time Equivalent (**FTE**) since 2020/21 financial year. The use of medical locums corresponds to heightened challenges in attracting medical workforce to regional areas.

The report presents data on the use of nursing overtime and nursing agency staff. The rate of nursing overtime has risen from approximately 3.3% in June 2021 to 3.8% in June 2023. The median duration of overtime was two hours, with significantly less than 1% of nursing staff working more than six additional consecutive overtime hours.

The report includes a comparison of base pay for a range of professions within NSW and other states and territories. However, a comparison of 2023/24 financial year annualised earnings by profession shows the significant difference the award conditions have on an employee's take home pay, with actual earnings for allied health professions exceeding 180% of the minimum base pay.

A high-level overview of the People Matter Employee Survey (**PMES**) at the NSW Health level is provided. This identifies some of the key measures in PMES including engagement score and culture index.

Finally, the report identifies data informed programs and initiatives that have been implemented to increase supply of staff and improve attraction and retention.

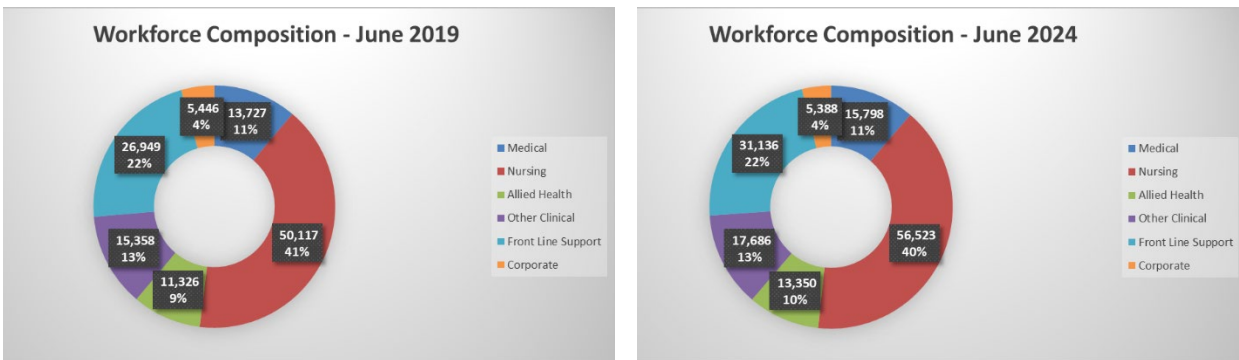
### 3. Overview of the Health Workforce

The NSW Health workforce comprises 139,881 FTE employees as at June 2024, with clinical employees comprising approximately 73.8% or 103,357 FTE of these (clinical workforce excludes corporate and front-line support staff).

Figure 1 represents, in the graph on the left, the clinical workforce as of June 2019 representing 73.5% of the workforce comprising 13,727 FTE medical staff, 50,117 FTE nursing and midwifery staff and 11,326 FTE allied health staff. In comparison, the graph on the right represents the clinical workforce as at June 2024, with 15,798 FTE of medical staff, 56,523 FTE of nursing and midwifery staff and 13,350 FTE of allied health staff.

However, the professional composition of the health workforce has remained the same.

**Figure 1. Composition of the NSW Health workforce in June 2019 and June 2024**



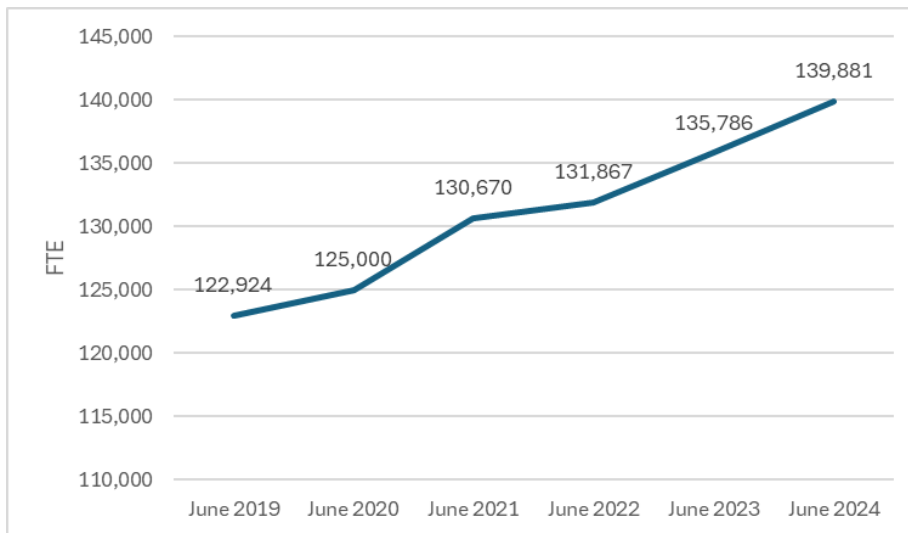
**Source:** Corporate Analytics Data Warehouse extracts

**Note:** 'Other clinical' staff include other professional and para-professional support staff, scientific and technical clinical support staff, oral health practitioners, support workers and ambulance staff.

## 4. Growth in the Health Workforce

The NSW Health workforce grows over time in response to the needs of both a growing and aging population. These factors generally see the health workforce grow at around 2% per annum, however in recent years the health workforce has grown much faster than this in response to COVID-19. Between 2019 and 2024, the NSW Health workforce grew by 16,957 FTE (13.8%), from 122,924 FTE to 139,881 FTE. This growth is demonstrated in Figure 2 below.

**Figure 2. Total growth (in FTE) of health workforce from June 2019 to June 2024**



*Source: Corporate Analytics Data Warehouse extracts*

*Note: These figures are inclusive of any overtime worked.*

The growth in the health workforce has occurred across NSW, as shown in Table 1 and Table 2 below, however that growth has not been uniform. Metropolitan LHDs have grown by 6,407 FTE (11.5%), from 55,593 FTE in June 2019 to 62,000 FTE in June 2024. Rural and regional LHDs have grown by 6,597 FTE (13.5%), from 48,947 FTE in June 2019 to 55,544 FTE in June 2024.

**Table 1: Total health workforce distribution by FTE from June 2019 to June 2024**

REGION	LHD	June 2019	June 2020	June 2021	June 2022	June 2023	June 2024
Metropolitan	NSLHD	8,111	8,168	8,756	8,663	8,875	9,057
	SCHN	4,824	4,980	5,136	5,118	5,228	5,310
	SESLHD	10,594	10,565	10,860	10,911	11,131	11,525
	SWSLHD	11,181	11,351	11,835	11,929	12,513	12,959
	SLHD	10,079	10,235	11,400	11,097	11,055	10,883
	WSLHD	10,804	11,106	11,727	11,617	12,076	12,266
<b>Metro Total</b>		<b>55,593</b>	<b>56,405</b>	<b>59,713</b>	<b>59,334</b>	<b>60,877</b>	<b>62,000</b>
Regional /Rural	CCLHD	5,610	5,703	5,820	5,784	5,923	5,999
	FWLHD	707	682	702	701	740	803
	HNELHD	12,065	11,942	12,411	12,884	13,407	13,752
	ISLHD	5,882	6,006	6,212	6,325	6,400	6,487
	MLHD	3,294	3,345	3,467	3,532	3,598	3,693
	MNCLHD	3,641	3,655	3,952	4,055	4,197	4,143
	NBMLHD	4,681	4,848	5,002	5,147	5,339	5,548

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	NNSWLHD	4,705	4,856	5,104	5,039	5,152	5,775
	SNSWLHD	2,282	2,390	2,388	2,432	2,486	2,580
	WNSWLHD	5,394	5,424	5,536	5,655	5,805	6,005
	Albury Wodonga Health	685	694	679	690	690	758
<b>Regional/ Rural Total</b>		<b>48,947</b>	<b>49,546</b>	<b>51,274</b>	<b>52,245</b>	<b>53,736</b>	<b>55,544</b>
<b>Statewide Service</b>	NSWA	5,209	5,572	5,823	6,186	6,712	7,037
	eHealth	901	1,086	1,276	1,426	1,713	2,140
	NSWHP	4,219	4,365	4,475	4,575	4,609	4,810
	HSNSW	6,519	6,646	6,720	6,677	6,681	6,788
	JHFMHN	1,535	1,381	1,390	1,424	1,457	1,562
<b>Statewide Service Total</b>		<b>18,383</b>	<b>19,049</b>	<b>19,683</b>	<b>20,288</b>	<b>21,173</b>	<b>22,336</b>
<b>Total FTE</b>		<b>122,924</b>	<b>125,000</b>	<b>130,670</b>	<b>131,867</b>	<b>135,786</b>	<b>139,881</b>

Source: Corporate Analytics Data Warehouse extracts

Note: JHFMHN is referred to and included as a 'Statewide Service' and SCHN is referred to and included in the 'Metropolitan LHD' grouping section of these tables due to location purposes.

Table 2: Total health workforce increase by FTE from June 2019 to June 2024

REGION	LHD	Increase June 19 to June 20	Increase June 20 to June 21	Increase June 21 to June 22	Increase June 22 to June 23	Increase June 23 to June 24	Cumulative increase June 19 to June 24
<b>Metropolitan</b>	NSLHD	0.7%	7.2%	-1.1%	2.4%	2.1%	11.7%
	SCHN	3.2%	3.1%	-0.3%	2.2%	1.6%	10.1%
	SESLHD	-0.3%	2.8%	0.5%	2.0%	3.5%	8.8%
	SWSLHD	1.5%	4.3%	0.8%	4.9%	3.6%	15.9%
	SLHD	1.5%	11.4%	-2.7%	-0.4%	-1.6%	8.0%
	WSLHD	2.8%	5.6%	-0.9%	3.9%	1.6%	13.5%
<b>Metro Total</b>		<b>1.5%</b>	<b>5.9%</b>	<b>-0.6%</b>	<b>2.6%</b>	<b>1.8%</b>	<b>11.5%</b>
<b>Regional/ Rural</b>	CCLHD	1.7%	2.0%	-0.6%	2.4%	1.3%	6.9%
	FWLHD	-3.6%	3.0%	-0.2%	5.5%	8.6%	13.5%
	HNELHD	-1.0%	3.9%	3.8%	4.1%	2.6%	14.0%
	ISLHD	2.1%	3.4%	1.8%	1.2%	1.4%	10.3%
	MLHD	1.5%	3.6%	1.9%	1.9%	2.6%	12.1%
	MNCLHD	0.4%	8.1%	2.6%	3.5%	-1.3%	13.8%
	NBMLHD	3.6%	3.2%	2.9%	3.7%	3.9%	18.5%
	NNSWLHD	3.2%	5.1%	-1.3%	2.2%	12.1%	22.7%
	SNSWLHD	4.7%	-0.1%	1.8%	2.2%	3.8%	13.0%
	WNSWLHD	0.6%	2.1%	2.2%	2.7%	3.4%	11.3%
Albury Wodonga Health	1.4%	-2.2%	1.6%	0.0%	9.9%	10.7%	
<b>Regional/ Rural Total</b>		<b>1.2%</b>	<b>3.5%</b>	<b>1.9%</b>	<b>2.9%</b>	<b>3.4%</b>	<b>13.5%</b>
<b>Statewide Service</b>	NSWA	7.0%	4.5%	6.2%	8.5%	4.8%	35.1%
	eHealth	20.5%	17.5%	11.8%	20.1%	24.9%	137.6%
	NSWHP	3.5%	2.5%	2.2%	0.8%	4.4%	14.0%
	HSNSW	1.9%	1.1%	-0.6%	0.1%	1.6%	4.1%



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	JHFMHN	-10.1%	0.6%	2.4%	2.4%	7.2%	1.8%
<b>Statewide Service Total</b>		<b>3.6%</b>	<b>3.3%</b>	<b>3.1%</b>	<b>4.4%</b>	<b>5.5%</b>	<b>21.5%</b>
<b>Total FTE</b>		<b>1.7%</b>	<b>4.5%</b>	<b>0.9%</b>	<b>3.0%</b>	<b>3.0%</b>	<b>13.8%</b>

**Source:** Corporate Analytics Data Warehouse extracts

**Note:** JHFMHN is referred to and included as a 'Statewide Service' and SCHN is referred to and included in the 'Metropolitan LHD' grouping section of these tables due to location purposes.

Over this period, the proportional distribution of the workforce has remained quite stable, as shown in Figure 3 below, with minimal changes in the proportion of the overall workforce located in metropolitan areas compared to rural and regional areas. Notably, there has been a proportional increase in Statewide Services, however this increase has been predominantly driven by the transition from contract staff to employees within eHealth and an increase in paramedics, which increased by 1,828 FTE from 5,209 FTE in 2019 to 7,037 FTE in 2024 and are dispersed across NSW.

**Figure 3. Distribution of the health workforce in 2019 and 2024**



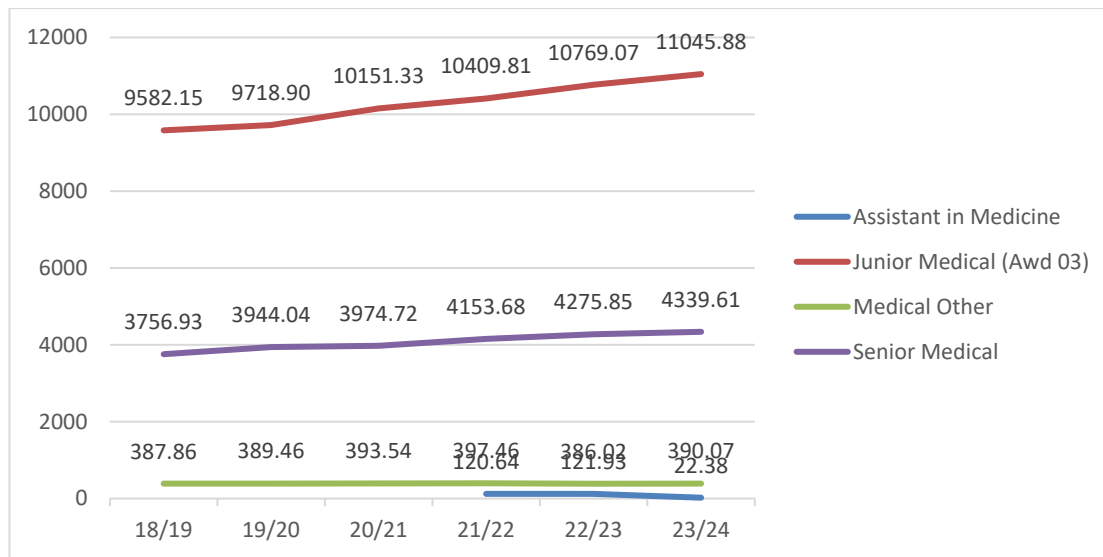
**Source:** Corporate Analytics Data Warehouse extracts

The medical workforce is comprised of a number of seniority levels. Figure 4 below shows the trend in the growth of the medical workforce by seniority between 2019 and 2024. Table 3 provides the same view but with greater visibility of the changes to 'other medical' and 'assistant in medicine' which were introduced in the 2020/21 financial year.

