Health Services Investigation

Final Report

16 October 2025

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Jenni Brown
Principle Community Planning
City of Karratha
Lot 1083 Welcome Rd
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16 October 2025

City of Karratha: Medical Services Investigation

Dear Jenni,

In accordance with our scope of works and engagement acceptance, dated 10 April 2025, Ernst & Young ("EY", "we" or "us") has prepared a Health Services Investigation Report.

Purpose of our report and restrictions on its use

This Report was prepared at the request of the City of Karratha ("the City" or "the client"), solely for the purpose to conduct an investigation that broadens the consideration of instruments (beyond subsidised housing) with a view to identify various other opportunities to close or narrow evident gaps in health services, in-line with Council's desire for a long-term strategic approach with partners. Further, the report sought to identify the health baseline, identification of the service gaps and workforce analysis. In carrying out our work and preparing this Report, we have worked solely on the instructions of the client and have not taken into account the interests of any other party. The Report has been constructed based on information current as of 20 August 2025, information which has been provided by the client and various stakeholders consulted as part of this Review. Since this date, material changes may have occurred which are not reflected in the analysis.

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This Report (or any part of it) may not be copied or otherwise reproduced except with the written consent of EY. If you would like to clarify any aspect of this analysis or discuss other related matters then please do not hesitate to contact me on 0422 150 526.

Yours sincerely,

Bill Scanlan, Partner

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Executive summary

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Introduction

In 2020, the City of Karratha (the City) established a program of targeted housing subsidies referred to as the Medical Services Housing Subsidy scheme (MSHSS). The aim of the initiative was to improve the attraction and retention of healthcare professionals located in the City of Karratha. The MSHSS was reviewed in 2024, and the scheme was found to have limited effectiveness in addressing community needs in relation to the provision of local health services.

In line with the City's objectives to improve access to health services and ensure the long-term sustainable growth of the healthcare sector, the City engaged EY to investigate alternative instruments to better support local health services. The investigation comprised the following phases:

PHASE 1
Project inception and stakeholder engagement plan

PHASE 2
Establish the basis of the demand and supply landscape of the health sector

PHASE 3
Develop a comprehensive understanding of the demand and supply landscape of the health sector and identify gaps

PHASE 4
Develop suite of instruments to address gaps, assess merit and identify indicative resources required

PHASE 5
Summarise the challenges and opportunities

This report documents the outcomes of the investigation and is structured to communicate the key findings and opportunities for the City to take action, with supporting analysis appended. Key findings include:

1. **Service provision is improving but still behind Western Australian levels**
2. **Cost of living and housing remains a significant barrier to attracting labour**
3. **There are benefits in prioritising the retention of health services professionals**
4. **Technology plays a role in service provision and professional development**
5. **Collaboration amongst industry will require a significant investment of time**

The key findings were informed by engaging with key stakeholders, including service providers, advocacy bodies and government agencies. In total, 36 stakeholders were contacted with 16 of those participating in a range of workshops and one-on-one consultations. An additional 14 stakeholders participated in an online survey.

Stakeholder consultation was supplemented by supporting research provided by the Department of Health, Western Australia Primary Health Alliance and data from the Australian Bureau of Statistics.

Key Finding 1: Service provision is improving but still behind Western Australian levels

Stakeholders told us …

The number of health services professionals employed at a practice varies significantly depending on the time of year, with retention made difficult by a relatively transient population. Variation in staffing levels has an obvious impact on wait times and service provision.

- Subsidised housing and additional allowances have been used as a strategy to retain staff owing to the perceived effectiveness of housing to attract health service professionals.
- Stakeholders remarked that wait times would indicate service provision remains inadequate, so too the fact that length of tenure of staff is sub-optimal.
- There was little reference made to existing WACHS initiatives that could be leveraged to improve holistic service provision of locals, irrespective of whether a local service provider was responsible for that care (i.e. examples of PATS being utilised for great impact).

"We have a strategy of having some housing stock for key positions and providing allowances to boost remuneration to cover housing and Pilbara costs. However, there is a limit to how much we can afford."

Research shows that …

- Wait times for select healthcare services remain lengthy, with speech therapy, occupational therapy and dental services all exceeding five months. However, physiotherapy and general practice have recorded significant reductions, from 6 months and 9 months down to 6 weeks and 8 weeks respectively since early 2024.
- The City's healthcare workforce has increased by 63% since 2013, with a third of the growth occurring since 2021. Despite the increase in workforce, the service provision ratio per population lags the Western Australian average.
- Notably, there was a significant 23% increase in workforce numbers between 2021 and 2023, in addition to the 13% spike observed in 2019.
- The health professions with the most distinct shortage compared to the Western Australian average include podiatry (less than half of the WA average) , medical practitioners (38% lower) and dental practitioners (48% lower).

Tyranny of distance and lack of local specialist health care will always remain. The City could:

1. Amplify current Patient Assisted Travel Scheme (PATS) and concierge initiatives championed by WACHS

Educate community, local health and mental health service providers about PATS, Meet & Assist, and other related initiatives championed by WACHS that are available for locals seeking specialist care outside of the City of Karratha. Continue to raise awareness and promote local feedback to help guide place-based application within the City of Karratha.

There is an opportunity to build on existing services within the Pilbara and promote a PATS centre for Karratha. Currently, the nearest centre is in Port Hedland which may be inaccessible for many residents.

2. Amplify current telehealth initiatives championed by WACHS

Remedy disconnect between local health and mental health service providers and the current telehealth initiatives championed by WACHS. Raise awareness of projects such as the telehealth clinical service innovation project under the Country Health Initiative and promote local feedback to help guide the place-based application of telehealth initiatives in the City of Karratha.

Concurrent to efforts in the adjacent initiative, start to build greater relationships with WACHS and offer the City to help raise awareness.

Key Finding 2: Cost of living and housing is still a significant barrier to attracting labour

Stakeholders told us …

Housing affordability and general cost of living pressures remain a common concern.

- Stakeholders found it difficult to compete with employees from the resources sector when trying to secure housing. Service providers who have access to housing through their own housing supply are in an advantageous position compared to service providers who are unable to offer any form of housing subsidy.
- Cost of living pressures are exacerbated in the Pilbara region (cost of electricity, food and so forth) impacts the retention of healthcare professionals. The extreme cost and inability to access childcare deters young parents to move to and work in Karratha.
- The qualification income cap for the affordable housing estate within Karratha ($90,000 per annum) is too low for many experienced medical professionals, and often entry level workers are ineligible.

"We can't get a qualified good health professional for less than $90k, when housing is $700 – 1,000+ per week. That is over half their salary JUST on rent! It's not worth it for them."

Note: it was identified by the Office of National Health Rural Commissioner that while the competition to attract and retain skilled employees can be challenging, local incentives can drive up the premiums to attract skilled labour.

Research shows that …

Nine of the eleven stakeholders surveyed reported housing availability as the most significant barrier to attracting health professionals to the region. The other two stakeholders listed wage subsidies and cost of training as the other two most significant challenges.[1]

Housing is not a unique challenge to health services, however within the sector, the City could:

1. Work with WACHS to identify health sector gaps and underutilised labour resources in Karratha's health sector and develop strategies to redirect the labour to priority areas

Partner with WACHS to map current health and mental health service professionals across the public and private sector, within the City of Karratha, to determine whether the WACHS could focus more effectively on filling local service provision gaps. The housing incentives attached to WACHS employees could then be maximised.

Build on the findings from the Workforce Analysis (Supporting materials D) to develop a database of local health and mental health service professionals and providers. Maintain this database and share with WACHS to commence a formal partnership.

2. Continue to place great effort in the following initiatives, with attention paid to the applicability to health services professionals:

- Encourage healthcare professionals to rejoin the labour force by subsidising childcare;
- Subsidise commercial rent to allow more affordable business operations;
- Increase attractiveness of home ownership by releasing large-sized blocks of land; and/or
- Redistribute housing to maximise utilisation of bedrooms.

1: This data point is based on survey data collected as part of the Health Services Investigation. Note not all service providers participated in the survey.

Key Finding 3: There is benefit in prioritising the retention of health services professionals

Stakeholders told us …

The retention of staff is more difficult than attraction. Lifestyle and opportunities for high paying jobs are attractive features of the City of Karratha, however, once in the region, there are factors that lead to short periods of tenure.

- Health care professionals are said to be leaving Karratha once their children are of high school age, or once their partner wishes to leave the mining and oil and gas sector.
- The lack of continuous professional development opportunities means that healthcare workers are forced to leave the region to continue to develop their skills, despite their willingness to continue living and working in the region.
- Improving labour force retention will reduce the health sector's dependency on FIFO workers and locums, which is financially unsustainable and does not contribute to the continuity of care for patients.
- Retaining senior clinical staff is critical as senior staff have a more significant role in the operation of the business when compared to their metropolitan peers. It is a common practice for senior staff in Karratha to complete administrative duties in addition to their regular appointments. The corporate knowledge held by senior staff results in a significant reliance on retaining these employees.

"I am unable to pay at the same rate as mining or contractors for much less work, so I struggle to have staff stay around for long enough to be really beneficial for the growth of the business".

Research shows that …

- Results from the 2021 Australian Bureau of Statistics Census show the City has a younger working age population than Perth and other major towns in the South-West. Paired with a highly transient population, it could be said that the attraction of new people to the City of Karratha is organic, and the larger challenge is to retain this working age population.

There is a captive audience in students undertaking regional placements in the City of Karratha, the City could:

1. Maximise awareness and co-fund student incentives and bonded scholarships in partnership with local service providers

Encourage service providers to host student placements and offer bonded scholarships to retain students after their placements. The City could co-fund the scholarship in partnership with the local service providers.

Students (local or otherwise) participating in professional placements as part of their studies make up an accessible pool of skilled people who could be offered bonded scholarships to commence their careers in the City of Karratha.

Key Finding 4: Technology plays a role in service provision and professional development

Stakeholders told us …

Telehealth has some great applications, but challenges remain.[1]

- Over half of the service providers contacted during the study use Telehealth on a weekly basis. These telehealth sessions are most often facilitated from within the practice.
- Of the service providers that use Telehealth at least once a week, the primary focus is on specialist services such as ophthalmology and sleep specialists (sonologists). One service provider employs Telehealth to complement in-person visits.
- Telehealth does not often align with the culturally diverse community members, younger clients and clients with disabilities. This makes it difficult to engage effectively with these individuals and establish continuity of care.

"Our model of service delivery for remote intervention across the paediatric population demonstrates that telehealth services are effective when used in between face-to-face visits and in-person intervention."

Research shows that …

Beyond Telehealth as a mechanism to deliver services, there are also other opportunities to utilise technology to build on professional development for health professionals.

- The Royal Australian College of General Practice (RACGP) and Australian College of Rural and Remote Medicine are trialling Remote Supervision to attract Registrar Doctors to regional areas. Local service provider, Panaceum, has now been approved through the RACGP for remote supervision, as well as a four other practices in WA and numerous other practices across Australia.

There are growing examples of the value of technology in health service provision, the City could:

1. Encourage local service providers to facilitate remote supervision

Provide an enabling environment to support local Registrars (due to become a GP) or existing Registered GPs or AHPs, looking to expand on their qualifications, to suffice their supervision requirements remotely. Support could comprise subsidising accommodation costs for remote supervisors required for on-site visits and pairing potential remote supervisors with local Registrars and/or existing Registered GPs and AHPs.

2. Enhance accessibility to telehealth, leveraging local Community Resource Centres or similar

Establish central community locations where internet access and devices are available and compatible with telehealth technologies to enable residents to connect with telehealth provider and specialists. It may be possible to leverage the Community Resource Centre in Roebourne and Karratha Public Library to aid the facilitation and access of devices.

For consideration, Service Providers who offer telehealth services may need to be mapped to gauge the utilisation of public telehealth devices to ensure there is sufficient supply to meet demand. Further, the Community Resource Centre or similar would need to ensure employees are appropriately trained and privacy concerns have been addressed.

1: These statements are based on survey data collected as part of the Health Services Investigation. Note not all service providers participated in the survey.

Key Finding 5: Collaboration amongst industry will require a significant investment of time

Stakeholders told us …

They are supportive of the City's efforts to build health service provision in the region but are limited in the resources they can provide to support efforts when existing resourcing is already significantly stretched.

- Service providers previously participating in the Medical Services Housing Subsidy Scheme displayed a strong interest and passion for the Scheme to continue and remarked that the ending of the Scheme has significantly impacted their financial situation and ability to retain employees. The majority of previously participating Service Providers do not offer employee housing and as a result their focus will remain on finding affordable housing options.
- There has been limited success for health service providers to successfully engage with industry to secure priority access when new housing blocks are released to the open market. One known reason for this is donations of houses by industry to support the not-for-profit and community sector. Donation of housing is not typically provided to for-profit businesses.
- Government funded advocacy bodies are supportive of City of Karratha's intentions to work collaboratively to improve service provision. WAPHA is willing to continue to work with the City of Karratha to focus on Remote Supervision and supporting professional training within the region.
- Many local health service providers feel that they are uninformed on initiatives that the City is working towards, and that it would be prudent to recalibrate the portfolio of existing partnerships with industry and redirect industry support towards the local health services sector.
- There is a willingness to collaborate with the City of Karratha, particularly in Aboriginal Health, if service providers are part of a co-design process when schemes and initiatives are developed.

"We have partnered and advocated on many levels with stakeholders to including resource sector and local government to support the issue with housing and keeping professionals in the region."

It can be difficult for Service Providers to prioritise social outcomes with their limited resources, the City could:

1. Support a not-for-profit collaboration with industry in the form of a Mobile Health Unit

Encourage a collaborative approach where every stakeholder can contribute resources, time, and funds to a scheme that targets remote residents and delivers preventative care to vulnerable communities – similar to the intent of the Perth Street Doctor.

Mobile Health Units are active in metropolitan areas, and a similar unit exists within Wickham. There may be an opportunity to learn from these already active.

2. Recalibrate existing partnerships and funding sources with Industry

Review existing partnerships with industry and determine if some community initiatives currently funded by industry could be reprioritised to local health and mental health services.

Summary of workable initiatives

In summary, eight initiatives have been proposed and informed by the findings and insights from stakeholder consultation and desktop research.

	Initiative	Overview
Workforce Development	Encourage local service providers to facilitate remote supervision	Enable Registrars (due to become a GP) or existing Registered GPs or AHPs looking to expand on their qualifications to suffice their supervision requirements remotely.
	Maximise awareness of and co-fund student attraction incentives with local service providers	Encourage service providers to host student placements and offer bonded scholarships to retain students after the placement.
Greater access to health services	Amplify current telehealth initiatives championed by WACHS	Create a financially sustainable pathway for service providers to maximise telehealth services where appropriate.
	Amplify current patient assisted travel and concierge initiatives championed by WACHS	Partner with WACHS to ensure the Patient Assisted Travel Scheme and concierge type initiatives are accessible and well-utilised by residents of the City of Karratha.
	Enhance accessibility to telehealth, leveraging local Community Resource Centres or similar	Establish community locations where internet access and devices are available, compatible with telehealth technologies and will enable residents to connect with telehealth providers.
	Model and/or expand the Mobile Health Unit service	Encourage a collaborative approach where stakeholders can contribute resources to a scheme that targets regional residents and delivers preventative care to vulnerable communities.
System partnerships	Partner with WACHS to reduce service gaps	Actively collaborate with WACHS to identify gaps and determine whether this gap could be filled with current underutilised local health and mental health service professionals.
	Recalibrate existing industry partnerships	Review existing partnerships with industry and determine if some community initiatives currently funded by industry could be reprioritised to local health and mental health services.

An additional seven initiatives, as listed below, were identified but ultimately may prove to be too resource intensive for implementation at this point in time. For example:

Housing initiatives were raised as a common theme by stakeholders.

- **Expand eligibility criteria to include health professionals in zoned housing**
- **Subsidise commercial rent to allow more affordable business operations**
- **Increase attractiveness of home ownership by releasing large-sized blocks of land**
- **Redistribute housing to maximise utilisation of bedrooms**

The financial burden of these initiatives is deemed unsustainable over the long term without the support from industry partners and have been omitted from further investigation.

- **Subsidise childcare for health services professionals**
- **Revitalise the Medical Services Housing Subsidy Scheme**
- **Offer milestone & relocation payments for health service professionals**

Initiatives in further detail: Workforce development and retention

Criteria	Encourage local service providers to facilitate remote supervision	Maximise awareness and co-fund student attraction incentives and bonded scholarships in partnership with local service providers
Description	Harbour an enabling environment to support local Registrars (due to become a GP) or existing Registered GPs or AHPs, looking to expand on their qualifications, to suffice their supervision requirements remotely. Support could comprise subsidising accommodation costs for remote supervisor for required on-site visits; raising awareness of remote supervision as an eligible opportunity; and pairing potential remote supervisors with local Registrars and/or existing Registered GPs and AHPs.	Encourage local service providers to offer bonded scholarships via the City co-funding the scholarship in partnership with the local service providers. Students (local or otherwise) participating in professional placements, as part of their studies, are captive audiences who could be offered bonded scholarships should they wish to commence their career in the City of Karratha.
Positive	There is an existing Remote Supervision Program offered by the RACGP which started recently in July 2023 and open to expressions of interest. There is an opportunity to partner with the Western Australian Primary Health Alliance who are promoting this program to increase awareness.	Providing bonded scholarship offers will boost the tools available for service providers to retain students who have an interest to live within the City of Karratha. This retention scheme will support the promotion of Karratha as an opportunity for students to conduct student placements and may provide more incentive for service providers to host student placements.
Negative	In terms of addressing critical service gaps, this may not have the scalability to make a comprehensible difference to service level quality. Further, as this is GP orientated, it does not address critical service gaps including psychology or podiatry.	Bonded scholarships target students and graduates in professions which are already provided within the City of Karratha. An alternative mechanism may be required to retain experienced professionals, and those professionals servicing identified service gaps such as Podiatry and Psychology.
Considerations	RACGP is currently conducting a pilot of remote supervision. Panaceum is involved in the pilot, as well as a four other practices in WA and numerous others across Australia. There is currently no findings or learnings that have resulted from the pilot.	There was a similar initiative championed by the Federal Department of Health, Disability and Aged Care for doctors using the Medical Regional Bonded Scholarship Scheme was trialled between 2001 and 2015 which could be used as a basis for future scholarship programs.[1]
Time frame	Start raising awareness that this concept exists immediately. Await findings of pilot before determining necessity of subsidies concerning accommodation for remote supervisors.	Medium term
Position	Advocate	Implement / Empower

1.Department of Health, Disability and Aging. 2015. Medical Rural Bonded Scholarship (MRBS) Scheme – Information booklet 2015 | Australian Government Department of Health, Disability and Ageing