Between 2019 and 2024, the FTE of Junior Medical Officers (**JMOs**) has increased by 15%, from 9,582 FTE in 2019 to 11,045 FTE in 2024. Senior Medical Officers (**SMOs**) increased by 15%, from 3,756 FTE in 2019 to 4,339 FTE in 2024.

With equal growth rates across the workforce seniority levels between 2019 and 2024, there has been no change in the composition of the medical workforce by seniority, with JMO's comprising 69% of the medical workforce in 2019 and 69% of the workforce in 2024. Similarly, SMOs have remained at 27% of the workforce each year between 2019 and 2024.

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**Figure 4. Growth in the medical workforce FTE by seniority between FY 2018/19 and FY 2023/24**

Source: Workforce Comparative Dashboard extract

**Table 3: Growth in the medical workforce FTE by seniority between FY 2018/19 and FY 2023/24**

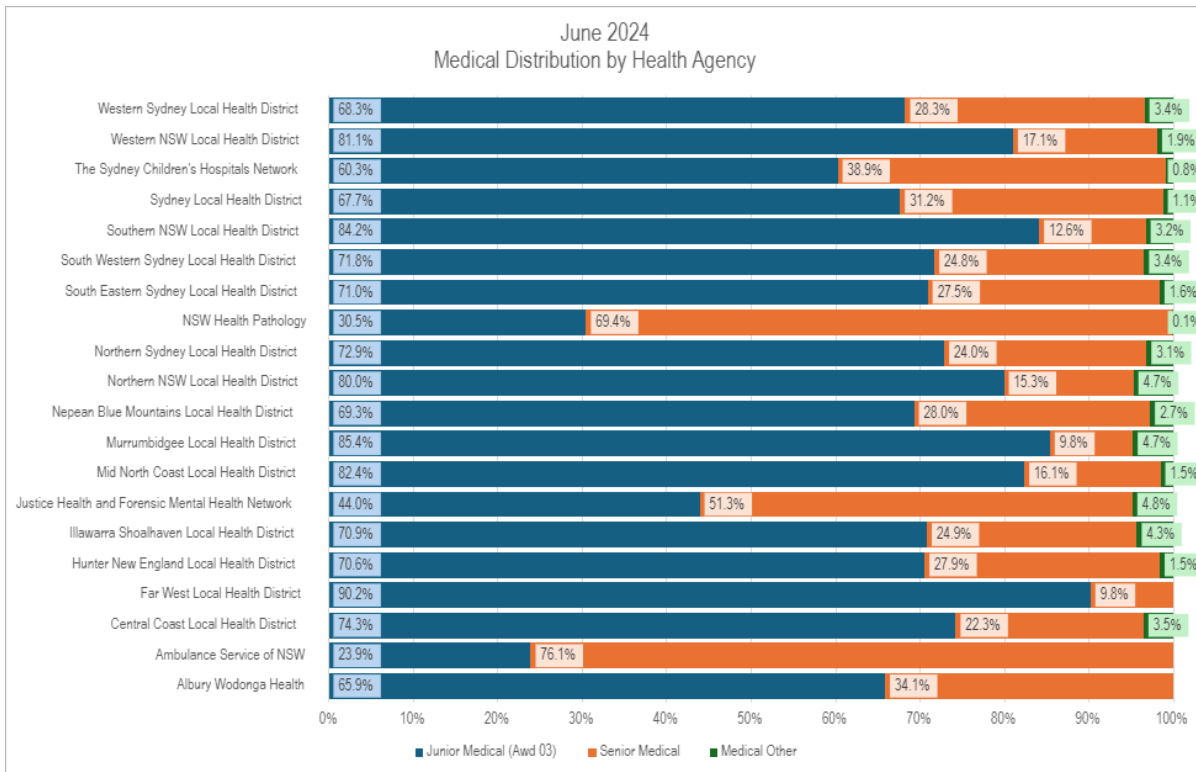
Medical Group	18/19	19/20	20/21	21/22	22/23	23/24
Assistant in Medicine				120.64	121.93	22.38
Junior Medical (Awd 03)	9582.15	9718.90	10151.33	10409.81	10769.07	11045.88
Medical Other	387.86	389.46	393.54	397.46	386.02	390.07
Senior Medical	3756.93	3944.04	3974.72	4153.68	4275.85	4339.61
<b>Total</b>	<b>13726.94</b>	<b>14052.40</b>	<b>14519.59</b>	<b>15081.60</b>	<b>15552.87</b>	<b>15797.93</b>

Source: Workforce Comparative Dashboard extract

Figure 5 below shows the composition of the medical workforce by seniority for each agency, highlighting some small differences in the composition of the workforce between locations. Notably, NSW Health Pathology (NSWHP), NSW Ambulance (NSWA), and Justice Health and Forensic Mental Health Network (JHFMHN) have proportionately higher SMOs, however this is due to differences in the functions these agencies undertake.

The JMO to SMO split in LHDs is more closely aligned to the statewide averages. Where there are departures from this average it is largely geographically driven, with regional LHD's WNSWLHD, MLHD, FWLHD that have higher proportions of JMOs, largely due to differences in the care models and challenges in attracting the medical workforce, outlined elsewhere in this report.

Figure 5. Composition of medical workforce, seniority by agency as of June 2024



Source: Workforce Comparative Dashboard extract

Note: Albury Wodonga Health are included as NSW Health employee the medical staff.

## 5. Distribution of the Health Workforce

Table 4 and Table 5 below include the FTE per 100,000 population for the years 2023 and 2024 respectively, for the medical, nursing and midwifery, and allied health professions. The average change in medical workforce per 100,000 population in 2023 was 162 FTE and for 2024 was 165 FTE, which was an increase of 3 FTE on average across the LHDs. The medical workforce increased across the majority of LHDs, specifically in CCLHD which increased by 13.8 FTE, FWLHD which increased by 18.6 FTE, and NBMLHD which increased by 12.2 FTE.

**Table 4: Clinical workforce groups per 100,000 population – 2023**

LHD	Medical	Nursing and Midwifery	Allied Health
CCLHD	217.7	786.6	166.2
FWLHD	88.2	1,147.5	211.3
HNELHD	177.4	697.8	150.6
ISLHD	180.0	682.6	164.3
MLHD	106.7	814.5	142.9
MNCLHD	182.6	909.9	172.2
NBMLHD	187.0	627.6	146.3
NNSWLHD	174.2	800.1	169.8
NSLHD	148.0	419.4	113.5
SESLHD	178.4	547.8	134.1
SLHD	239.9	681.8	155.7
SNSWLHD	66.5	588.9	128.2
SWSLHD	161.7	551.5	130.3
WNSWLHD	153.9	955.2	197.1
WSLHD	171.7	515.6	107.7

**Source:** Corporate Analytics Data Warehouse extracts, population data supplemented

**Note 1:** SCHN and JHFMHN are not included as they cannot be related to the per 100,000 population factors.

**Note 2:** The colour coding in both Table 4 and Table 5 indicates the density of the workforce FTE per 100,000 population. The darker green the greater the density of the health profession is within the LHD. Conversely yellow colours indicate lower density, noting the colour density thresholds differ by health profession.

**Table 5: Clinical workforce groups per 100,000 population – 2024**

LHD	Medical	Nursing and Midwifery	Allied Health
CCLHD	231.4	791.1	159.6
FWLHD	106.8	1,300.0	221.8
HNELHD	181.4	696.0	156.3
ISLHD	174.6	691.1	165.8
MLHD	106.3	830.3	151.9
MNCLHD	185.5	887.7	170.0
NBMLHD	199.3	659.8	154.3
NNSWLHD	182.6	912.8	188.7
NSLHD	145.1	420.4	119.9
SESLHD	181.0	562.7	141.8
SLHD	237.9	677.0	153.3
SNSWLHD	58.1	618.4	131.0
SWSLHD	166.5	572.2	130.1
WNSWLHD	153.4	995.5	200.3
WSLHD	169.3	524.6	110.0

**Source:** Corporate Data Warehouse extracts, population data supplemented

**Note:** SCHN and JHFMHN are not included as they cannot be related to the per 100,000 population factor.

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A decrease in medical workforce per 100,000 population between 2023 and 2024 occurred in ISLHD with a 5.4 FTE reduction and SNSWLHD with an 8.3 FTE reduction. LHDs that had a less significant reduction include SLHD which reduced by 2 FTE, WSLHD by 2.4 FTE and NSLHD by 3 FTE.

The average change in the nursing and midwifery workforce per 100,000 population in 2023 was 715 FTE and for 2024 was 742 FTE, which was an increase of 27 FTE on average across the LHDs, with increases of 152 and 112 in FWLHD and NNSWLHD respectively. Three LHDs had a reduction in nursing FTE per 100,000 population including HNELHD with a reduction of 1.8 FTE, SLHD with 4.7 FTE and MNCLHD with the largest decrease of 22.1 FTE.

The average change in the allied health workforce per 100,000 population in 2023 was 152.7 FTE and for 2024 was 157 FTE, which was an increase of 4.3 FTE on average across the LHDs, with more significant increases of 18.9 FTE in NNSWLHD and 10.5 FTE in FWLHD. Four LHDs had a decrease in allied health FTE per 100,000 population, including SWSLHD with a reduction of 0.2 FTE, CCLHD with 6.6FTE, MNCLHD with 2.3 FTE and SLHD with 2.4 FTE.

The average medical FTE per 100,000 population in 2024 across NSW Health is 165, with FWLHD, NSLHD, SNSWLHD and WNSWLD below the average. SLHD and CCLHD had the highest ratios for medical staff per population exceeding 200 FTE per 100,000.

The average nursing FTE per 100,000 population in 2024 across NSW is 742. HNELHD, ISLHD, NBMLHD, NSLHD, SESLHD, SLHD, SNSWLHD, SESLHD and WSLHD are all below this average. FWLHD, NNSWLHD and WNSWLHD skew the average higher with significantly higher nursing per 100,000 population. Notably these are the LHDs with lower medical coverage and utilise a greater number of nurses.

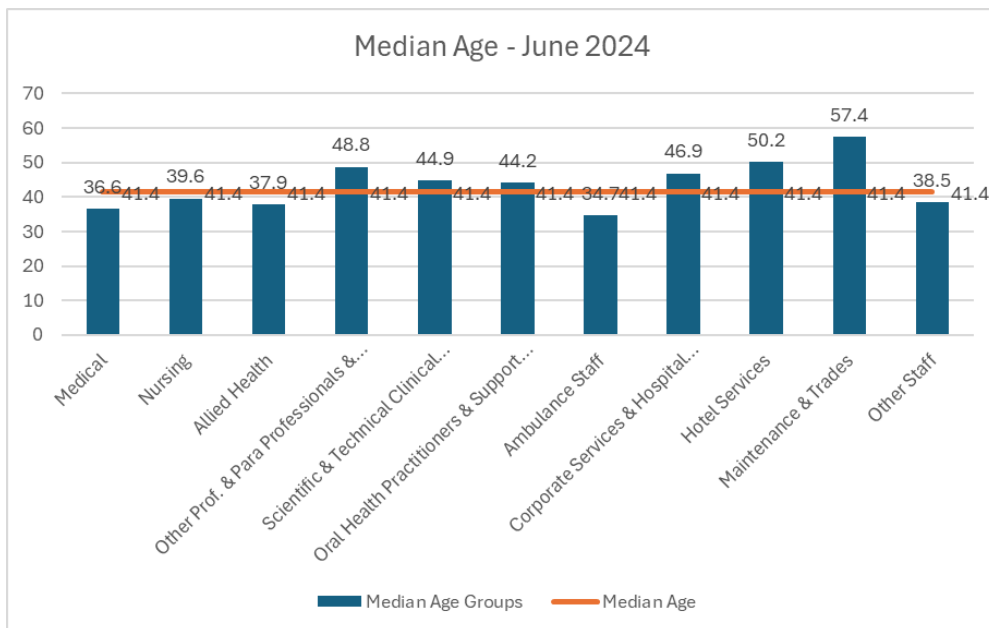
The average allied health FTE per 100,000 population in 2024 across the state is 157, with MLHD, NBMLHD, NSLHD, SESLHD, SLHD, SNSWLHD, SESLHD and WSLHD below that average. FWLHD, NNSWLHD and WNSWLHD have higher numbers of allied health per 100,000 population.

## 6. Demographics in the Health Workforce

The median age of the NSW Health workforce is 41.5, which is slightly lower than the broader public sector workforce median age of 43. Within the clinical workforce the median age is slightly lower at 40, which again compares favourably to the broader public sector workforce.

Figure 6 provides a more detailed assessment of the ages of the major professional groups across NSW Health. This indicates that the main clinical workforce groups all have a median age under that of the overall health workforce. Approximately 70% of the medical workforce is aged between 25 and 44, while 70% of nurses and midwives are aged between 25-54, and 80% of allied health are aged between 25-54. This broadly reinforces the absence of any significant pipeline or age-related separation concerns within the clinical workforce.

**Figure 6. Median age of health workforce by profession (Treasury Group) as at June 2024**



Source: Corporate Analytics Data Warehouse extracts

Table 6 shows a similar distribution by LHD, with many of the regional districts having a slightly lower median age for medical staff e.g. NNSWLHD, MLHD and FWLHD.