Initiatives in further detail: Greater access to health services

Criteria	Amplify current telehealth initiatives championed by WACHS	Amplify current patient assisted travel and concierge initiatives championed by WACHS
Description	Remedy the disconnect between local health and mental health service providers and the current telehealth initiatives championed by WACHS. Raise awareness of projects such as the telehealth clinical service innovation project under the Country Health Initiative and promote local feedback to help guide place-based application of telehealth initiatives in the City of Karratha.	Educate community and local health and mental health service providers as to PATS and related initiatives championed by WACHS that are available only for locals seeking specialist care unavailable in the City of Karratha. Raise awareness of these projects such as the PATS program and the Meet & Assist initiative under the Country Health Initiative and promote local feedback to help guide the place-based application of the PATS scheme in the City of Karratha.
Positive	Many Service Providers within the City of Karratha have found Telehealth as an effective tool which is both convenient for patients and supportive when accessing specialist services that are unable to be offered in the City of Karratha.	State government administered scheme which is not dependant on local or industry funding. Considerable room for upside with closest PATS in Port Hedland which has limited accessibility for CofK residents.
Negative	Survey data from Karratha Service Providers show just over half use Telehealth on a weekly basis. Telehealth often does not align with the culturally diverse community members, as well as younger clients and clients with disabilities.	Further, there is a lack of ability to ensure service providers are referring clients to PATS. The application process can also be administratively burdensome, affecting marginal groups. In calculating the distance upon which a PATS subsidy is provided, the closest medical specialist is identified; however, there is no differentiation made between whether the medical specialist is a private or public provider. This may limit access or impose additional costs for patients seeking more affordable care.
Considerations	Confirm these projects under the Country Health Initiative are live and current. Concurrent to efforts in the adjacent initiative, start to build greater relationships with WACHS and offer the City greater support to help raise awareness.	Concurrent to efforts in the adjacent initiative, start to build greater relationships with WACHS and offer the City of Karratha greater support to help raise awareness.
Time frame	Medium to long term	Medium to long term
Position	Advocate	Visibility

Initiatives in further detail: Greater access to health services

Criteria	Enhance accessibility to telehealth, leveraging local Community Resource Centres or similar	Model and/or expand the Mobile Health Unit service
Description	Offer greater support services to enhance accessibility for users to access telehealth services. In consultation with service providers identified, there is a portion of the community who do not have the devices available to use Telehealth services. It may be possible to leverage the Community Resource Centre in Roebourne and Karratha Public Library to aide the facilitation and access of devices.	Encourage a collaborative approach where every stakeholder can contribute resources, time, and funds to a scheme that targets regional residents and delivers preventative care to vulnerable communities. Ability to bring medical services to the regions that would otherwise have difficulty due to community resistance to digital health care services such as Telehealth. Assist in supporting preventative healthcare in regional communities and positively impacting long term health outcomes of residents.
Positive	Providing additional devices for community use will come at a low administrative and resource cost.	There is precedent, and state government has funded existing mobile health units. For example, the Perth Street Doctor travels to various suburbs of Perth to provide health care to transient communities and secured funding from the Government in 2024.
Negative	In some circumstances, there are requirements for telehealth appointments to be conducted with the support of an in-person medical professional. In these cases, the individual would not be able to leverage these community resources.	The start-up costs associated with mobile health delivery may prove prohibitive; the costs of comparable trucks used by the Perth Street Doctor cost upward of $242 000[1], not including any other miscellaneous costs.
Considerations	For successful implementation, service providers who offer telehealth services will need to be mapped to ensure there are enough devices to meet demand. Further, the Community Resource Centre or similar would need to ensure employees are appropriately trained to support with technological issues.	Mobile Health Units are active in metropolitan areas, and similar exists within Wickham. There may be an opportunity to learn from those already active.
Time frame	Short term	Medium term
Position	Action	Implement / Empower

1.Government of Western Australia. 2024. Perth Street Doctor. Perth Street Doctor

Initiatives in further detail: System partnerships and alignment

Criteria	Recalibrate existing industry partnerships	Partner with WACHS to reduce service gaps
Description	Review existing partnerships with industry and determine if some community initiatives currently funded by industry could be reprioritised to local health and mental health services. There may be opportunity to focus on new industry involvement such as Perdaman for more funding related to health services. However, given the cyclical and short-term nature of industry funding, partnerships should be used to accentuate and amplify existing initiatives.	Partner with WACHS to frequently map active health and mental health service professionals across the public and private sector. Actively collaborate with WACHS to identify gaps and determine whether this gap could be filled with current underutilised local health and mental health service professionals, or whether there could be mutual benefit in WACHS hiring a health or mental health service professional to service this gap
Positive	Secure industry funding would enable the City to implement targeted strategies for both the attraction and retention of healthcare professionals.	There is significant opportunity to leverage existing WACHS benefits (such as housing) to attract health professionals to City of Karratha in a sustainable method which is not reliant on industry funding.
Negative	The responsibility of the health portfolio does not belong as a local government responsibility. If community funding is withdrawn from other community events or services, this could negatively impact the roles and responsibilities of the City.	WACHS has an obligation to ensure Karratha Hospital is serviced and has limited ability to prioritise certain health professions. As a result, it is necessary to highlight current service provision gaps and seek guidance from WACHS to best determine avenues for support.
Considerations	Industry funding may create an opportunity for the City of Karratha to make meaningful financial incentives which may be used to attract and retain healthcare professionals; however, this funding is known to be unsustainable and is reliant on a continued partnership with industry. Consequently, partnerships should be used for targeted short-term interventions only.	Building off the findings of this report to develop a database of local health and mental health service professionals and providers. Maintain this database and share with WACHS to commence formal partnership.
Time frame	Short term	Long term
Position	Partner / Deliver	Advocate

Potential focus areas for application of initiatives

There are gaps within the local health services sector. These gaps present as focus areas and opportunities for the implementation of the identified initiatives. Focus areas were identified using workforce analysis, prevailing health trends across residents, a survey of local service providers and stakeholder engagement.

Summary of observations that informed focus areas:

Supply	*Demand*	*Stakeholder commentary*
There is a shortage of Psychologists, Podiatrists, Nurses and Midwives, Medical Practitioners and Dentists in the City of Karratha when compared to the Western Australian average.[1]	Between 2015 and 2019 the City of Karratha experienced a 60% rise in mental health incidents. Notably, 78% of these incidents involved individuals under 44 years old.[3]	Stakeholders have noted it is vital for psychologists to commit for up to 3-5 years to ensure longer term desired patient outcomes and continuity of care are met.
The healthcare professions that are have demonstrated marginal growth between 2003 and 2023 include Podiatrists, Nurses and Midwives, Medical Practitioners, and Dentists.[1]	Mental health was also the largest self-reported chronic health condition for City of Karratha residents (after asthma).[4]	There is an inability to secure dentists with high salary expectations.
Nurses, Speech Pathologists and Occupational Therapists were reported to have the most vacancies (at the time of reporting).[2]	A five-month waitlist for dental services is reported by one locale service provider.[2]	There is a statewide shortage of podiatrists in Western Australia which is only further amplified within the regions.
Healthcare service provision in more remote areas of the City of Karratha remains in need of a greater variety of health care services.	Listed wait times for occupational and speech therapy are above a six months.[2]	Graduate Allied Health Professionals have lower salaries which require greater support for high cost of living pressures.

Areas of the health sector to focus on the application of the aforementioned initiatives include:

1. Mental Health: There is an under provision of mental health services and first point-of-contact medical professionals, with psychologists and GPs per capita being significantly below the WA average.

2. Nursing and Midwifery: Twelve per cent growth between 2013 and 2023 and a 20 per cent gap to WA levels demonstrates continued need for more nurses and midwives.

3. Dentistry: Interventions to encourage the retention and attraction of dentists could remedy significant shortfalls and long 5-month wait times. This is especially significant given that PATS does not cover general dentist visits.

4, Podiatry: Attention should also be given towards increasing the provision of podiatrists, with only 1.8 podiatrists are required to meet WA levels and the service being non-existent at present.

High wait times for **speech pathology, occupational therapy** should also be considered.

1.Department of Health and Aged care. 2024. Dashboard, Summary Statistics – Metrics
2.Workforce survey conducted as part of this Health Services Investigation – see Appendices for more detail.
3. Western Australia Country Health Service. 2022. Pilbara Health Service. Pilbara-profile-2022.pdf
4. Australian Bureau of Statistics. 2021. 2021 Census All Persons QuickStats; 2021 Roebourne, Census All persons QuickStats | Australian Bureau of Statistics

Supporting materials A

Health baseline for City of Karratha residents

EY Parthenon

Health profile of the region

The health profile below highlights the prevalence of key health risk factors for the Pilbara community, where the burden of disease has a much different composition to that of metropolitan areas.

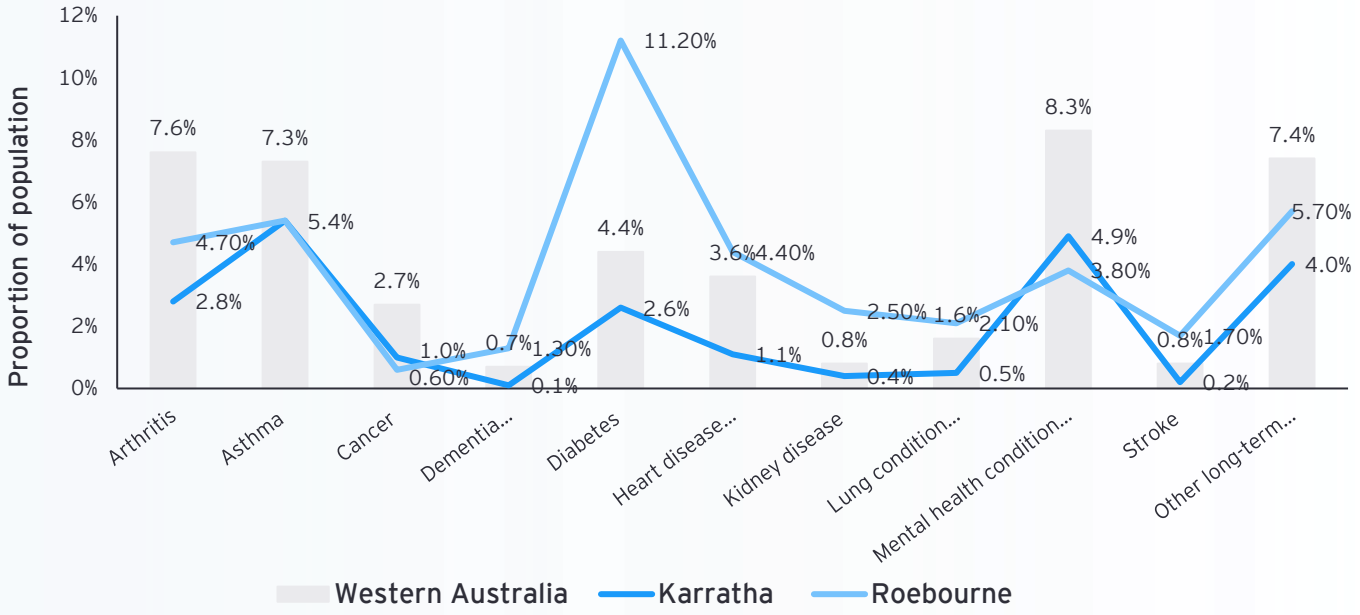
Pilbara health profile[1,2]

- Injury is the leading disease burden
- 19% of adults aged 16+ years smoke
- Mental health is the second leading disease burden
- 39% of adults were physically inactive <150 min of weekly exercise
- 88% did not eat recommend daily vegetables
- 38% of adults are at high risk of long-term harm of alcohol consumption
- One of the lowest rates of Medicare mental health-related services available
- 37% of adults are obese
- 1.4 times the rate of non-fatal burden compared to Metropolitan

The illustration below utilises Australian Bureau of Statistics (ABS) 2021 Census data.[2] Compared to the Western Australian average, Roebourne has markedly higher rates of diabetes and heart disease, but lower rates of health conditions typically seen in those aged over 65. Similarly, Karratha has fewer individuals with chronic health conditions than the Western Australian average.

It is important to note that while the self-reported nature of the data may be used as a benchmark, it does not consider the number of presentations at either primary care or service providers. Data contained in Supporting materials B, highlights the significantly higher numbers of mental health presentations at Karratha Health Campus and Roebourne Hospital than is indicated by self reported data.

Self – reported chronic health conditions[2]



1. WA Primary Health Alliance. 2021. Pilbara Needs Assessment. Needs-Assessment_Country-WA_Pilbara.pdf
2. Australian Bureau of Statistics. 2021. 2021 Census All Persons QuickStats; 2021 Karratha, Census All persons QuickStats | Australian Bureau of Statistics

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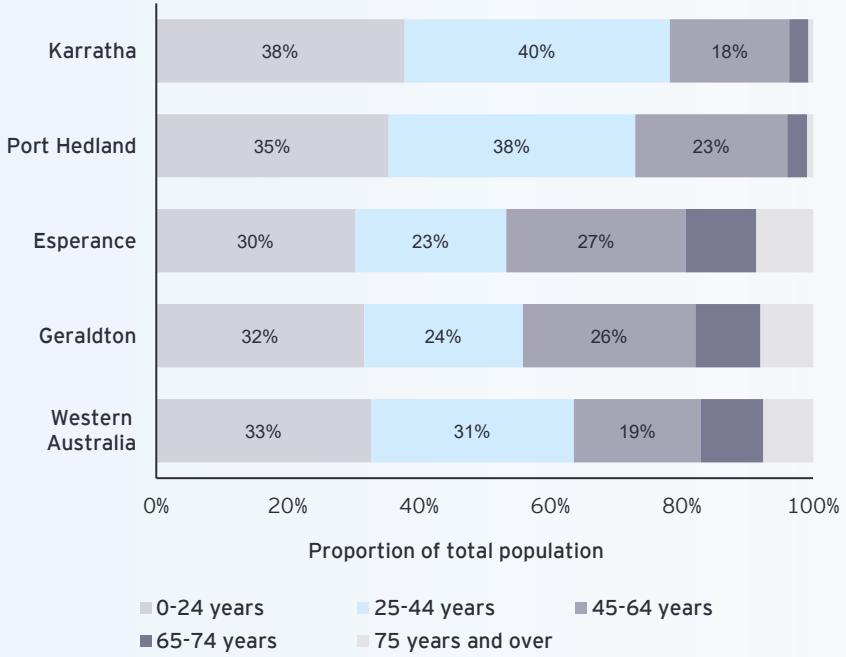
Comparison of Karratha's population health profile to Western Australia

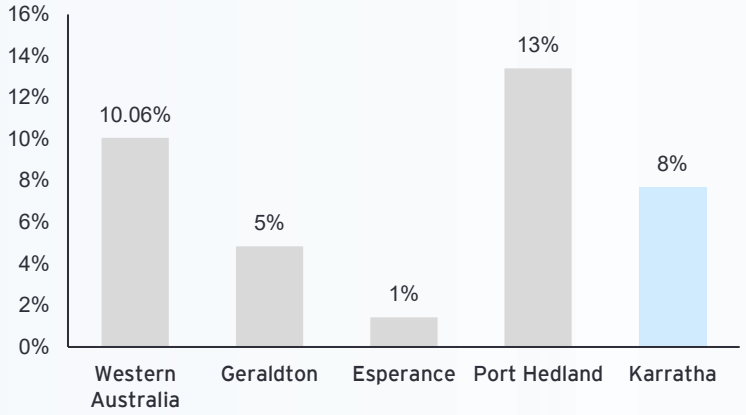
Approximately 70 percent of the City of Karratha's residents are located in Karratha, with the remainder living in Roebourne, Dampier, Wickham and Port Sampson. The significant role industry plays in the region contributes to the age structure and the timing of major projects contributes to the variability of population growth.

Regional population breakdown

Karratha's largest age demographic is between 25 – 44 years old, making up 40% of the City's population, which is considerably younger than other regional areas.[1] This younger demographic may contribute to the mental health burdens in the Pilbara region, including suicide, self-inflicted injuries, and alcohol use disorders.[2]



Population growth remains near average for 25-44 yr olds between 2018 - 2023[1]



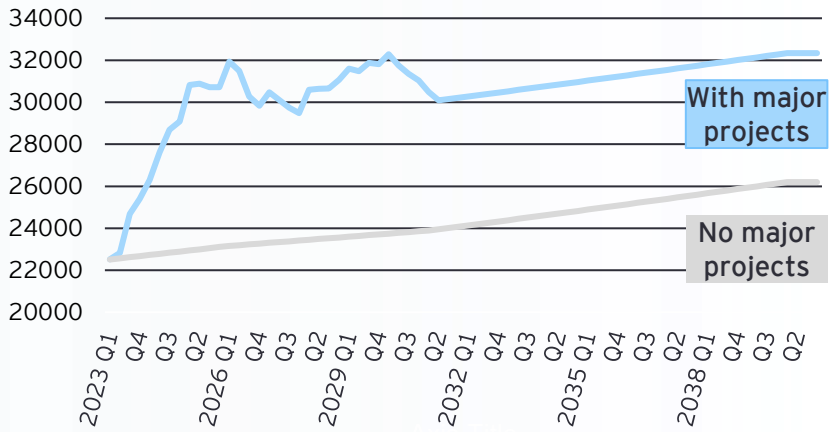
Compared to Western Australia, the population growth in Port Hedland and Karratha has not been as significant but is strong relative to other towns with similar regional status. The growth in both Port Hedland and Karratha is attributed to the cyclical nature of the resources industry and the major projects currently under construction.[3]

The 25–44-year-old demographic is expected to remain consistent, due to project investments anticipated in the region until the early 2030s.

Impact of major projects on City of Karratha's population[3]

The graph on the right, compares difference in the expected impacts on population with and without major projects.

The ability for Woodside, Perdaman and Rio Tinto to provide employee accommodation in Karratha has contributed to the overall population growth in the region.[3]



1. Australian Bureau of Statistics. 2021. Data by region | Australian Bureau of Statistics
2. WA Primary Health Alliance. 2021. Pilbara Needs Assessment. Needs-Assessment_Country-WA_Pilbara.pdf
3. City of Karratha, Cumulative Impact Model

EY Parthenon

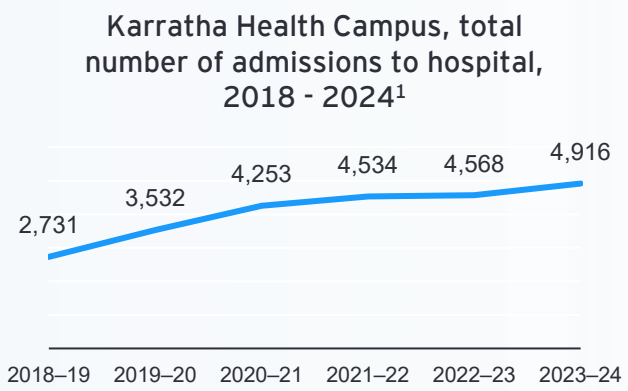
Analysis of 5 and 10-year health trends

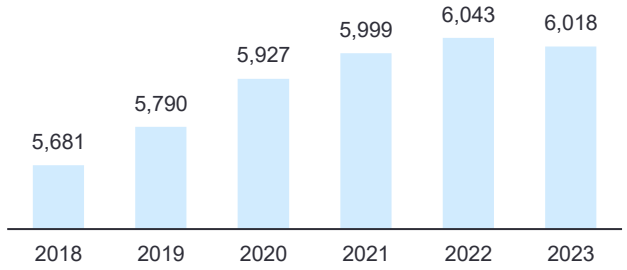
Since 2018, the demand for health services in Karratha has steadily increased, driven by population growth linked to the expanding resources and energy industries, as well as a rising number of paediatric-aged children.[1] This consistent trend underscores the community's evolving healthcare needs and the necessity for enhanced services to support both families and individuals in the region.