**Table 6: Median age of health workforce by LHD as at June 2024**

LHD	Allied Health	Medical	Nursing
CCLHD	38.8	34.9	42.5
FWLHD	34.0	31.0	40.9
HNELHD	39.9	37.0	40.9
ISLHD	38.3	36.9	40.0
MLHD	37.7	34.0	39.8
MNCLHD	41.3	35.5	44.3
NBMLHD	37.9	36.8	40.3
NNSWLHD	43.1	34.7	44.5
NSLHD	38.5	35.3	39.4
SESLHD	37.3	35.6	37.0
SLHD	36.4	35.3	37.8
SNSWLHD	42.0	40.0	43.0
SWSLHD	35.3	36.2	38.4
WNSWLHD	38.2	36.3	40.9
WSLHD	37.1	36.8	39.4

Source: Corporate Analytics Data Warehouse extracts

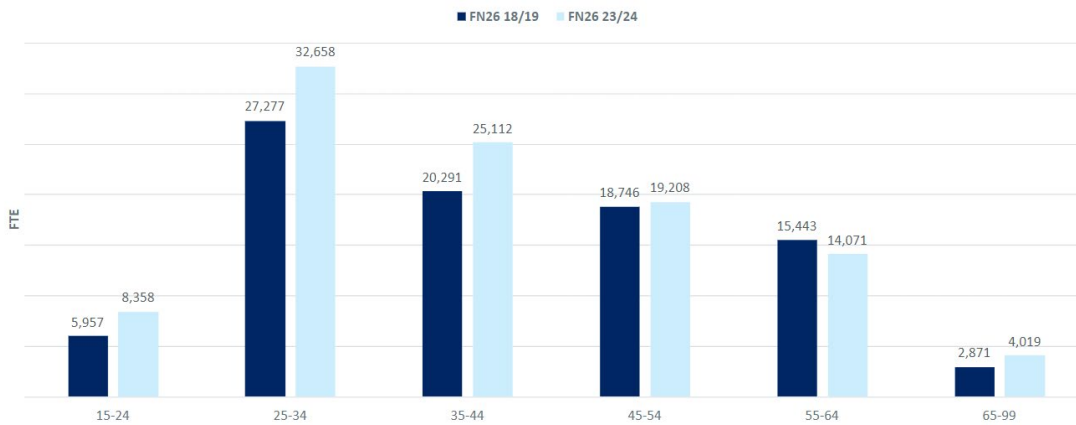
Note 1: SCHN and JHFMHN are not included.

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The age distribution of the workforce is more informative than the median age in isolation. The workforce age distribution identifies potential risks to the pipeline of future employees, as well as potential attrition risks. Figure 7 shows the distribution of the health workforce which highlights a higher prevalence of staff aged 25 to 34, with a gradual tapering in each of the 10-year age bands from 35 to 65+. Broadly this distribution does not indicate any concerns around the pipeline of staff and compares well with the broader public sector age distribution shown in Figure 8.

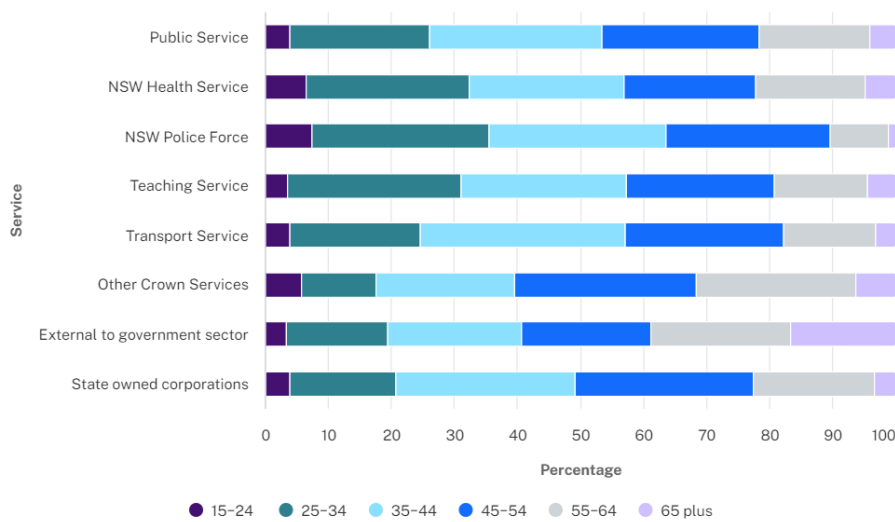
The distribution shown in Figure 7 indicates a number of people in the 65+ age group. This is not uncommon and is evident across the services indicated in Figure 8 by the Public Service Commission. Older age cohorts can often hold significant experience and knowledge, and while this group may have a higher probability of retiring, they continue to contribute and share their knowledge and experience as part of the workforce. Where there have appropriate transition strategies and workforce planning in place to manage the knowledge transfer or replacement of these staff, the knowledge loss is mitigated.

**Figure 7. Age distribution of the health workforce from June 2019 and June 2024**



Source: Corporate Analytics Data Warehouse extracts

**Figure 8. Age distribution across the NSW Public Sector – June 2023**



Source: PSC Workforce Profile Report 2023

Table 7 shows the age distribution by medical specialty, which shows a distribution of medical staff across the different age bands. However, there are some specialties where there are significant proportions of the workforce in the older age bands, including cardio thoracic surgery, genetics, obstetrics and gynaecological ultrasound, paediatric nuclear medicine, and plastic surgery. This is not inherently problematic as some doctors do choose to work past the typical retirement age, and this enables NSW Health to retain the specialist knowledge and skills of these clinicians. The distribution of the workforce is dependent on training pathways and places.

Table 7: Age distribution of medical specialties – June 2024

Specialty	25-34	35-44	45-54	55-64	65-99
<b>Senior Medical Workforce</b>	<b>4.16%</b>	<b>33.13%</b>	<b>32.65%</b>	<b>22.02%</b>	<b>8.13%</b>
Anatomical Pathology (Including Cytopathology)	4.12%	28.25%	39.37%	20.55%	7.72%
Cardio Thoracic Surgery	0.00%	0.00%	62.50%	37.50%	0.00%
Cardiology	1.64%	24.30%	38.26%	27.38%	8.43%
Chemical Pathology	0.00%	35.05%	8.46%	45.02%	11.48%
Clinical Genetics	1.95%	30.24%	31.22%	26.83%	9.76%
Clinical Pharmacology	0.00%	0.00%	90.91%	9.09%	0.00%
Community Child Health	7.37%	53.32%	26.02%	10.37%	2.92%
Diagnostic Radiology	6.40%	29.89%	29.58%	22.23%	11.89%
Diagnostic Ultrasound	0.00%	13.51%	45.95%	27.03%	13.51%
Endocrinology	5.57%	29.95%	32.40%	20.95%	11.13%
Forensic Pathology	0.00%	33.33%	34.88%	24.03%	7.75%
Gastroenterology And Hepatology	4.78%	39.39%	28.29%	23.26%	4.28%
General Medicine	6.80%	37.69%	34.02%	14.01%	7.47%
General Paediatrics	3.27%	32.68%	36.62%	19.65%	7.79%
General Pathology	0.00%	13.64%	38.64%	34.09%	13.64%
General Surgery	15.19%	32.77%	26.71%	15.78%	9.55%
Genetics	0.00%	0.00%	27.78%	44.44%	27.78%
Geriatric Medicine	7.84%	31.11%	31.46%	22.20%	7.38%
Gynaecological Oncology	8.73%	26.19%	26.68%	14.84%	23.57%
Haematology	3.28%	32.69%	33.05%	19.02%	11.95%
Haematology And Physician Haematology	4.42%	24.62%	47.79%	15.93%	7.24%
Immunology	12.35%	2.47%	43.21%	17.28%	24.69%
Immunology And Allergy	0.82%	46.09%	29.63%	17.28%	6.17%
Immunology And Physician Immunology And Allergy	0.00%	26.32%	73.68%	0.00%	0.00%
Infectious Diseases	4.63%	40.27%	35.81%	15.58%	3.70%
Maternal Fetal Medicine	0.00%	15.38%	38.46%	24.62%	21.54%
Medical Oncology	7.23%	41.10%	30.96%	15.53%	5.17%
Microbiology	5.79%	41.53%	31.53%	17.65%	3.51%
Microbiology And Physician Infectious Diseases	0.00%	5.08%	28.81%	57.63%	8.47%
Neonatal And Perinatal Medicine	2.33%	20.82%	45.25%	19.69%	11.91%
Nephrology	6.18%	27.04%	36.19%	23.40%	7.94%
Neurology	4.66%	35.36%	29.54%	17.93%	12.51%
Neurosurgery	0.00%	100.00%	0.00%	0.00%	0.00%
No procedural	2.76%	32.84%	35.80%	19.92%	8.68%
No Speciality Field	3.30%	37.07%	25.96%	24.02%	9.65%
Nuclear Medicine	0.00%	11.04%	40.60%	30.81%	17.55%
Obstetrics And Gynaecological Ultrasound	0.00%	0.00%	60.57%	39.43%	0.00%
Oral And Maxillofacial Surgery	0.00%	0.00%	100.00%	0.00%	0.00%
Orthopaedic Surgery	5.31%	36.34%	14.32%	36.07%	7.96%
Otolaryngology Head And Neck Surgery	7.92%	50.03%	31.66%	10.39%	0.00%
Paediatric Cardiology	0.00%	13.16%	49.34%	21.05%	16.45%
Paediatric Emergency Medicine	2.83%	34.09%	33.74%	25.11%	4.22%
Paediatric Endocrinology	4.56%	30.20%	31.05%	19.37%	14.81%
Paediatric Gastroenterology And Hepatology	0.00%	13.00%	40.00%	42.00%	5.00%



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Paediatric Haematology	0.00%	13.64%	40.91%	45.45%	0.00%
Paediatric Immunology And Allergy	0.00%	29.18%	41.76%	24.21%	4.84%
Paediatric Infectious Diseases	0.00%	45.45%	45.45%	9.09%	0.00%
Paediatric Intensive Care Medicine	0.00%	19.81%	51.89%	28.30%	0.00%
Paediatric Medical Oncology	0.00%	32.30%	30.52%	15.86%	21.32%
Paediatric Nephrology	0.00%	29.11%	22.78%	35.44%	12.66%
Paediatric Neurology	4.24%	16.12%	47.75%	20.16%	11.72%
Paediatric Nuclear Medicine	0.00%	0.00%	40.00%	30.00%	30.00%
Paediatric Palliative Medicine	0.00%	10.53%	21.05%	68.42%	0.00%
Paediatric Rehabilitation Medicine	0.00%	23.21%	26.31%	44.29%	6.19%
Paediatric Respiratory And Sleep Medicine	1.28%	33.85%	24.27%	32.30%	8.30%
Paediatric Rheumatology	0.00%	0.00%	66.67%	0.00%	33.33%
Paediatric Surgery	0.00%	14.25%	25.75%	51.78%	8.22%
Paediatrics and Emergency	0.00%	0.00%	42.86%	28.57%	28.57%
Plastic Surgery	0.00%	17.24%	25.86%	17.24%	39.66%
Reproductive Endocrinology And Infertility	0.00%	0.00%	45.95%	27.03%	27.03%
Respiratory And Sleep Medicine	4.78%	28.30%	37.18%	21.42%	8.32%
Rheumatology	8.38%	34.34%	23.54%	13.22%	20.52%
Urogynaecology	18.42%	54.24%	19.98%	0.00%	7.37%
Urology	0.00%	30.28%	18.35%	27.52%	23.85%
Vascular Surgery	15.31%	39.80%	0.00%	34.69%	10.20%

**Source:** Corporate Analytics Data Warehouse extracts and HealthStats NSW

**Note:** The colour coding above indicates concentration of the workforce within an age band. With blue indicating a lower proportion and red indicating a higher proportion.

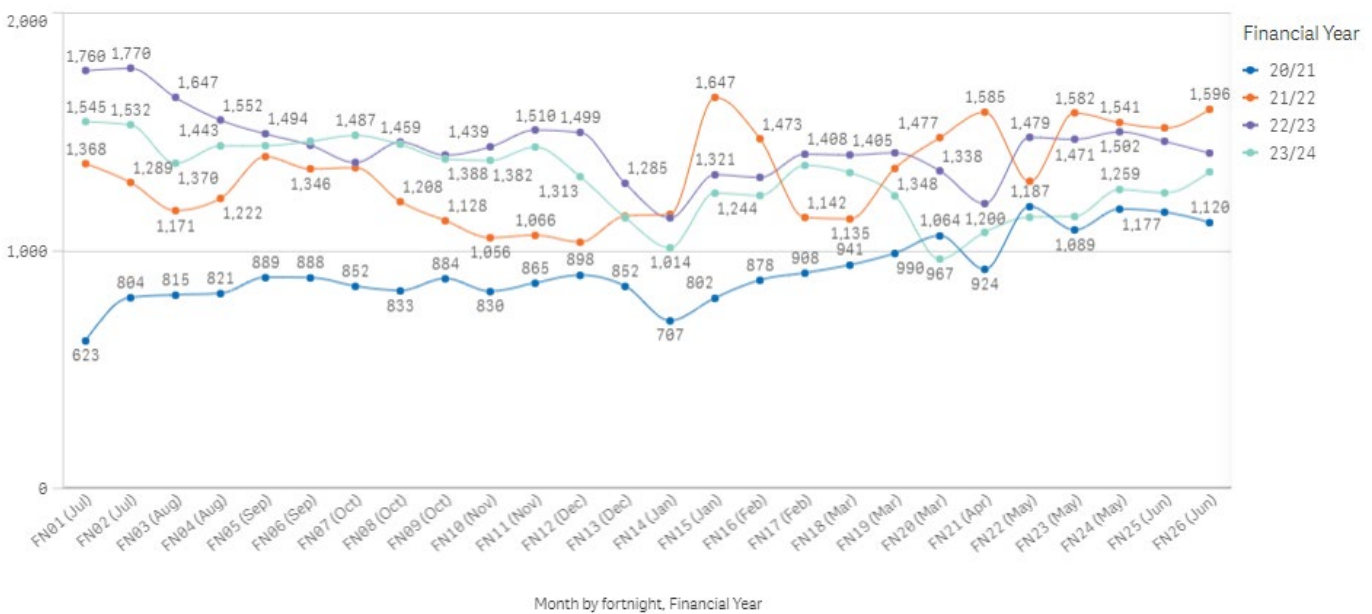


## 7. Nursing Overtime in the Health Workforce

The NSW Health data on the nursing and midwifery workforce includes the amount of overtime worked in the total FTE figures, which as of June 2021 totaled approximately 1,120 FTE, or 3.3% of nursing and midwifery hours worked. Similarly, in June 2022 the overtime worked by nurses and midwives equated to approximately 1,596 FTE or 3.8% of total nursing hours worked. Workforce figures for the month of June, like other winter months, are typically higher than in the summer months to manage seasonal increases in activity.