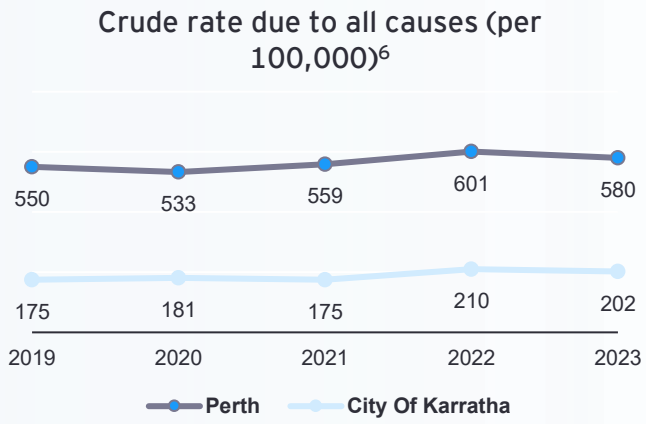
Key statistics:

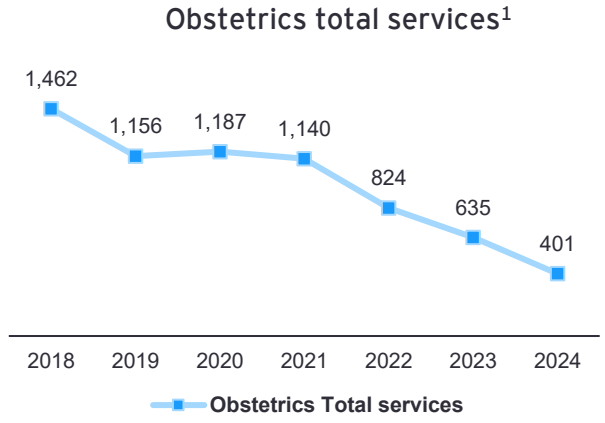
- The population in Karratha continues to rise and is predicted to keep rising over the next 5-10 years.[1]
- The number of female residents considered at reproductive age is increasing – but not the birth rate. Despite the demand for gynaecological services, demand for Medicare funded obstetrics has declined by 72.6% from 2018 - 2024.[1]
- 2021 ABS Census data indicates that 4% of the Census participants self reported as having a metal health condition. The 2022 Pilbara Profile also reports a 60% increase in mental health serviced incidents between 2015 and 2019.[2]
- 26.6% of all deaths in the West Pilbara can be attributed to cancerous neoplasms. [2]
- Between 2015 – 2019, 243 per 100 000 West Pilbara residents were hospitalised for vaccine preventable conditions. Across a wider time-span, the rate of hospitalisation for Aboriginal people was 13.7x higher than for non-Aboriginal people.[2]
- Suicide represents 9.5% of all deaths in the City of Karratha, markedly exceeding the 2.3% observed in Perth.[2] Males are overrepresented, accounting for 12.3% of all male deaths in the region.
- Of the 874 public births by Pilbara residents in 2020-21, 76% occurred in Pilbara hospitals, with 37% being at Karratha Health Campus (323 births).[1]
- The City of Karratha's crude rate (number of deaths due to all causes per 100,000 population) has remained the lowest of local governments within Western Australia in 2023.[6]

City of Karratha health trends









1. Australian Institute of Health and Welfare. 2025. Karratha Health Campus - Australian Institute of Health and Welfare
2. Western Australia Country Health Service. 2022. Pilbara Health Service. Pilbara-profile-2022.pdf
3. Australian Institute of Welfare. 2025. Medicare Benefits Scheme funded services: monthly data.
4. Australian Bureau of Statistics. 2021. Data by region | Australian Bureau of Statistics
5. WA Primary Health Alliance. 2021. Pilbara Needs Assessment. Needs-Assessment_Country-WA_Pilbara.pdf
6. Australian Institute of Health and Welfare. 2025. https://www.aihw.gov.au/reports/life-expectancy-deaths/mort-books/contents/mort-books.

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Karratha is overrepresented in terms of vulnerable communities

Recognised vulnerable groups in our communities include Aboriginal families, 'at risk' families (those experiencing mental illness, affected by drugs and alcohol, those with disabilities), and families on low incomes.

Proportion of vulnerable communities:

Table 1 ranks significant health conditions affecting Aboriginal and Torres Strait Islander peoples from highest to lowest occurrences. The most prevalent burden of disease in the region, accounting for 37% of total separations, is related to treatment for renal dialysis, with 66% of those patients being Indigenous.[1] Indigenous residents living outside of Karratha travel multiple times a week to receive dialysis treatment, and it is unlikely they have access to in-home treatment.

Key statistics:

- On average, 20% of children in West Pilbara were developmentally vulnerable on one or more domains compared to 19% across the state.[2]
- 199 people in West Pilbara region experienced homelessness with 52% living in "severely crowded" dwellings.[2]
- 5.2% of people in West Pilbara region provide unpaid assistance to people with a disability compared to 9.8% across the state.[2]

Implications: While the population demographics highlight a higher earning working aged population, there are still vulnerable and Aboriginal communities within the City of Karratha that require ongoing treatment and strong and reliable medical professionals with cultural competencies.[1,2,3]

Consultation with providers who work regularly with vulnerable communities highlights the importance of continuity of care, trust and collaboration as key factors in improving health outcomes. These partners are open to connecting and holding planning forums with City of Karratha on the basis the partnerships are ongoing, and they continue to be involved as key service partners and in decision making.

Table 1: Source: Pilbara: Health Profile 2022

Inpatient separations, Aboriginal Pilbara residents, by top ESRGs, 2020-21		
Health condition	Number of separations	Portion of all separations
Renal Dialysis	7604	62%
Cellulitis	245	2%
Other Non-subspecialty Medicine	170	1%
Ante-natal Admission	166	1%
Respiratory Infections/Inflammations	150	1%
Vaginal Delivery	138	1%
Qualified Neonate	137	1%
Injuries - Non-surgical	135	1%
Other Respiratory Medicine	131	1%
Other Eye Procedures	131	1%
Chest Pain	124	1%
Injuries to limbs - Medical	117	1%

Separations are a count of activity, not of unique client counts. Some ESRGs such as chemotherapy and renal dialysis are more likely than others to include clients who had multiple separations over the reference period.

1. Western Australia Country Health Service. 2022. Pilbara Health Service. Pilbara-profile-2022.pdf
2. WA Primary Health Alliance. 2021. Pilbara Needs Assessment. Needs-Assessment_Country-WA_Pilbara.pdf
3. Rural Health West. 2024. Annual Workforce Update. Annual-Workforce-Update-November-30-2023_FINAL_WEB_13-09-2024.pdf

Supporting materials B

Healthcare sector overview

EY Parthenon

Public healthcare sector delivery within the City

The healthcare landscape in Karratha is marked by a combination of public and private services, with the Karratha Health Campus serving as the primary healthcare facility in the region. This facility provides a variety of services, including emergency care, inpatient services, outpatient clinics, and specialised medical services. In addition, Karratha is supported by a range of general practitioners, allied health professionals, and community health service providers that address the unique needs of the local population.

In addition to emergency department services, Karratha Health Campus provides valuable support to regional hospitals including Roebourne, Tom Price, Paraburdoo and Onslow.

Table 2. WACHS key services[2]

	Emergency Department presentations	Inpatient separations	Outpatient service events	Hospital Bed Numbers
Karratha Health Campus	23,131	4,253	29,297	50
Roebourne Hospital	3,471	53	838	10

Growth in private insurance uptake in Karratha has lagged by 4% compared to Perth between 2020 to 2023.[5]

Table 3. Health insurance rates amongst population

Number of individuals with private health Insurance		Portion of population
Greater Perth[3]	953,850	44%
Karratha[4]	8,808	36%

Services provided at the Karratha Health Campus include [1] :

- 24/7 emergency department
- Ambulatory care services
- Day surgery
- Pharmacy
- Inpatient unit
- Maternity and obstetrics services
- Allied health
- Mental health
- Population health
- Medical imaging
- Pathology
- Cancer services
- Palliative care services
- Telehealth

Specialist medical outpatient services:

- Cardiology (adult)
- Dermatology
- Ear, nose and throat
- Endocrinology (adult)
- General surgery
  - Gynaecology
  - Medical oncology (adult)
  - Neurology (adult)
  - Nephrology (adult)
  - Obstetrics
  - Paediatrics – general and developmental
  - Rheumatology (adult)
  - Urology (adult)

Metro visiting specialist outpatient services:

- PCH Cardiology
- PCH Endocrinology and diabetes
- PCH Respiratory and sleep
- KEMH Genetics.

Services provided at Roebourne Hospital include:

- 24/7 emergency department
- Telehealth

1. WA Country Health Service. 2025. Our Services. WA Country Health Service - Karratha Health Campus
2. Australian Institute of Health and Welfare. 2024. Karratha Health Campus. WA Country Health Service - Karratha Health Campus
3. Australian Bureau of Statistics. 2021. Karratha | Region summary | Data by region | Australian Bureau of Statistics
4. Australian Bureau of Statistics. 2021. Greater Perth | Region summary | Data by region | Australian Bureau of Statistics

Evidence collected from stakeholders on service delivery

The following data has been collected by survey and consultation with 12 service providers.

Total workforce levels

Consultation and survey responses highlight that locums are not included in the staffing levels. Locums are implemented as a short-term solution to GP shortages and are not considered as sustainable over the long-term.

"We employ locums only when really necessary. This is not ideal as they are normally here for a short period and are not part of the local community. They do not fully understand the demographic and needs of the community"

"Our only FIFO role is psychology in the diagnostic space to fill a very needed gap in the community (2-3 year waitlists if we did not think outside the box and engage a Perth based clinician). Better outcomes for clients is to have local clinicians who are invested in the community and understand the challenges but also strengths of living in a remote community."