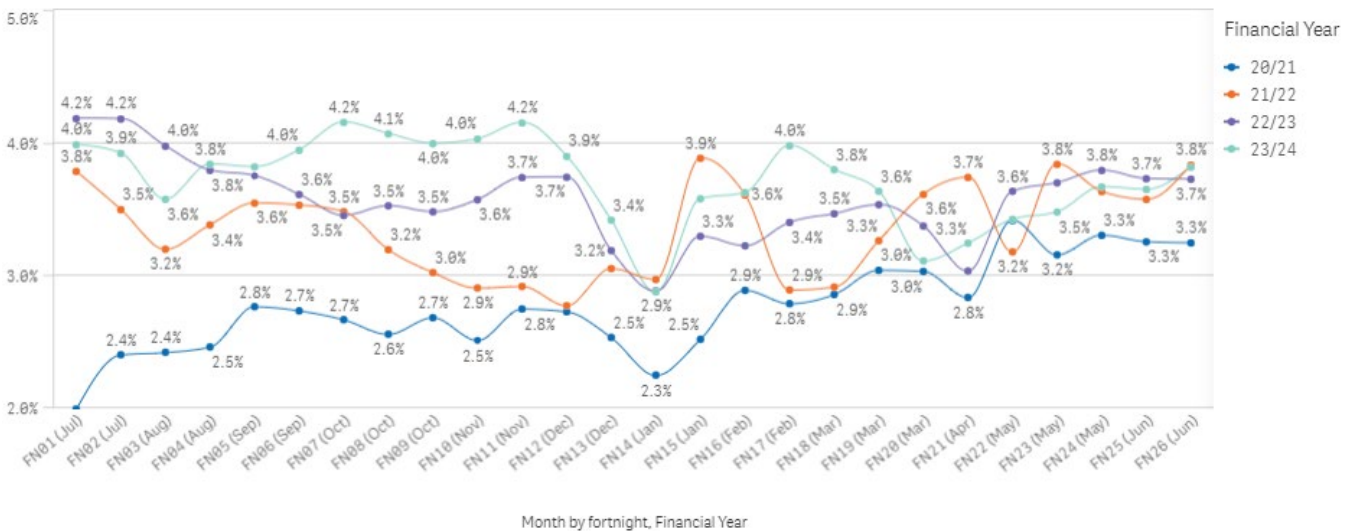
Similarly, during the height of the COVID-19 pandemic, the amount of overtime worked by nurses and midwives increased, with the rates of overtime rising in the lead up to June 2021 and remained higher through to October 2022. This is evident in both Figure 9 and Figure 10, where during the latter half of the 2021-22 financial year and the earlier half of the 2022-23 financial year, the overtime worked increased to 1,596 FTE in June 2021 and 1,760 FTE in July 2022.

**Figure 9. FTE nursing and midwifery overtime worked – FY 2020/21 to FY 2023/24**



Source: Workforce Analytics Comparative Dashboard

**Figure 10. Overtime as a proportion of nursing hours worked – FY 2020/21 to FY 2023/24**



Source: Workforce Comparative Dashboard

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From June 2022 to June 2024, nursing and midwifery overtime decreasing by 263 FTE from 1,596 FTE in June 2022 to 1,333 FTE in June 2024. Indicating that overtime has decreased and that instances of overtime worked by nurses and midwives has not increased over time or become more prevalent.

Importantly, overtime is a means for the health system to rapidly flex and adjust to increased demand, while at a micro level overtime provides continuity of care to patients. This same pattern can be observed in Figure 10 which shows an increase in overtime worked in most winter periods, with the exception of the 2020/21 financial year where there were lockdowns which impeded the spread of COVID-19 and other illnesses.

In the 2023/24 financial year, approximately 18 million shifts were worked by the nursing and midwifery workforce across NSW Health. This includes any normal time shifts as well as shifts where overtime occurred. The median amount of overtime worked in a shift was two hours, however there are a wide range of overtime amounts worked. The longest shifts worked were where nurses and midwives worked overtime of eight or more hours, these instances of overtime represented less than 0.1% of all shifts worked.

## 8. Utilisation of Nursing Agencies in NSW Health

In 2023 there was an average of 481.6 FTE of agency nurses engaged across NSW Health, while in 2021 there was an average agency nurse FTE of 591.8, which is a decrease of 110.2 FTE on average or approximately 22%. There is typically a greater use of agency nurses in rural and remote LHDs such as NNSWLHD.

In response to COVID-19, LHDs increased their workforce, including through use of nursing agency staffing arrangements. LHDs and agencies were permitted in these exceptional circumstances to engage these staff off payroll to expediate the process of their engagement. Since this time, LHDs have been encouraged to reduce the number of agency staff engaged and transfer off-payroll agency to payroll to provide better visibility of the number of these arrangements.

The use of agency staff in nursing peaked in June 2021, with a total expense of \$63.1 million, as shown in Table 8. Since this period, there has been a reduction in the number of agency nurses and the associated cost of this premium labour. This has resulted in nursing agency staff expenditure decreasing by over \$7.3 million or 11.5% between June 2021 and June 2023.

**Table 8: Agency nursing expense by LHD and SHN from June 2021 to June 2023**

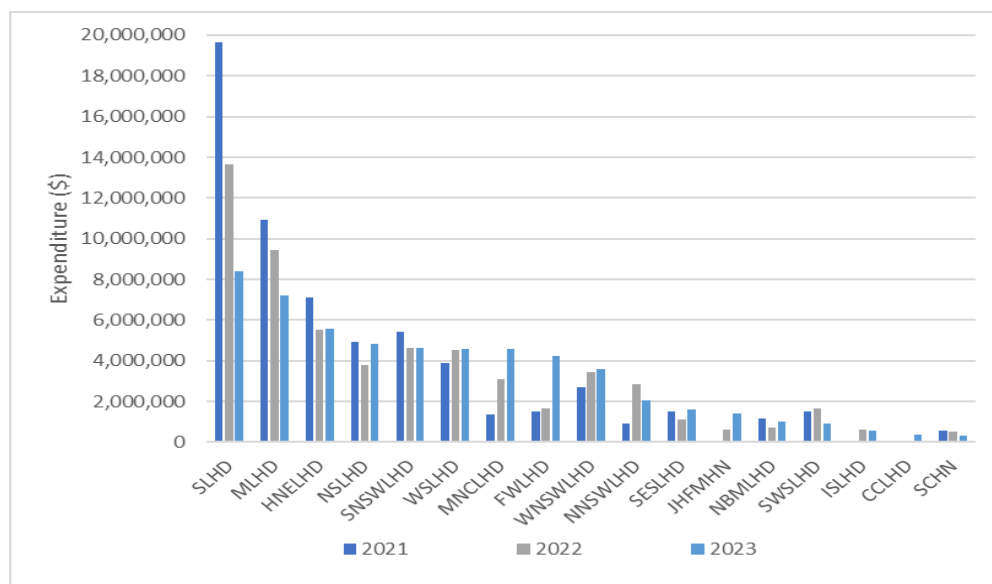
LHD	2021	2022	2023
SLHD	19,627,192	13,670,207	8,372,602
MLHD	10,902,536	9,422,349	7,214,043
HNELHD	7,132,966	5,504,229	5,578,456
NSLHD	4,927,949	3,770,381	4,827,396
SNSWLHD	5,402,530	4,655,036	4,644,262
WSLHD	3,875,325	4,556,115	4,585,053
MNCLHD	1,373,628	3,106,891	4,566,733
FWLHD	1,508,486	1,638,809	4,254,801
WNSWLHD	2,718,186	3,437,529	3,603,452
NNSWLHD	910,969	2,856,466	2,076,364
SESLHD	1,524,469	1,128,145	1,608,112
JHFMHN	-	636,863	1,385,706
NBMLHD	1,158,455	695,975	1,002,687
SWSLHD	1,498,623	1,646,074	897,810
ISLHD	39,312	607,205	565,951
CCLHD	-	44,787	353,105
SCHN	556,914	496,731	316,730
<b>Total</b>	<b>63,157,540</b>	<b>57,873,792</b>	<b>55,853,263</b>

*Source: Corporate Analytics Data Warehouse extracts*

*Note: Expense includes salaries only.*

The use of agency nurses has predominantly been in rural and regional LHDs with the exception of SLHD. Figure 11 shows the change in expenditure on agency nursing per year for each LHD. It also shows a reduction in agency nursing since 2021 in each LHD with the exceptions of WSLHD, MNCLHD, FWLHD, SNSWLHD, and SESLHD.

Figure 11. Agency nursing expenditure by LHD and SHN from June 2021 to June 2023



Source: Corporate Analytics Data Warehouse extracts

## 9. Distribution of Medical Specialties

Table 9 shows the distribution of medical specialties across NSW, with greater coverage of specialties across the metropolitan LHDs. This is due to greater population density in the metropolitan areas and therefore higher demand for the work. The level of specialisation in rural and regional settings is not as broad due to lower population density and demand. The rural and regional population has access to these services through different networked care, virtual care, and/or transferring the patient to an LHD with the required speciality.

**Table 9: Distribution of medical specialties by LHD**

Speciality	METRO						METRO Total	REGIONAL/RURAL										REGIONAL/RURAL Total		
	NSLHD	SCHN	SESLHD	SLHD	SWSLHD	WSLHD		CCLHD	FWLHD	HNELHD	ISLHD	MLHD	MNCLHD	NBMLHD	NNSWLHD	SNSWLHD	WNSWLHD			
Addiction Medicine	0.7	2.7	20.8	17.8	10.8	4.3	57.2	4.5		7.7	2.4	0.3		7.0	2.2	0.1				24.2
Anaesthesia	59.5	42.9	111.3	104.6	61.1	104.4	483.7	35.2		106.4	33.3	19.8		38.8	32.3	1.0			27.7	303.9
Clinical Governance		0.1		0.8			0.9									0.1				0.1
Dermatology	5.3	2.5	6.4	11.3	6.5	8.3	40.3			3.3			1.5							4.8
Education And Training	0.3	9.9		1.3	1.8	0.6	13.9	0.3		0.8		0.2		1.9						3.2
Emergency Medicine	208.6	0.7	219.0	157.9	244.9	199.2	1,030.2	107.3	9.0	283.9	116.6	52.8	84.6	79.1	134.6	6.2			51.8	926.1
General Practice	6.1	1.0	1.4	10.3	4.7	6.5	30.1	12.0		14.9	2.1	11.5	4.2		2.3	7.5			32.3	86.9
HETI Accredited (Intern & RMO1) unstreamed position	265.4	0.9	243.2	287.7	491.8	347.5	1,636.4	254.4	0.1	376.2	178.6	41.5	147.4	134.3	102.3				99.1	1,333.9
Intensive Care Medicine	81.3	5.9	108.6	82.4	77.4	87.2	442.7	43.6		92.4	40.5	15.2	11.0	31.4	24.1	1.0			17.0	276.2
Medical Administration	7.1	3.0	13.9	19.8	7.0	10.1	61.0	3.5	1.5	8.6	3.5	1.0	3.0	1.6	4.2	2.0			3.0	31.9
Obstetrics And Gynaecology	40.6		97.4	50.6	99.3	108.0	395.8	19.3		87.9	23.3	14.2	14.3	49.4	25.7	1.1			23.7	258.8
Occupational And Environmental Medicine	0.8			1.0			1.8							0.2						0.2
Ophthalmology	6.1	1.9	20.7	8.5	6.1	12.6	55.8	1.6	1.3	5.7		3.1			3.2					14.9
Paediatrics And Child Health	65.3	693.5	58.1	44.8	91.1	72.0	1,024.9	29.1	1.1	130.9	21.8	18.0	11.6	47.7	27.7	9.1			28.9	325.9
Pain Medicine	5.3	3.0	1.2	6.4			15.9			3.4				1.1	0.5					5.0
Palliative Medicine	7.0		16.1	21.2	14.7	12.2	71.1	7.5	1.0	9.2	10.8		2.0	9.5	6.7				2.4	49.1
Pathology	7.4	7.6	6.7	19.9	1.4	0.8	43.9	1.5		0.3		1.2		2.6		0.4				6.0
Physician	225.5	3.6	399.1	324.1	377.1	448.1	1,777.6	127.7	7.1	284.3	192.4	23.4	77.7	149.6	94.6	2.0			77.4	1,036.1
Psychiatry	111.9	24.8	96.3	140.2	66.7	107.8	547.6	44.8	2.0	115.3	35.4	6.6	15.8	48.3	40.4	0.6			32.4	341.5
Public Health Medicine	4.6	0.1	4.6	12.9	7.1	4.1	33.4	1.9		4.4	1.3	1.0	0.5	1.2	1.2				1.0	12.5
Radiation Oncology	17.6	0.6	21.0	5.1	24.0	26.6	94.9	9.3			6.8		10.7	10.6	5.4				1.0	43.8
Radiology	49.0	15.9	48.8	71.8	46.8	48.2	280.6	29.5		44.5	5.9	2.1	1.2	29.7					3.4	116.3
Rehabilitation Medicine	42.1	0.0	13.1	10.9	4.1	15.1	85.4	4.0		17.8	19.6	4.3		9.4	6.9	0.4			4.6	67.0
Relief/Nights	56.8		0.4	75.4	6.4	1.8	140.8	4.4		1.0	18.9		4.8	1.7	1.6				83.5	116.3
Sexual Health Medicine	3.0		15.7	8.6	2.4	8.8	38.5	2.8		0.8	3.7		1.9	0.1						9.3
Sport And Exercise Medicine		0.4					0.4													
Surgery	126.9	111.3	160.4	171.7	145.4	209.6	925.4	51.8	3.3	174.9	66.0	35.8	31.4	66.4	50.7	11.9			41.0	533.1
Undefined Specialty	26.1	5.3	27.5	0.2	6.1	4.7	69.9			8.35	3.05	15.13	8.22	1.1	1.25					37.1
<b>Grand Total</b>	<b>1,430.2</b>	<b>937.7</b>	<b>1,711.7</b>	<b>1,667.1</b>	<b>1,804.7</b>	<b>1,848.7</b>	<b>9,400.1</b>	<b>795.9</b>	<b>26.4</b>	<b>1,783.0</b>	<b>785.8</b>	<b>267.1</b>	<b>441.3</b>	<b>720.9</b>	<b>569.6</b>	<b>127.0</b>	<b>447.0</b>			<b>5,964.0</b>