Profession	Full time	Part time	Ratio	Vacancies
Admin	24	11	68%	2
Behavioural Therapist	3	0	100%	-
Chiropractor	0	0	-	-
Dentist	2	0	100%	-
Dental Hygienist	1	0	100%	1
General Practitioner	11	0	100%	-
Nurse	18	5	78%	3
Occupational Therapist	18	3	88%	2
Optometrist	2	1	67%	1
Speech Pathologist	10	0	100%	2
Pharmacist	9	1	90%	-
Pharmacy Technician	4	1	80%	-
Practice Management	10	0	100%	-
Physiotherapist	24	4	86%	-
Psychologist	0	0	-	-
Other	23	1	96%	6
Total	**158**	**27**	**85%**	**15**

Wait times

Service 1 (AHP)	
Physiotherapy NDIS	Private 2 weeks
	NDIS 6 weeks
Physio: Pelvic health specialist	3-4 months
Occupational Therapy	6-12 months
Speech Pathology	12 months+
Service 2 (Optometrist)	
Optometric care	3 weeks
Eye disease management and vision correction	3 weeks
Service 3 (Dental)	
Dental services	5 months
Service 4 (GP)	
General practice	2 days
Service 5 (AHP)	
Podiatry	2-3 weeks

Key survey findings:

- The survey completion rate remains at 30% for all City of Karratha service providers.
- From the previous survey conducted, the MSHSS review, the wait time for physiotherapy and general practice has deceased from 6-9 months to 6-8 weeks respectively.[1]
- No movement in wait times for speech pathology and occupational therapy was found.[1]

1. Medical Housing Scheme Report. 2024.

Governing bodies and their areas of responsibility

Stakeholder consultation has revealed a shared perspective among organisations across all levels of government and industry: there is a need to enhance health service provision throughout the City of Karratha and regional Australia as a whole.

Pilbara Health Network

The Pilbara Health Professionals Network is a collegiate network of health professionals who provide care to rural communities in the Pilbara. The network acknowledges that collaborative working partnerships across the health system are key to ensuring positive change and encouraging interdisciplinary practice to build stronger, healthier communities throughout the Pilbara region.

Western Australia Primary Health Alliance (WAPHA)

The WAPHA supports general practice to deliver the highest quality patient care and fund local primary health care services based on the needs of the community. WAPHA conduct the Australian General Practice Training (AGPT) Workforce Planning and Prioritisation (GP WPP) activity across Western Australia which identifies priority locations for GP Registrars. The 2025 workplace prioritisation places Karratha as high need (only one category higher); active engagement could prove beneficial in securing GP Registrars.

Pilbara Aboriginal Health Alliance (PAHA)

Ensuring that healthcare services are culturally appropriate and accessible for Indigenous populations and other culturally diverse groups within regional communities requires collaboration with the community. The PAHA is willing to work with the City in an inclusive and collaborative manner where there are assurances of involvement in all stages of the decision-making process.

Rural Health West (RHW)

RHW provides comprehensive support for rural health professionals in Western Australia and assists in advocacy for promoting the regions in state and federal reforms. RHW conducts research and gathers information about the rural health workforce, including general practitioners, nurses, midwives and allied health professionals, and provides an annual health workforce update which provides an overview of findings, changes and trends in the workforce.

Government bodies

The strongest outcome for the City is to continue to advocate to ensure focus remains on servicing regional Australia and keeping informed on incentives which local providers may benefit from.

Organisations

Federal

Government of Western Australia
WA Country Health Service

Australian Government
Office of the National Rural Health Commissioner

State

RURAL HEALTH WEST

WAPHA
WA Primary Health Alliance

Advocacy

PAHA
Pilbara Aboriginal Health Alliance

Allied Health Professions Australia

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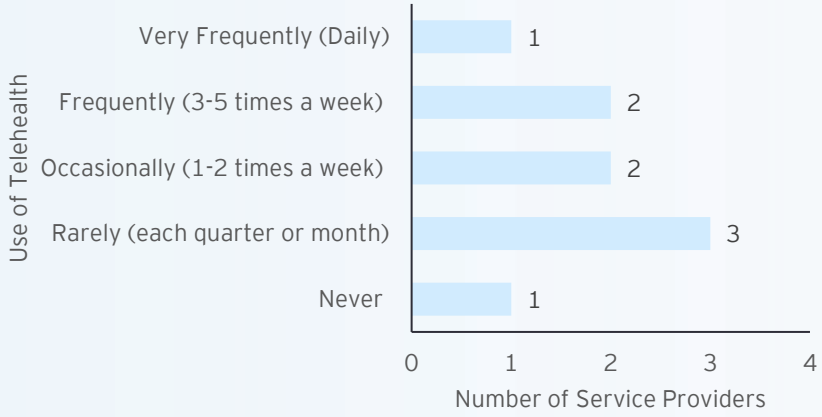
The role of Telehealth

There is an opportunity for Telehealth to play a significant role in healthcare delivery, particularly as a complementary service to in-person services. There is an opportunity to advocate for stronger and more reliable Telehealth services to increase community engagement.

The survey data indicates that Telehealth services are used at least once a week, primarily for specialist services such as ophthalmology and sleep specialists (sonologists). One service provider employs Telehealth to complement in-person visits for psychology and diabetes education, but only when deemed appropriate and with the client's consent.

Survey respondents highlighted that Telehealth often does not align with the culturally diverse community members as well as with younger clients and clients with disabilities. This makes it difficult to engage effectively with these individuals and establish continuity of care.

Frequency of Telehealth Services



Opportunities

Increased patient access

Convenience for patients

Reduced travel time for patients

Continuity of care for appropriate clients

There is an opportunity to increase Telehealth by ensuring:

- *Affordability of telehealth services to ensure the provider does not incur losses for appointments;*
- *Push for reform to ensure Telehealth may be connected across both Android and IOS applications;*
- *Specialists are on time for appointments; and*
- *Simpler and more effective reimbursement schemes.*
- *Below are survey responses from providers who see opportunities in Telehealth services:*

"Our model of service delivery for remote intervention across the paediatric population demonstrates that telehealth services are effective when used in between face-to-face visits and in person intervention. We use telehealth for parent coaching sessions in between our home visits to keen costs low but also ensure that family are receiving the ongoing evidence-based intervention that they require for positive outcomes."

"There are enough options for Telehealth Australia wide. People would prefer to wait on waitlists for a face-to-face clinician in my experience"

"Ophthalmology is on call or booked in for surgical consenting, the demand is met but the clinical time is arduous and remuneration through Medicare insufficient. The clinic runs at a loss when doing Telehealth"

1. WA Country Health Service. 2022. Pilbara: Health Profile 2022. Pilbara-profile-2022.pdf

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Supporting materials C

Workforce analysis &
identification of service gaps

EY Parthenon

Time series analysis of Karratha healthcare workforce

Since 2013, the total number of health professionals within the town of Karratha has increased however this was not observed across all professions. There is significant variability with falls in podiatry while occupational therapy has increased by a factor of 5.5 times.

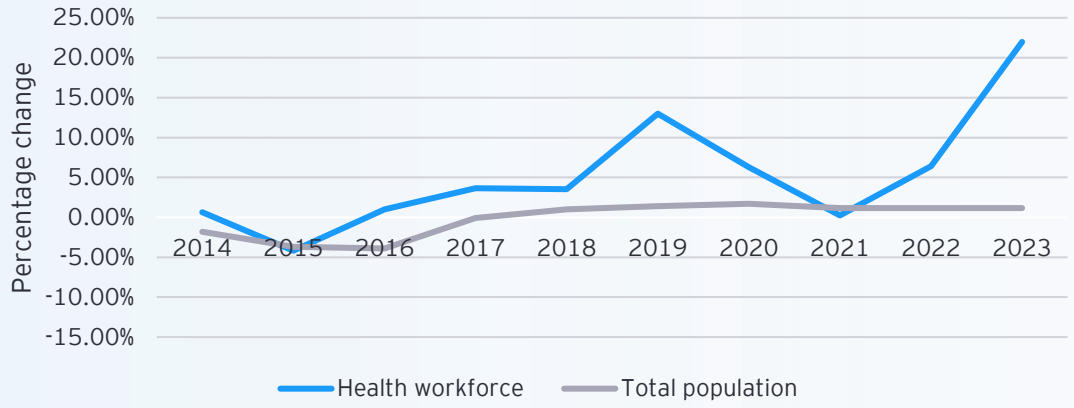
Key highlights:

The healthcare workforce has experienced remarkable growth, outpacing overall population increases with a substantial 63% rise from 2013 to 2023. Notably, there was a significant 23% increase in workforce numbers between 2021 and 2023, in addition to the 13% spike observed in 2019.

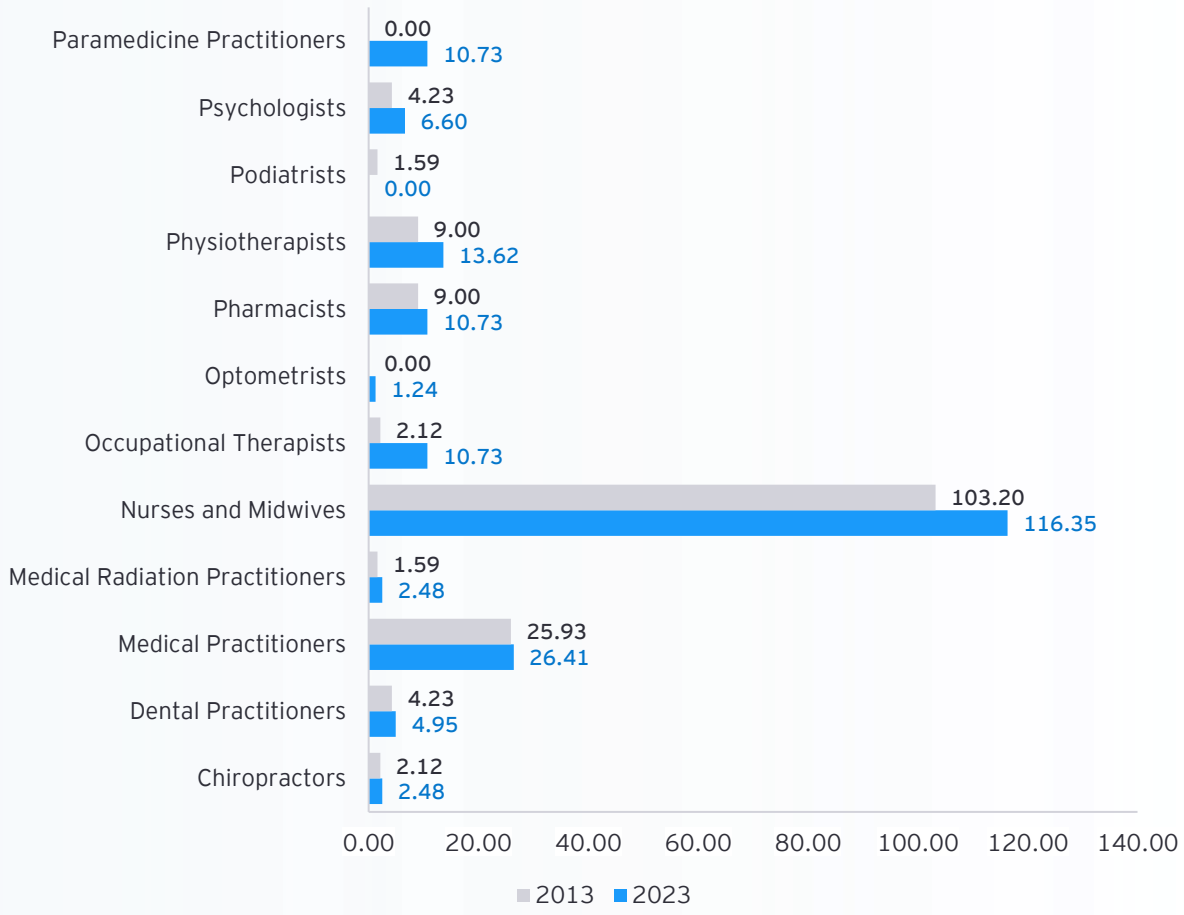
The Pilbara Needs Assessment highlighted that chronic disease constituted a significant portion of the overall disease burden, while the figure adjacent highlights the decline in podiatrists, who play a crucial role in the management of these chronic conditions.

Among the various healthcare professions, occupational therapy saw the most considerable growth, with a 50% increase in employees from 2013 to 2023.

Change in healthcare workforce relative to population growth



Healthcare professionals per 10,000 population, Karratha[1]



1. Department of Health and Aged care. 2024. Dashboard, Summary Statistics - Metrics

EY Parthenon

Comparison of Karratha's workforce relative to Western Australia

Further workforce service level comparisons with Western Australia demonstrate there is still room for Karratha to meet the state average.

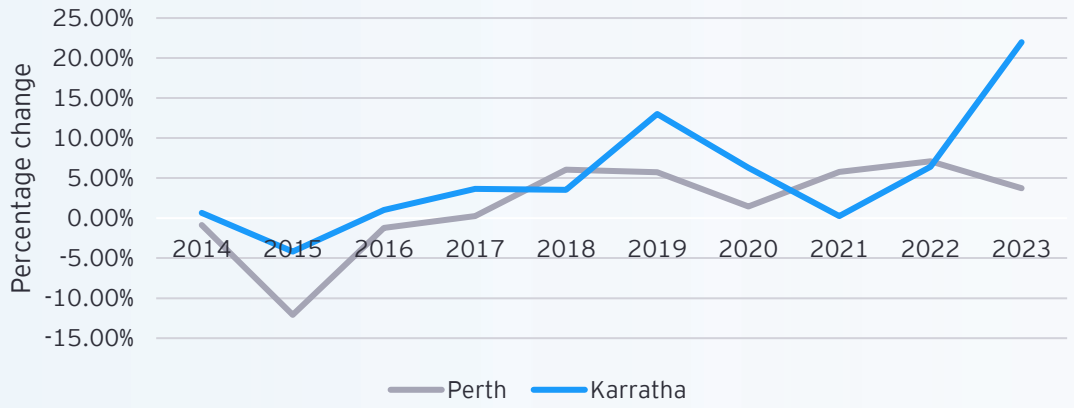
Key highlights:

To improve service provision closer to the Western Australian average, a conceded effort will be required to increase the number of psychologists, medical practitioners and dental practitioners.

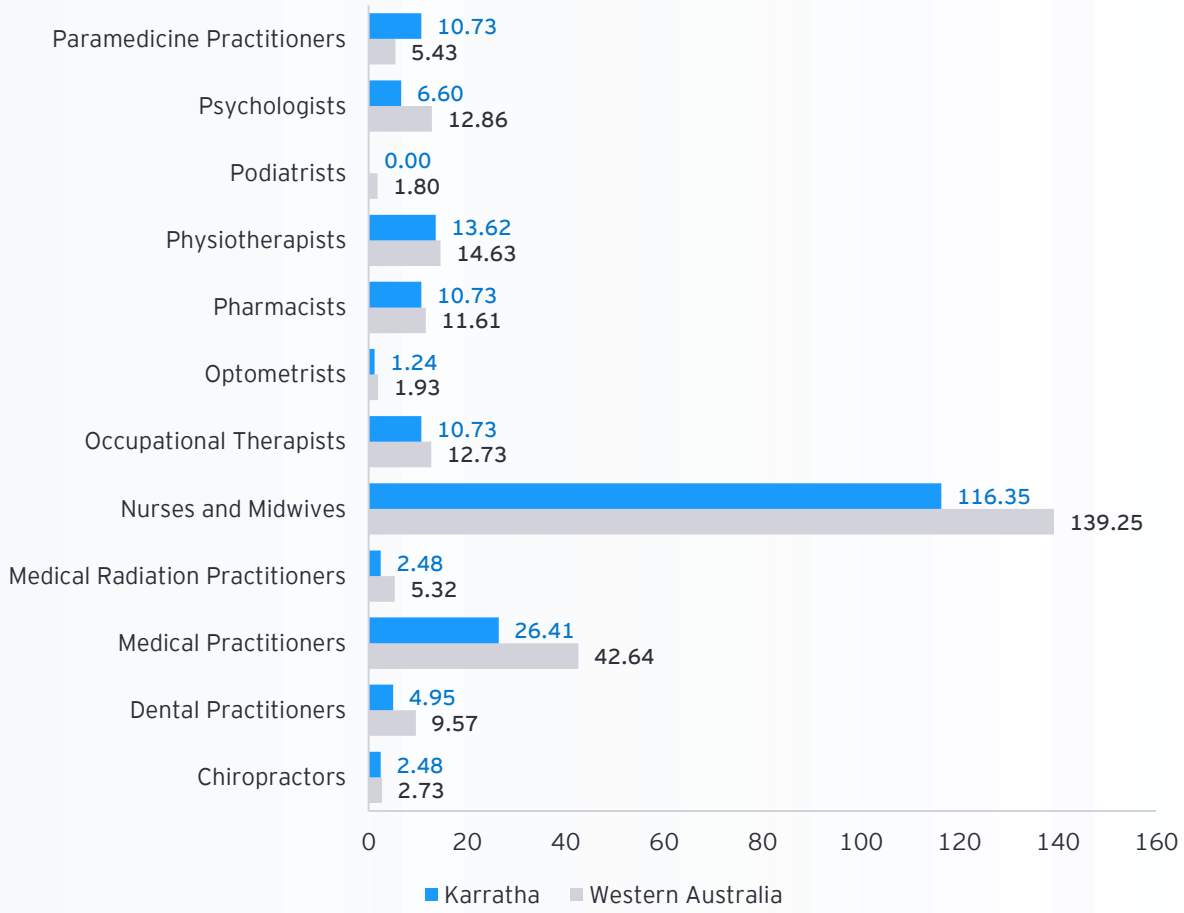
The Pilbara Needs Assessment evidenced loss of teeth as the highest burden of disease for people aged over 65, and the figure adjacent highlights service provision is half which has contributed to the 5-month waitlist (see Supporting Materials B).

In 2020, the West Pilbara region had a notably low supply of general practitioners, with only 14 full-time equivalent (FTE) GPs available. This translates to a GP availability of just 0.4 FTE per 1,000 residents in West Pilbara, significantly lower than the state average of 1.1 FTE per 1,000 residents.

Comparison of healthcare workforces



Healthcare professionals per 10,000 population in 2023, Karratha and WA[1]



1. Department of Health and Aged care. 2024. Dashboard, Summary Statistics - Metrics

EY Parthenon

A breakdown of the healthcare workforce, providing insights in staffing levels

Karratha shows a balanced distribution, ranking in the middle amongst other major towns analysed, with strong health service provision in pharmacy and physiotherapy, while having opportunities for growth in the podiatry and medical radiation sectors.

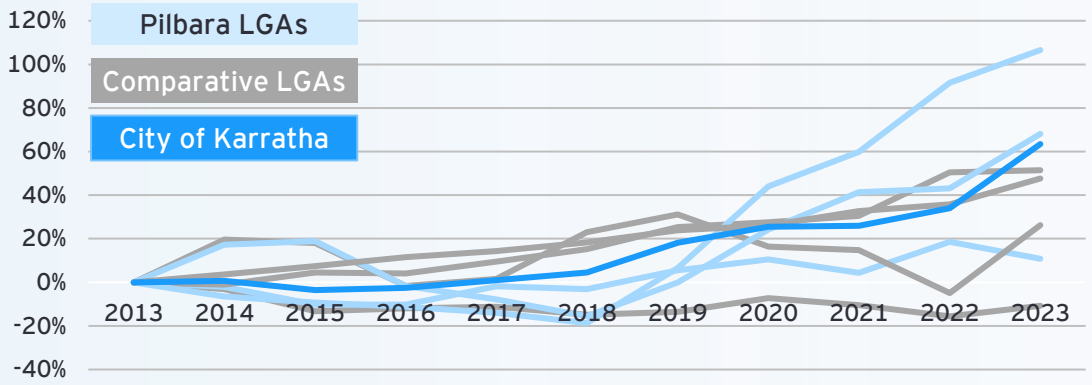
Key statistics:

The average healthcare workforce increase from 2013 to 2023, amongst the Pilbara Country Zone LGA's (Ashburton, Karratha, Port Hedland, East Pilbara), is 62.2%. Karratha saw a total healthcare workforce increase of 63.4%.