## NSW Health



Speciality	STATE BASED					STATE BASED Total	PILLAR				PILLAR Total	VICTORIA		VIC Total	Grand Total
	NSWA	eHealth	HSNSW	JHFMHN	NSWHP		CEC	CINSW	HETI	HSSG		Albury Wodonga Hospital			
Addiction Medicine				10.9		10.9									92.3
Anaesthesia															787.6
Clinical Governance		2.4				2.4									3.4
Dermatology															45.1
Education And Training															17.1
Emergency Medicine															1956.7
General Practice				10.8		10.8			2.1		2.1		0.4	0.4	129.9
HETI Accredited (Intern & RMO1) unstreamed position				7.2		7.2									2977.5
Intensive Care Medicine															719.0
Medical Administration				3.9	0.6	4.5	3.2	0.6	2.8		6.6				104.0
Obstetrics And Gynaecology															654.6
Occupational And Environmental Medicine															2.0
Ophthalmology															70.7
Paediatrics And Child Health				0.4		0.4							0.9	0.9	1352.1
Pain Medicine															20.9
Palliative Medicine															120.2
Pathology					392.7	392.7									442.6
Physician				0.2	5.5	5.7									2819.3
Psychiatry				44.8		44.8									934.0
Public Health Medicine				0.6	1.7	2.3			3.737368		3.7				51.9
Radiation Oncology															138.7
Radiology															396.9
Rehabilitation Medicine															152.4
Relief/Nights															257.1
Sexual Health Medicine															47.8
Sport And Exercise Medicine															0.4
Surgery															1458.5
Undefined Speciality	41.6	2.6	1	1		46.2	1.6		2.2	9.3	13.1		5.05	5.1	171.4
<b>Grand Total</b>	<b>41.6</b>	<b>5.0</b>	<b>1.0</b>	<b>79.9</b>	<b>400.5</b>	<b>528.1</b>	<b>4.8</b>	<b>0.6</b>	<b>7.1</b>	<b>13.0</b>	<b>25.5</b>		<b>6.3</b>	<b>6.3</b>	<b>15,924.2</b>

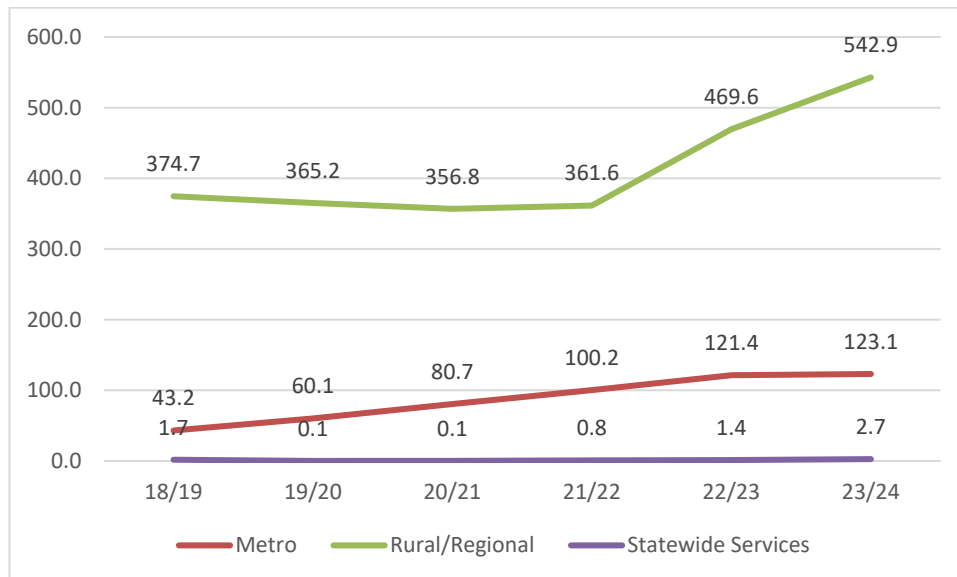
Source: Corporate Analytics Data Warehouse extract

## 10. Medical Locum Utilisation in NSW Health

Medical locums provide services on a temporary basis (up to three months). Notably, since COVID-19 there has been a marked increase in the number of medical locum engagements across rural and regional NSW with the figure rising 50% (181.3 FTE) since the 2021/22 financial year as indicated in Figure 12.

Although the issue of attracting professionals to rural and remote areas is not unique to NSW or to health, there are greater challenges in attracting health workers, and particularly medical professionals to rural and regional areas. Chief among these is the significant disparity in earning potential between specialties in metropolitan areas vs rural and regional areas.

**Figure 12. Medical locum utilisation by FTE – FY 2018/19 to FY 2023/24**



*Source: Corporate Analytics Data Warehouse extracts*

The number of locum doctors has increased from a relatively stable figure pre 2021/22. Locums represent a small component of the overall medical workforce of around 3% in 2018/19 to 4.3% in 2023/24, as indicated in Table 10. This proportion is even lower in metropolitan, ranging from 0.54% in 2018/19 to 1.35% in 2023/24. In rural and regional areas, the locum workforce rose from 7.63% in 2018/19 to 9.26% in 2023/24. With the greatest utilisation of locums in the more rural LHDs' FWLHD, WNSWLHD, NNSWLHD. SNSWLHD utilisation is significantly above all other LHDs at 67.66%.



## NSW Health

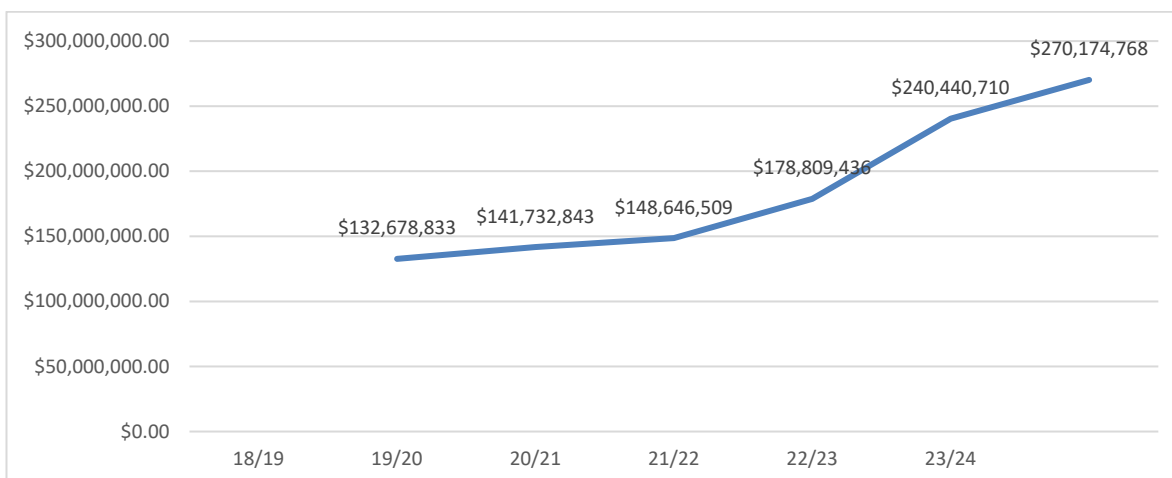
**Table 10: Medical locums as a proportion of the medical workforce by LHD/Statewide Service – FY 2018/19 to FY 2023/24**

Financial Year	2018/19	2019/20	2020/21	2021/22	2022/23	2023/24
SCHN	0.00%	0.00%	0.00%	0.18%	0.00%	0.00%
SLHD	0.02%	0.07%	0.18%	0.32%	1.10%	0.61%
SESLHD	0.49%	0.55%	0.56%	0.63%	0.76%	0.83%
NSLHD	0.36%	0.33%	0.44%	0.39%	0.79%	1.11%
WSLHD	0.43%	1.10%	1.81%	2.45%	2.69%	2.68%
SWSLHD	1.62%	1.86%	2.05%	2.23%	2.01%	2.10%
<b>Metropolitan total</b>	<b>0.54%</b>	<b>0.73%</b>	<b>0.94%</b>	<b>1.14%</b>	<b>1.36%</b>	<b>1.35%</b>
MNDLHD	13.26%	11.43%	9.88%	8.35%	12.06%	11.43%
FWLHD	27.43%	27.89%	27.51%	29.83%	34.94%	41.49%
MLHD	17.57%	17.81%	15.51%	13.14%	16.98%	16.44%
CCLHD	1.64%	1.75%	0.96%	1.13%	2.29%	3.81%
ISLHD	7.03%	5.21%	4.02%	3.46%	4.21%	4.54%
NBMLHD	1.04%	0.89%	1.22%	1.66%	2.17%	2.48%
WNSWLHD	13.76%	12.02%	13.10%	12.55%	15.03%	18.46%
HNELHD	3.02%	3.24%	3.04%	3.13%	4.08%	4.96%
SNSWLHD	60.10%	58.30%	61.91%	65.73%	63.57%	67.66%
NNSWLHD	14.39%	15.77%	14.20%	12.86%	16.56%	17.76%
<b>Rural/Regional total</b>	<b>7.63%</b>	<b>7.21%</b>	<b>6.75%</b>	<b>6.63%</b>	<b>8.33%</b>	<b>9.26%</b>
NSWHP	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
NSWA	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
eHealth NSW	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
JHFMHN	2.59%	0.15%	0.15%	1.10%	1.88%	3.38%
HealthShare NSW	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
<b>Statewide Services total</b>	<b>0.38%</b>	<b>0.02%</b>	<b>0.02%</b>	<b>0.17%</b>	<b>0.29%</b>	<b>0.52%</b>
<b>Overall</b>	<b>3.14%</b>	<b>3.08%</b>	<b>3.05%</b>	<b>3.15%</b>	<b>3.93%</b>	<b>4.31%</b>

Source: Corporate Analytics Data Warehouse extracts

Note: JHFMHN is referred to and included as a 'Statewide Service' and SCHN is referred to and included in the 'Metropolitan LHD' grouping section of these tables due to location purposes.

Figure 13 shows the cost of the locum workforce over time. Similarly, Table 10 shows that while the cost of medical locums has increased, it remains a small component of the workforce, constituting approximately 1.5% of the payroll cost and 0.4% of the total FTE.

**Figure 13. Cost of medical locums – FY 2018/19 to FY 2023/24**

Source: Corporate Analytics Data Warehouse extracts

## 11. Employment Mix in NSW Health

Tables 11 and 12 provide a snapshot of the employment type composition of the health workforce in 2019 and 2024 by profession (Treasury Group). As of June 2019, 78.5% of the health workforce were engaged as permanent employees, 16.7% in a temporary capacity, and 4.8% casually or through an agency arrangement.

The majority of professions (Treasury Group) have a higher-than-state proportion of permanent employees, the exception is the medical profession where 26.5% of employees are permanent. This is unique to medicine as JMOs are employed on two-year contracts in alignment with stages of training programs. Sixty-six per cent of 'other staff' (other group), which constitutes teachers, librarians, and other atypical professions, are engaged as permanent employees. This is due to the presence of school-based trainees who are specifically employed on short term contracts as part of their traineeship.

**Table 11: Employment composition of the health workforce by profession (Treasury Group) in June 2019**

Treasury Group	Permanent	Temporary	Agency/Casual
Medical	26.5%	70.3%	3.2%
Nursing	83.0%	9.9%	7.2%
Allied Health	82.0%	16.7%	1.4%
Other Professional & Paraprofessionals & Support Staff	81.2%	7.8%	11.1%
Scientific & Technical Clinical Support Staff	89.5%	8.1%	2.4%
Oral Health Practitioners & Support Workers	86.0%	12.9%	1.2%
Ambulance Staff	99.3%	0.3%	0.3%
Corporate Services & Hospital Support	86.1%	11.1%	2.8%
Hotel Services	88.3%	4.8%	6.8%
Maintenance & Trades	97.6%	1.9%	0.5%
Other Staff	66.4%	27.2%	6.4%
<b>Total</b>	<b>78.5%</b>	<b>16.7%</b>	<b>4.8%</b>

Source: Corporate Analytics Data Warehouse extracts

As of June 2024, 78.6% of the health workforce was engaged as a permanent employee, 15.9% engaged in a temporary capacity, and 5.5% engaged casually or through an agency arrangement. Noting these values will change where overtime is reported as a distinct category.

Notably there has been an increase in casual and agency engagement in rural and remote areas which face greater challenges in attracting staff. This issue is not unique to Health professionals and is faced by other industries and has also been observed in other government services including the educational industry with teachers. Nor is this issue unique to NSW Health, with other health jurisdictions across Australia experiencing workforce supply and availability challenges in regional and remote areas (Cosgrave, 2018; Daniels et al., 2007).

**Table 12: Employment composition of the health workforce by profession (Treasury Group) in June 2024**

Treasury Group	Permanent	Temporary	Casual/Agency
Medical	26.0%	69.9%	4.2%
Nursing	84.8%	7.5%	7.7%
Allied Health	82.1%	16.2%	1.6%
Other Prof. & Paraprofessionals & Support Staff	80.6%	8.4%	13.4%
Scientific & Technical Clinical Support Staff	87.7%	9.2%	3.1%
Oral Health Practitioners & Support Workers	86.7%	12.5%	0.8%
Ambulance Staff	99.3%	0.4%	0.3%
Corporate Services & Hospital Support	84.6%	12.6%	2.8%
Hotel Services	85.1%	4.6%	10.3%
Maintenance & Trades	98.1%	1.5%	0.4%
Other Staff	54.0%	40.5%	5.5%
<b>Total</b>	<b>78.6%</b>	<b>15.9%</b>	<b>5.5%</b>

Source: Corporate Analytics Data Warehouse extracts

## NSW Health

By regional and metro LHDs, there are minimal variations in the mix of permanent, temporary and casual employment across agencies shown in Table 13. A notable variation to the typical pattern is SCHN with a marginally lower permanent mix of 69%, while FWLHD and SNSWLHD tend to have slightly higher casual and agency arrangements. Broadly rural and regional LHD's have a slightly lower temporary employee proportion.

**Table 13: Health workforce employment mix by LHD/Statewide Service – June 2024**

REGION	LHD	Permanent	Temporary	Casual/Agency
Metropolitan	NSLHD	71%	22%	6%
	SCHN	69%	28%	3%
	SESLHD	73%	22%	5%
	SWSLHD	76%	19%	5%
	SLHD	75%	20%	5%
	WSLHD	76%	19%	5%
<b>Metropolitan Total</b>		<b>74%</b>	<b>21%</b>	<b>5%</b>
Regional/ Rural	CCLHD	78%	17%	6%
	FWLHD	72%	17%	11%
	HNELHD	75%	20%	5%
	ISLHD	77%	17%	6%
	MLHD	71%	20%	9%
	MNCLHD	76%	15%	9%
	NBMLHD	77%	19%	5%
	NNSWLHD	73%	18%	9%
	SNSWLHD	78%	12%	10%
	WNSWLHD	74%	19%	7%
<b>Regional/ Rural Total</b>		<b>75%</b>	<b>18%</b>	<b>7%</b>
Statewide Service	NSWA	98%	1%	0%
	eHealth	71%	29%	0%
	NSWHP	86%	12%	2%
	HSNSW	85%	9%	6%
	J&FMHN	81%	12%	7%
<b>Statewide Service Total</b>		<b>88%</b>	<b>9%</b>	<b>3%</b>
<b>Total FTE</b>		<b>77%</b>	<b>18%</b>	<b>5%</b>

Source: Corporate Analytics Data Warehouse extracts

Note: JHFMHN is referred to and included as a 'Statewide Service' and SCHN is referred to and included in the 'Metropolitan LHD' grouping section of these tables due to location purposes.

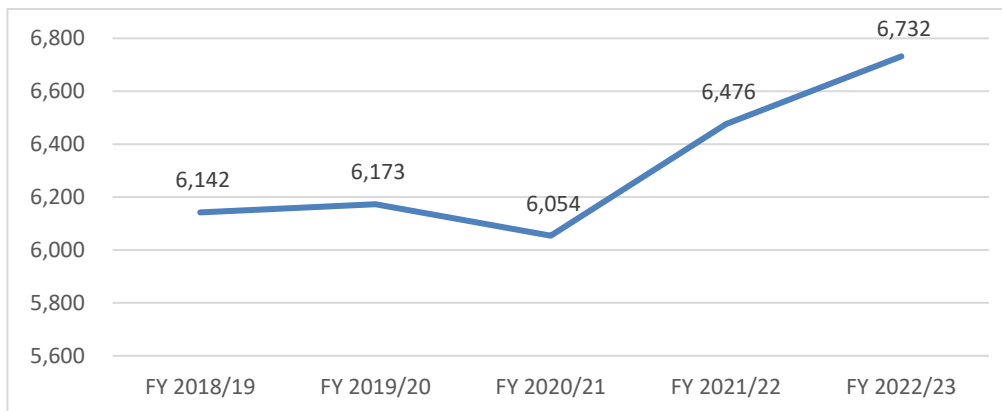
## 12. Utilisation of Visiting Medical Officers in NSW Health

VMOs are specialist medical practitioners appointed as independent contractors. They perform specialist medical services in the same way as Staff Specialists, just with different appointment/employment conditions.

The rates and conditions for VMOs are set by *Public Hospitals (Visiting Medical Officers Fee for Service Contracts) Determination 2014* and *Public Hospitals (Visiting Medical Officers Sessional Contracts) Determination 2014*. As their rates are set by this determination, the increase in the cost of VMO's is driven by the combination of changes to the rates paid under this determination, and the overall number of VMOs paid.

The number of VMOs engaged pre COVID-19 was around 6100-6200 per year, as shown in Figure 14. It is difficult to determine the proportion of the workforce that VMOs constitute as these engagements are not based on FTE. During the COVID-19 pandemic the number of VMOs decreased to 6,054 as shown in Figure 14 for the 2020/21 financial year. This figure subsequently rose in both 2021/22 and 2022/23 to 6,476 and 6,732 respectively. VMO figures are not yet available for the 2023/24 financial year but will likely be available in August 2024 once all VMO claims are submitted.

**Figure 14. VMO annual headcount – FY 2018/19 to FY 2022/23**

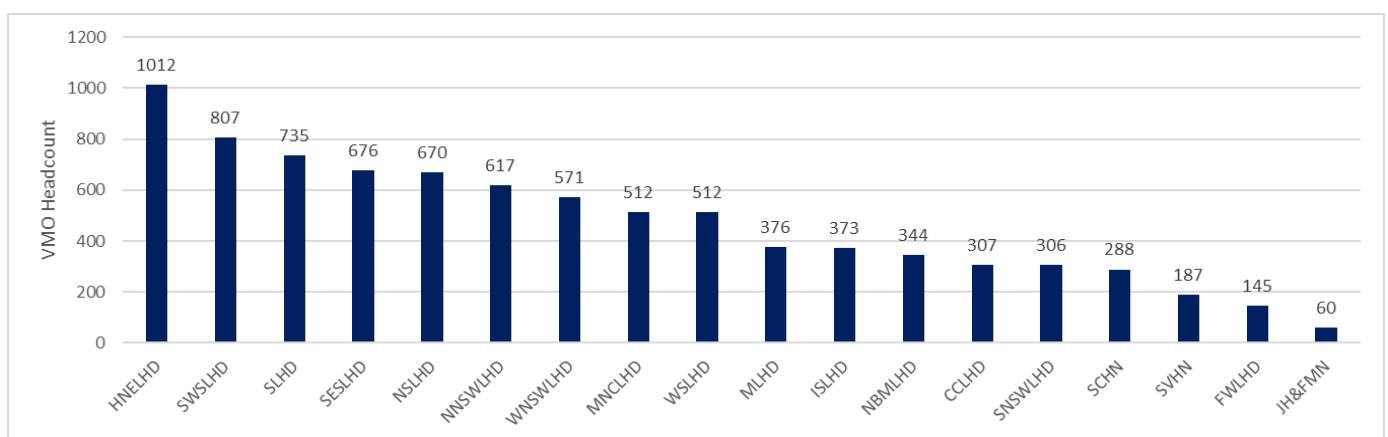


**Source:** Corporate Analytics Data Warehouse extracts

**Note 1:** Headcount includes any VMO that has made a claim in the financial year.

**Note 2:** Figure 14 includes specialty networks (SCHN and JHFMHN) and St Vincent's Health Network

**Figure 15. VMO headcount per LHD/specialty networks - FY 2023/24**



**Source:** Corporate Analytics Data Warehouse extracts

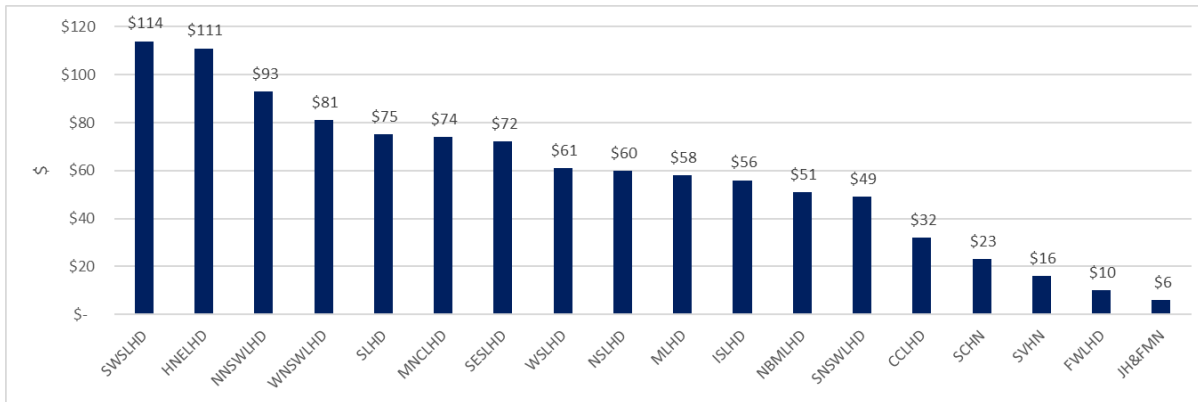
**Note:** Figure 15 includes specialty networks (SCHN and JHFMHN) and St Vincent's Health Network

**Note:** You cannot sum the LHD totals to get the distinct headcount because VMOs can work across more than one location.

## NSW Health

Figure 15 shows the distribution of VMO headcount across NSW Health, indicating the largest number of VMOs were engaged in HNELHD, followed by five metropolitan LHDs. Figure 16 shows the expenditure on VMOs, with three regional LHDs in the top five by expenditure, HNELHD, NNSWLHD and WNSWLHD. The difference between Figure 15 and Figure 16 highlights the different usage of VMO between metropolitan and regional LHDs.

**Figure 16. Cost of VMOs per LHD/specialty networks - FY 2023/24**



**Source:** Corporate Analytics Data Warehouse extracts

**Note:** Figure 16 includes specialty networks (SCHN and JHFMHN) and St Vincent's Health Network

Table 14 provides a list of the top 16 VMO specialties by cost and the headcount of engagement in FY 2023/24. The remaining specialties constitute a much smaller proportion of expenditure and headcount.

**Table 14: Cost and headcount of the top 16 VMO specialties in - FY 2023/24**

Specialty	Cost	Headcount
Anaesthetics	\$225,293,197.00	1251
General Practice	\$143,200,681.00	1001
General Surgery	\$80,191,854.00	417
Emergency Medicine	\$75,783,504.00	535
Psychiatry	\$75,760,025.00	422
Orthopaedics	\$62,947,474.00	326
Obstetrics/ Gynaecology	\$43,565,063.00	362
General Medicine	\$42,015,492.00	270
Radiology	\$33,776,401.00	157
Ophthalmology	\$26,320,524.00	195
Urology	\$22,603,161.00	119
Intensive Care	\$21,950,764.00	167

**Source:** Corporate Analytics Data Warehouse extracts

**Note 1:** Table 14 includes LHDs/specialty networks (SCHN and JHFMHN) and St Vincent's Health Network.

## 13. Attrition (Separation) and Retention in NSW Health

It is common within NSW Health to have high staff mobility between Health Agencies. The drivers of this can vary, ranging from opportunities to progress career or lifestyle choices to move elsewhere around the state. As such, retention and turnover for Health Agencies may not always provide a true picture of staff movements.

Workforce separation identifies where a staff member, regardless of the number of employment contracts or employment type, exits their employment from NSW Health.

Over the 2023/24 financial year the number of staff who left NSW Health was approximately 11,100 people or 6.6% of the workforce on an annualised basis. In comparison, in 2018/19 the number of staff who left NSW Health was approximately 8,000 people or 5.8% of the workforce.

Conversely, NSW Health has a high permanent staff retention rate, which was 93.5% in 2019 and declined to 91.6% in 2022. Despite that decline, there remains a high rate of permanent staff retention, with NSW Health employees having an average tenure of 7.4 years, compared to the public sector average of seven years (NSW PSC, 2023).

Since 2022, the retention rate has increased and is currently at 92.8% as of June 2024, and higher in a number of professions, including medical at 94.4%, and nursing at 93.6%. Further detail is provided in Table 15, with a metropolitan breakdown provided in Table 16 and a regional/rural breakdown provided in Table 17.

**Table 15: NSW Health permanent retention rates by Treasury Group – From June 2019 to June 2024**

Treasury Group	June 19	June 20	June 21	June 22	June 23	June 24
Allied Health	93.6%	94.9%	93.5%	91.9%	92.0%	92.7%
Ambulance Staff	96.9%	97.3%	95.1%	94.4%	95.1%	93.2%
Corporate Services & Hospital Support	93.0%	94.3%	93.3%	90.1%	90.5%	92.1%
Hotel Services	92.0%	93.6%	92.4%	89.1%	89.2%	90.5%
Maintenance & Trades	92.4%	95.0%	92.6%	89.0%	88.9%	89.0%
Medical	95.1%	96.3%	94.8%	95.4%	94.9%	94.4%
Nursing	93.7%	95.3%	94.0%	92.2%	92.6%	93.6%
Oral Health Practitioners & Support Workers	95.3%	94.7%	92.5%	91.6%	90.4%	93.2%
Other Professional & Paraprofessionals & Support Staff	92.9%	93.3%	92.1%	89.7%	90.4%	90.3%
Other Staff	92.2%	95.0%	91.4%	86.1%	90.8%	89.8%
Scientific & Technical Clinical Support Staff	93.4%	94.4%	93.8%	91.5%	91.2%	92.3%
<b>NSW Health total</b>	<b>93.5%</b>	<b>94.9%</b>	<b>93.6%</b>	<b>91.6%</b>	<b>91.9%</b>	<b>92.8%</b>

Source: Corporate Analytics Data Warehouse extracts

**Table 16: Metropolitan LHD permanent retention rates by Treasury Group – June 2019 to June 2024**

Treasury Group	June 19	June 20	June 21	June 22	June 23	June 24
Allied Health	93.4%	95.1%	94.0%	92.3%	91.4%	93.3%
Corporate Services & Hospital Support	92.3%	94.4%	93.5%	89.7%	90.6%	92.5%
Hotel Services	92.5%	94.6%	93.8%	90.3%	92.2%	93.0%
Maintenance & Trades	92.4%	94.6%	91.5%	90.8%	88.5%	91.5%
Medical	95.2%	97.3%	95.2%	96.4%	95.4%	94.6%
Nursing	93.2%	95.8%	94.8%	93.2%	93.4%	94.4%
Oral Health Practitioners & Support Workers	96.8%	95.6%	93.9%	95.1%	91.3%	94.9%
Other Professional & Paraprofessional & Support Staff	92.7%	93.0%	93.7%	90.0%	91.2%	91.9%
Other Staff	90.8%	95.2%	91.0%	86.9%	90.7%	88.8%
Scientific & Technical Clinical Support Staff	92.5%	95.5%	94.1%	93.1%	92.7%	93.2%
<b>Metropolitan total</b>	<b>93.2%</b>	<b>95.4%</b>	<b>94.3%</b>	<b>92.4%</b>	<b>92.5%</b>	<b>93.7%</b>

Source: Corporate Analytics Data Warehouse extracts

## NSW Health

**Table 17: Regional/rural LHD permanent retention rates by Treasury Group - June 2019 to June 2024**

Treasury Group	June 19	June 20	June 21	June 22	June 23	June 24
Allied Health	93.9%	94.2%	92.7%	91.0%	92.3%	92.1%
Corporate Services & Hospital Support	93.6%	94.3%	92.3%	90.0%	89.4%	91.1%
Hotel Services	92.7%	94.0%	92.0%	89.3%	88.7%	91.1%
Maintenance & Trades	92.0%	95.7%	92.7%	88.7%	87.8%	86.4%
Medical	94.8%	95.0%	93.7%	93.7%	93.8%	93.9%
Nursing	94.2%	95.0%	93.2%	91.1%	91.8%	92.9%
Oral Health Practitioners & Support Workers	93.6%	93.5%	90.9%	87.4%	89.3%	91.0%
Other Professional & Paraprofessionals & Support Staff	92.9%	93.9%	90.2%	89.4%	89.2%	88.7%
Other Staff	94.7%	94.6%	93.3%	84.8%	91.0%	91.9%
Scientific & Technical Clinical Support Staff	93.8%	94.5%	92.5%	89.8%	89.8%	91.6%
<b>Regional/rural total</b>	<b>93.9%</b>	<b>94.7%</b>	<b>92.8%</b>	<b>90.7%</b>	<b>91.1%</b>	<b>92.1%</b>

Source: Corporate Analytics Data Warehouse extracts

As a case study Ministry of Health previously examined the claim of paramedics, particularly those along the borders exiting the workforce to work in other states with higher pay. In assessing this data, it was observed that between 2019 and 2024 55%-59% of all paramedic separations from NSW Health were from metropolitan based paramedics. Similarly, the rate of separation in medium rural locations decreased from 12% of paramedic separations in 2021 to 8% of paramedic separations in 2024. With the proportion of exits from regional and remote flat over this period.

Drawing a causal link between locum usage and attrition of medical staff is complex, as reasons staff leave are multifaceted. NSW Health can compare attrition of medical staff between our metro and rural locations, whereas shown in Figure 12 that more locums are engaged in rural and regional areas, and that the number engaged has increased by 52% or 186 FTE between 2020/21 and 2023/24. While over the same period the rate of attrition in the medical workforce in rural and regional areas decreased by 0.12 percentage points as shown in Table 18.

In metropolitan locations, medical locum usage increased by 52% or 42 FTE between 2020/21 and 2023/24 in Figure 12 referenced in Section 10 of the report. While the rate of growth was the same in regional/rural locations, the metropolitan areas had a much lower starting point so the increase in FTE was numerically much lower. The rate of attrition of medical staff in metropolitan areas increased by 0.58 percentage points as shown in Table 18. These rates of change are overall small, but in opposite directions, further impacting the reliability of any conclusion that may be drawn on the relationship between attrition and greater locum engagements.

**Table 18: Medical attrition comparison – FY 2020/21 to FY 2023/24**

	Attrition June 2020/21	Attrition June 2023/24	Difference in attrition from FY 2020/21 to FY 2023/24
Metropolitan	4.83%	5.41%	0.58%
Rural/Regional	6.25%	6.14%	-0.12%
Statewide Services	3.17%	3.74%	0.57%

## 14. NSW Health Pay Comparison

Figures 17 to 24 show the base pay range for a range of staff including Staff Specialists, JMOs, registered nurses and registered midwives, allied health professionals, paramedics, paramedic specialists, pharmacists and clinical nurse specialists and provides a comparative table for the other states and territories within Australia.

For each of these professional groups, the NSW Health base salary is lower at the minimum and maximum for Staff Specialists and JMOs, while there is a lower minimum for allied health professionals and registered nurses. For allied health professionals and registered nurses, the maximum pay is at the mid-range point of what is paid across other jurisdictions.

However, the NSW Health base rate of pay does not reflect the different award conditions and does not account for any difference in allowances and penalty rates which can significantly alter the actual rates of pay employees receive.

Nonetheless, these differences in base pay rates between states and territories can make staffing challenging, particularly along state borders where working across the border may be perceived to be more financially advantageous.

NSW Health does not have access to the average 'take home' pay of employees in other states and territories.

Table 19 shows the average annual actual take home pay of a NSW Health 1 FTE for each profession. This demonstrates the impact of different conditions on an employee's take home pay compared to their base rate. For example, the minimum base pay for a registered nurse in NSW is \$70,050, however the average pay is \$127,036, 180% more. Similarly, the minimum base rate for an allied health professional is \$70,944 however their actual average take home pay is \$127,882.

**Table 19: Average annual actual pay by Profession (Treasury Group) for FY 2023/24**

Treasury Group	Avg Pay
Nursing	\$127,036
Corporate Services & Hospital Support	\$115,917
Medical	\$222,017
Allied Health	\$127,882
Hotel Services	\$79,803
Scientific & Technical Clinical Support Staff	\$106,678
Ambulance Staff	\$132,698
Other Professional & Paraprofessionals & Support Staff	\$89,776
Oral Health Practitioners & Support Workers	\$114,160
Maintenance & Trades	\$94,218
Other Staff	\$156,669
<b>Total</b>	<b>\$130,558</b>

**Source:** Corporate Analytics Data Warehouse extracts

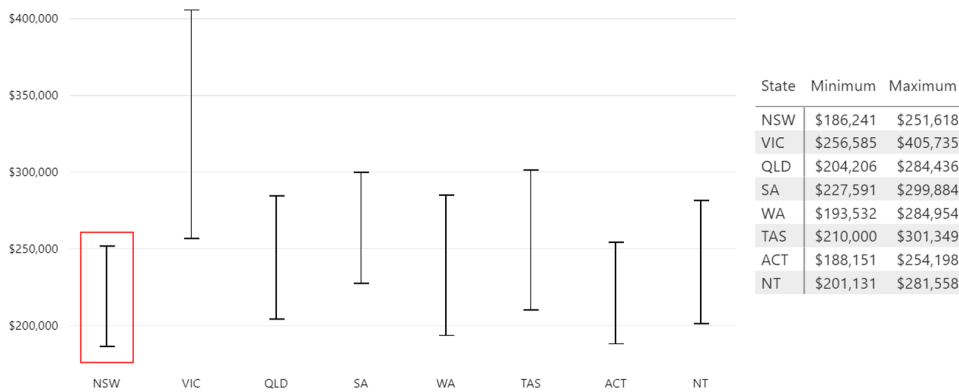
**Note:** This figure for Ambulance Staff does not fully reflect the increase in the pay as the new award rates were effective from 1 January 2024.



## NSW Health

**Figure 17. Staff Specialist base pay with interstate comparison**

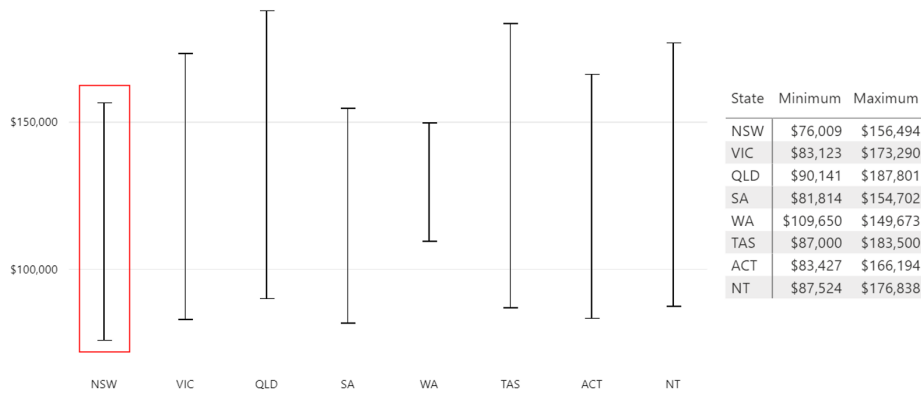
Base salary range for Staff Specialists



Source: Compiled dataset by Workforce Relations Branch, Ministry of Health

**Figure 18. JMO base pay with interstate comparison**

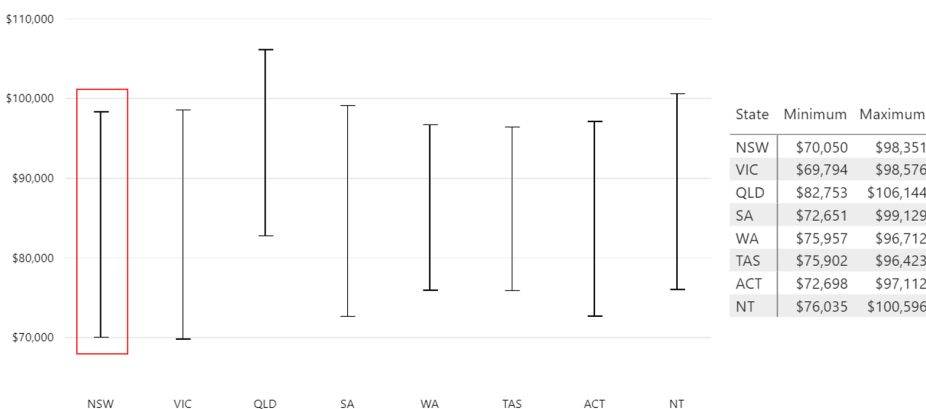
Base salary range for Junior Medical Officers



Source: Compiled dataset by Workforce Relations Branch, Ministry of Health

**Figure 19. Registered nurses and registered midwives base pay with interstate comparison**

Base salary range for Registered Nurses and Midwives

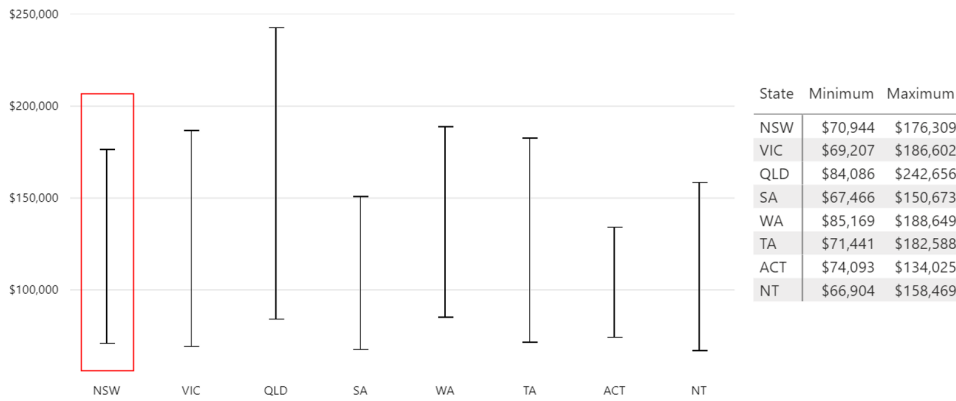


Source: Compiled dataset by Workforce Relations Branch, Ministry of Health

## NSW Health

**Figure 20. Allied health professional base pay with interstate comparison**

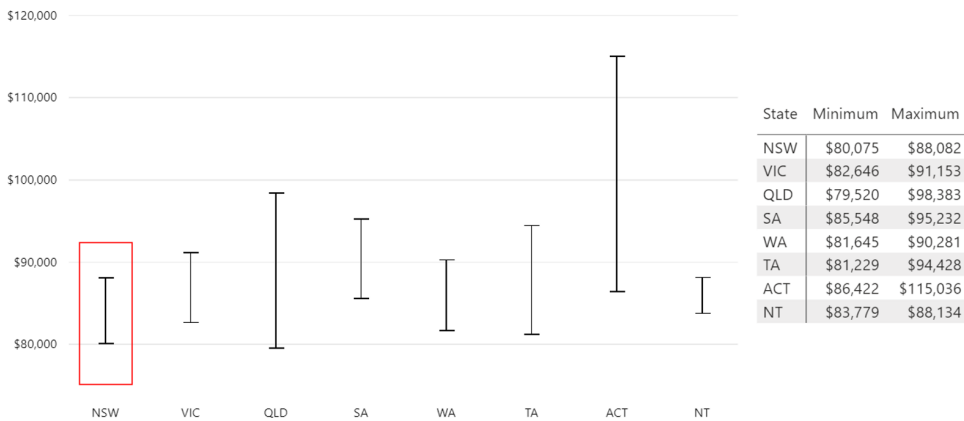
Base salary range for Allied Health Professionals



Source: Compiled dataset by Workforce Relations Branch, Ministry of Health

**Figure 21. Paramedic base pay with interstate comparison**

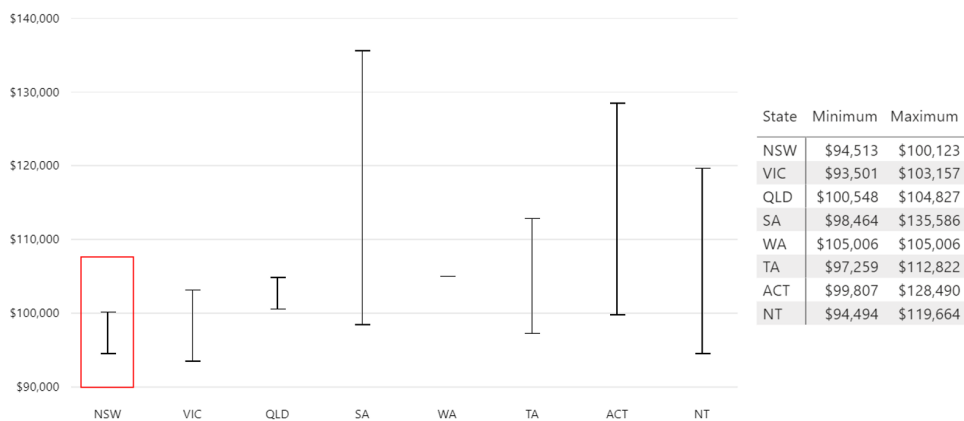
Base salary range for Paramedics



Source: Compiled dataset by Workforce Relations Branch, Ministry of Health

**Figure 22. Paramedic Specialist base pay with interstate comparison**

Base salary range for Paramedic Specialists

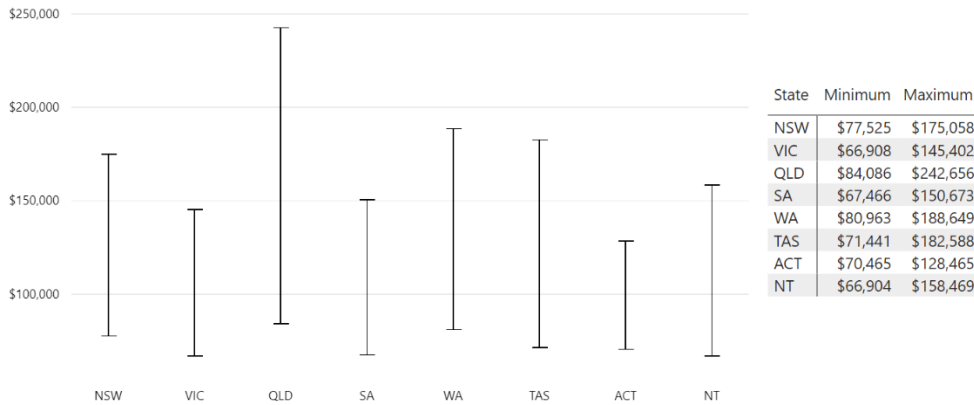


Source: Compiled dataset by Workforce Relations Branch, Ministry of Health

NSW Health

Figure 23. Pharmacist base pay with interstate comparison

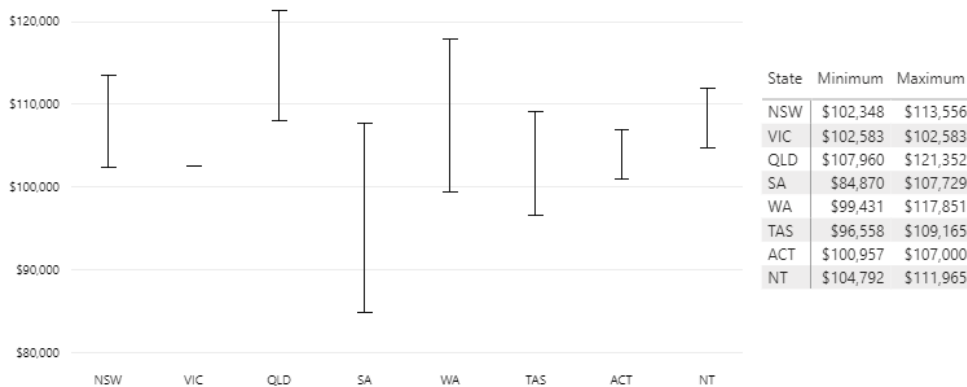
Base salary range for Pharmacists



Source: Compiled dataset by Workforce Relations Branch, Ministry of Health

Figure 24. Clinical Nurse Specialist base pay with interstate comparison

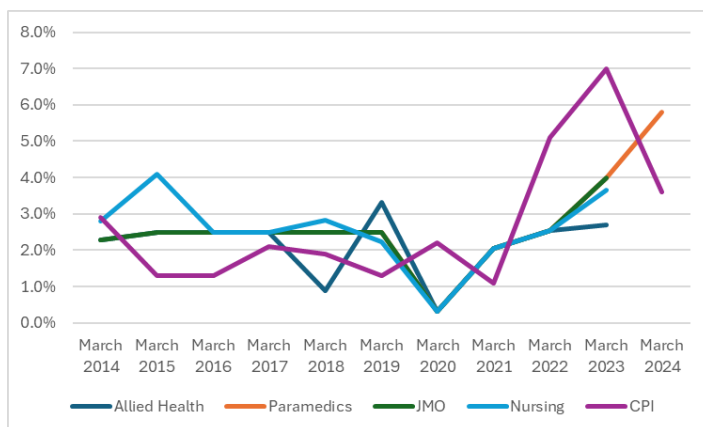
Base salary range for Clinical Nurse Specialist



Source: Compiled dataset by Workforce Relations Branch, Ministry of Health

Figure 25 shows the year-on-year increases in wages growth for selected professions of allied health, registered nursing, medical, and paramedics and presents this relative to the March CPI each year. For registered nurses and JMOs relative to CPI, each group has broadly received increases above the rate of inflation each year until 2022 when inflation began to increase. The exception to this was in 2020, when there was a one off and more modest increase in wages.

Figure 25. Wage increases over time compared to CPI



Source: Corporate Data Warehouse extracts, CPI data from ABS

Note: Increase in base rates of pay year on year for the identified group of employees, 2024 increases are provided where known, but blank where they are unavailable. Paramedic data prior to 2017 is unavailable and not depicted in the figure for simplicity we have aligned the annual wage increase to this same point and should be interpreted indicative of how wages have changed relative to CPI over time. As a number of groups have the same year on year rate changes, the lines trend together and may not appear visible on the above chart. CPI is the annualised figure at March.

# 15. People Matter Employee Survey

For NSW Health as a whole the engagement score for 2023 was 63%, this is 2 percentage points lower than the 65% level recorded in 2016. However, the 2023 engagement score is 1 percentage point higher than the 62% recorded in 2022. Similarly the culture index for 2023 was 61%, which is 2 percentage points higher than the score recorded in 2022 and 4 percentage points higher than the score recorded in 2016. Combined these measures may be indicating the beginning of the return to a higher engagement score at the whole of Health level.

The job satisfaction measure is an important indicator of employee satisfaction with their role and organisation. At the whole of Health level the job satisfaction score was 68% in 2023, which is the highest score recorded in PMES while this question has been a feature of the survey. With the 2023 result being 2 percentage points higher than the 2022 level, and 3 percentage points higher than the 2021 level.

The PMES survey also asks respondents their intention to exit within the next 12 months and a range of other questions around mobility. In 2023 8.6% of employees indicated their intention to exit within the next 12 months. Similarly in 2021 9% of employees indicated their intention to exit within the next 12 months. However, looking at the historical separation rates, the number of staff who leave NSW Health is much lower than suggested by the intention to leave questions within the survey with permanent employee separations as low as 5.1% in 2020, peaking at 8.4% in 2022, before trending down to 7.2% as at June 2024.

**Figure 26. PMES Health Portfolio – survey period 21 August 2023 to 15 September 2023**

	Report total	Agency for Clinical Innovation	Bureau of Health Information	Cancer Institute NSW	Central Coast Local Health District	Clinical Excellence Commission	eHealth NSW	Far West Local Health District	Health Education & Training Institute	Health Infrastructure	Health Professional Councils Authority	HealthShare NSW	Hunter New England Local Health District	Illawarra Shoalhaven Local Health District	Southern NSW Local Health District	Sydney Children's Hospitals Network	Sydney Local Health District	Western NSW Local Health District	Western Sydney Local Health District
Employee engagement	63	72	67	67	60	78	75	62	70	75	64	66	62	59	60	65	67	64	61
Wellbeing	51%	62%	71%	62%	48%	75%	71%	53%	67%	71%	53%	61%	50%	47%	48%	45%	56%	52%	47%
Role clarity and support	65%	72%	70%	69%	64%	82%	77%	68%	74%	72%	63%	73%	64%	63%	62%	61%	69%	67%	64%
Inclusion and diversity	66%	74%	72%	68%	64%	82%	80%	63%	78%	76%	72%	69%	64%	63%	63%	64%	70%	66%	62%
Teamwork and collaboration	59%	77%	82%	67%	55%	84%	74%	56%	75%	79%	66%	63%	56%	53%	56%	56%	65%	59%	55%
Learning and development	55%	68%	56%	48%	54%	71%	69%	57%	71%	58%	48%	64%	55%	50%	52%	51%	62%	59%	54%
Senior managers	45%	64%	76%	58%	37%	77%	67%	43%	65%	70%	49%	56%	41%	37%	37%	40%	51%	46%	40%
Communication and change management	54%	64%	67%	61%	51%	78%	72%	54%	60%	69%	55%	64%	52%	49%	50%	50%	60%	56%	51%
Employee voice	61%	74%	66%	69%	58%	85%	78%	61%	75%	75%	66%	67%	59%	58%	59%	59%	65%	62%	57%

	Report total	Justice Health & Forensic Mental Health Network	Mental Health Commission	Mental Health Review Tribunal	Mid North Coast Local Health District	Ministry of Health	Murrumbidgee Local Health District	Nepan Blue Mountains LHD	Northern NSW Local Health District	Northern Sydney Local Health District	NSW Ambulance	NSW Health Pathology	South Eastern Sydney Local Health District	South Western Sydney Local Health District
Employee engagement	63	66	51	r	58	73	62	60	57	65	50	59	66	61
Wellbeing	51%	55%	47%	r	48%	65%	52%	48%	46%	52%	39%	44%	53%	48%
Role clarity and support	65%	69%	55%	48%	60%	71%	63%	65%	60%	66%	47%	60%	67%	65%
Inclusion and diversity	66%	67%	59%	75%	61%	76%	63%	63%	61%	67%	55%	63%	69%	65%
Teamwork and collaboration	59%	60%	62%	r	53%	75%	56%	55%	52%	61%	46%	55%	62%	59%
Learning and development	55%	60%	46%	r	49%	61%	54%	55%	46%	57%	31%	47%	59%	58%
Senior managers	45%	50%	50%	43%	35%	68%	42%	40%	33%	46%	29%	40%	48%	46%
Communication and change management	54%	59%	45%	r	48%	67%	53%	51%	45%	56%	35%	50%	57%	55%
Employee voice	61%	65%	54%	64%	57%	76%	60%	59%	55%	61%	47%	58%	63%	60%

At least 5 percentage points higher than report unit
  Within 5 percentage points of the report unit
  At least 5 percentage points lower than report unit
 r = below privacy cut-off

## 16. NSW Health Rural Workforce Incentives

The Rural Health Workforce Incentives Scheme introduced in July 2022 is a workforce strategy to attract, recruit, and retain health workers in hard-to-fill and critical roles at regional, rural and remote locations.

Incentive packages are indexed to locations using the Commonwealth Modified Monash Model across 14 LHDs/Specialty Networks/Statewide Services providing a range of financial and non-financial incentives above typical remuneration packages for candidates in eligible positions and locations, including:

- Rural and regional health allowance
- Accommodation assistance
- Relocation benefits
- Travel assistance
- Additional personal leave
- Professional development.

As at June 2024, 2,776 health workers have been recruited using recruitment incentives and 10,566 health workers have received retention payments. Table 20 provides a breakdown of the employees attracted and retained by LHD/SHN/Statewide Service.

Expenditure for recruitment incentives includes \$20,079,587 and retention incentive is \$55,215,607.

**Table 20: Breakdown of employees recruited and retained with incentives by LHD/SHN/ Statewide Services**

LHD/SHN/Statewide Service	Recruitment	Retention
FWLHD	194	353
HNELHD	713	3,801
ISLHD	26	78
JHFMH	82	219
MLHD	164	978
MNCLHD	257	976
NBMLHD	3	153
NNSWLHD	449	1,589
SESLHD (Lord Howe)	-	5
SNSWLHD	173	410
SWSLHD	-	39
WNSWLHD	292	860
NSW Ambulance	152	364
NSW Health Pathology	271	741
<b>Total</b>	<b>2,776</b>	<b>10,566</b>

*Source: Corporate Analytics Data Warehouse extracts*

## 17. NSW Health Rural Health Scholarships

The rural health scholarships support the pipeline of health professionals to work in rural areas of NSW.

In the 2022/23 financial year, a total of 232 scholarships were awarded valued at \$677,000 covering a number of allied health, nursing and medical pathways.

## 18. NSW Health Tertiary Study Subsidies

The Tertiary Health Study Subsidy Program (**THSSP**) invests \$97 million over five years to attract and retain talent in the NSW public health system. The subsidy model develops and grows the health workforce pipeline across the state, by focusing on workforce and areas of need. The subsidies are designed to target university students by supporting new entrants to health careers. The subsidies are available to nineteen health workforce groups, including:

- Aboriginal Health Practitioner
- Clinical Psychology
- Dentistry
- Environmental Health
- Medical Physics
- Medicine
- Midwifery
- Nursing
- Occupational Therapy
- Oral Health Therapy
- Paramedicine
- Pharmacy
- Physiotherapy
- Podiatry
- Radiation Therapy
- Radiography
- Social Work
- Sonography
- Speech Pathology

As of June 2024, NSW Health has received 2,817 completed applications for tertiary health subsidies under the graduating study stream. A total of 1,401 offers have been made to these applicants and as of 8 July 2024, 1,250 subsidy recipients have been funded.

As of June 2024, NSW Health has received 4,129 completed applications for tertiary health subsidies under the commencing study stream. A total of 1,283 offers have been made to these applicants and as of 8 July 2024, 1,078 subsidy recipients have been funded.

NSW Health offers two subsidies under the program:

1. \$12,000 subsidy paid over three years to students commencing study in 2024, 2025 and 2026, who commit to work for NSW Health upon completion for a minimum of five years.
2. \$8,000 subsidy paid on a one-off basis to students graduating study and commencing employment with NSW Health in a profession resulting from their study in 2024, 2025, and 2026 and to commit to remain with NSW Health for a minimum of five years.

## 19. Glossary

Term	Description
Health workforce	Total number of full-time equivalent (FTE) staff employed in the NSW public health system as per the <a href="#">NSW Health Annual Report 2022-23</a> .  <b>Note:</b> This does not include the Ministry of Health, Clinical Excellence Commission, Bureau of Health Information, Health Education and Training Institute, Agency for Clinical Innovation, Health Administration Corporation, Health Infrastructure, Health System Support Group and Cancer Institute as these are classified as 'staff employed in other NSW Health organisations' as per the <a href="#">NSW Health Annual Report 2022-23</a> ).
NSW Health clinical workforce	Comprises medical, nursing and midwifery, allied health, and other clinical staff.
Statewide Service	For the purpose of this report, Statewide Services refer to NSW Ambulance, eHealth NSW, NSW Health Pathology, HealthShare NSW, and Justice Health and Forensic Mental Health Service.
Medical workforce	Comprises Assistant in Medicine, Junior Medical Officers, Medical Other and Senior Medical.
Profession (Treasury Group)	For the purposes of this report, the profession (Treasury Group) includes: <ul style="list-style-type: none"> <li>• Medical</li> <li>• Nursing</li> <li>• Allied Health</li> <li>• Other Professional &amp; Paraprofessionals &amp; Support Staff</li> <li>• Scientific &amp; Technical Clinical Support Staff</li> <li>• Oral Health Practitioners &amp; Support Workers</li> <li>• Ambulance Staff</li> <li>• Corporate Services &amp; Hospital Support</li> <li>• Hotel Services</li> <li>• Maintenance &amp; Trades</li> <li>• Other Staff</li> </ul>
Medical specialties	Medical specialty is a branch of medical practice that is defined to a specific group of patients, skills or philosophy.
Senior Medical	Senior medical includes Staff Specialists, Clinical Academics, Post grad fellows and Medical Super Intendents.
Staff Specialist	Staff Specialists are salaried employees, which is inclusive of overtime.
Visiting Medical Officer	VMOs are specialist medical practitioners appointed as independent contractors.
Medical locum	Medical locums provide services on a temporary basis (up to three months).
Nursing overtime	Time worked outside ordinary hours.
Nursing agency	A service provider agency which provides nurses and/or healthcare assistance.
<b>Frequently used acronyms</b>	
SMO	Senior Medical Officer
JMO	Junior Medical Officer
VMO	Visiting Medical Officer
FTE	Full Time Equivalent
LHD	Local Health District
SHN	Specialty Health Network
NSWA	NSW Ambulance
HSNSW	HealthShare NSW
eHealth	eHealth NSW
NSWHP	NSW Health Pathology
JHFMHN	Justice Health and Forensic Mental Health Service
SCHN	Sydney Children's Hospitals Network
PMES	People Matter Employee Survey



## 20. References

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