Compared to other major local governments, the City of Karratha has a strong health provision in the pharmacy, physiotherapy, and psychology sectors, although there has been a decline in podiatry, with zero podiatrists in 2023.

Although Karratha has seen considerable growth in its healthcare workforce since 2013, it still lacks behind Western Australian average, particularly in the psychology and medical radiation sectors.

Comparison of healthcare professionals by LGA



Healthcare professionals per 10,000 population, Karratha and major towns[1]

Health Professionals (LGA)	Esperance	Port Hedland	Karratha	Geraldton	Albany
Chiropractors	3.44	2.32	**2.48**	3.34	2.93
Dental Practitioners	6.19	2.90	**4.95**	7.87	8.79
Medical Practitioners	24.75	35.37	**26.41**	45.09	49.57
Medical Radiation Practitioners	2.75	1.74	**2.48**	3.82	4.88
Nurses and Midwives	96.24	123.50	**116.35**	172.26	176.32
Pharmacists	6.87	8.70	**10.73**	10.50	8.79
Physiotherapists	6.19	8.70	**13.62**	13.36	14.16
Podiatrists	0.00	1.74	**0.00**	2.39	2.44
Psychologists	2.06	2.32	**6.60**	10.02	10.75
Occupational Therapists	4.81	5.22	**10.73**	11.45	15.14
Total	**153.30**	**192.50**	**194.35**	**280.10**	**293.78**

1. Department of Health and Aged care. 2024. Dashboard, Summary Statistics - Metrics

EY Parthenon

Supporting materials D

Key initiatives

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Potential initiatives for consideration: Greater detail

	Initiative	Description	Considerations
1	Encourage Remote Supervision	Facilitate an enabling environment to support local Registrars (due to become a GP) or existing Registered GPs or AHPs looking to expand on their qualifications, approve their supervision requirements remotely. The RACGP is currently conducting a pilot of remote supervision. Panaceum is involved in the pilot, as well as a four other practices in WA and numerous across Australia. Support could comprise subsidising accommodation costs for remote supervisors required for on-site visits and pairing potential remote supervisors with local Registrars and/or existing Registered GPs and AHPs. This could raise awareness of remote supervision as an eligible opportunity,	RACGP is currently conducting a pilot of remote supervision. Panaceum is involved in the pilot, as well as a four other practices in WA and numerous across Australia. There is an existing Remote Supervision Program offered by the RACGP which started recently in July 2023 and is open to expressions of interest.
2	Partner with WACHS to reduce service gaps	Partner with WACHS to map current health and mental health service professionals across the public and private sector within the City of Karratha to determine whether the WACHS could focus more effectively on filling local service provision gaps. The housing incentives attached to WACHS employees could then be maximised.	Build on the findings of this EY report to develop a database of local health and mental health service professionals and providers. Maintain this database and share with WACHS to commence formal partnership.
3	Amplify current telehealth initiatives championed by WACHS	Remedy the disconnect between local health and mental health service providers and the current telehealth initiatives championed by WACHS. Raise awareness of projects such as the telehealth clinical service innovation project under the Country Health Initiative and promote local feedback to help guide the place-based application of telehealth initiatives in the City of Karratha.	Concurrent to efforts in the adjacent initiative, start to build greater relationships with WACHS and offer the City support to help raise awareness.
4	Amplify current PATS and concierge initiatives championed by WACHS	Educate community, local health and mental health service providers about PATS, Meet & Assist, and other related initiatives championed by WACHS that are available for locals seeking specialist care outside of the City of Karratha. Continue to raise awareness and promote local feedback to help guide place-based application in the City of Karratha.	There is an opportunity to build on existing services within the Pilbara and promote a PATS centre for Karratha. Currently, the nearest centre is in Port Hedland which may provide inaccessible for many residents. To improve visibility of PATS, this initiative will require local service providers to promote the program.

Potential initiatives for consideration: Greater detail

	Initiative	Description	Considerations
5	Enhance accessibility to telehealth, leveraging local Community Resource Centers or similar	Establish central community locations where internet access and devices are available, compatible with telehealth technologies and will enable residents to connect with telehealth providers and specialists. In consultation with service providers identified, there is a portion of the community who do not have the devices available to use Telehealth services. It may be possible to leverage the Community Resource Centre in Roebourne and Karratha Public Library to aide the facilitation and access of devices.	Service providers who offer telehealth services may need to be mapped or continuous monitored as to gauge the utilisation of public telehealth devices to ensure there is sufficient supply to meet demand. Further, the Community Resource Centre or similar would need to ensure employees are appropriately trained and privacy concerns have been addressed.
6	Maximise awareness and co-fund student attraction incentives and bonded scholarships in partnership with local service providers	Encourage service providers to host student placements and offer bonded scholarships in efforts to retain students after the placement. CofK could co-fund the scholarship in partnership with the local service providers. Students (local or otherwise) participating in professional placements, as part of their studies, are captive audiences who could be offered bonded scholarships should they wish to commence their career in the CofK.	Providing bonded scholarships offers will boost the tools available for service providers to retain students who have an interest to live within the City of Karratha. This retention scheme will support the promotion of Karratha as an opportunity for students to conduct student placements and may provide more incentive for service providers to host student placements.
7	Model and/or expand the Mobile Health Unit service	Encourage a collaborative approach where every stakeholder can contribute resources, time, and funds to a scheme that targets remote residents and delivers preventative care to vulnerable communities – similar to the intent of the Mobile Health Unit.	Mobile Health Units are active in metropolitan areas, and a similar unit exists within Wickham. There may be an opportunity to learn from these already active.
8	Recalibrate existing partnerships	Review existing partnerships with industry and determine if some community initiatives currently funded by industry could be reprioritised to local health and mental health services.	There may be opportunity to focus on new industry involvement such as Perdaman for more funding related to health services.

Initiatives concerning housing and those ruled out

Initiative	Purpose
Housing initiatives were raised as common themes by stakeholders. The applicability to all sectors, not the health services sector alone, paired with the significant investment already made in the housing space by the City meant these initiatives were void from further investigation.	
Expand eligibility criteria to include health professionals in zoned housing	Liaise with Development WA to identify properties that may be currently vacant (due to repairs / required maintenance or otherwise) to provide interim housing to health professionals. In addition, consider expanding eligibility criteria more broadly.
Subsidise commercial rent to allow more affordable business operations	Discount commercial rent and lease payments incentivising practitioners to establish a practice in the City of Karratha.
Increase attractiveness of home ownership by releasing large-sized blocks of land	Encourage home ownership by providing incentives for new builds and meeting community demand for large-sized blocks.
Redistribute housing to maximise utilisation of bedrooms	Undertake study to determine whether housing tenants would participate in a redistribution of housing scheme to ensure the number of people per household is maximised and provide incentives to facilitate such.
The financial burden of these initiatives is deemed unsustainable over the long term without the support from industry partners and have been omitted from further investigation.	
Subsidise childcare for health services professionals	Encourage healthcare professionals to rejoin the labour force buy subsidising childcare.
Revitalise the Medical Services Housing Subsidy Scheme	Re-vitalise the Medical Services Housing Subsidy Scheme with broader and more flexible scope.
Offer milestone & relocation payments for health service professionals	Offer financial incentives to encourage health professionals to relocate and stay over the longer term.

Supporting materials E

Supporting data

EY Parthenon

Karratha Demographics and Health Statistics
Specialisation/ 100,000 Population and head count for WA and MMM6

Western Australia Profession	Headcount	Total FTE	Practitioner / 100,000 population
ATSI Health Practitioners	123	138	4.79
Chiropractors	792	640	22.21
Chinese Medicine Practitioners	234	186	6.46
Dental Practitioners	2,780	2,417	83.89
Medical Practitioners	12,390	12,399	430.34
Medical Radiation Practitioners	1,547	1,476	51.23
Nurses and Midwives	40,464	37,449	1299.76
Occupational Therapists	3,701	3,155	109.50
Optometrists	562	514	17.84
Osteopaths	70	61	2.12
Pharmacists	3,373	3,091	107.28
Physiotherapists	4,250	3,754	130.29
Podiatrists	522	469	16.28
Paramedicine Practitioners	1,581	2,078	72.12
Psychologists	3,738	3,088	107.18
Total	**76,127**	**70,916**	

MMM6 Profession	Headcount	Total FTE	Practitioner / 100,000 population
ATSI Health Practitioners	109	127	4.41
Chiropractors	42	37	1.28
Chinese Medicine Practitioners	NP	6	0.21
Dental Practitioners	121	113	3.92
Medical Practitioners	935	1,028	35.68
Medical Radiation Practitioners	71	65	2.26
Nurses and Midwives	4,071	4,116	142.86
Occupational Therapists	189	165	5.73
Optometrists	28	29	1.01
Osteopaths	NP	NP	
Pharmacists	239	244	8.47
Physiotherapists	228	217	7.53
Podiatrists	34	36	1.25
Paramedicine Practitioners	404	567	19.68
Psychologists	140	129	4.48
Total	**6,622**	**6,880**	**238.79**

MM1 Profession	Headcount	Total FTE	Practitioner / 100,000 population
ATSI Health Practitioners	142	146	5.07
Chiropractors	4,240	3,588	124.53
Chinese Medicine Practitioners	3,542	2,739	95.06
Dental Practitioners	19,104	17,095	593.32
Medical Practitioners	91,385	92,987	3227.34
Medical Radiation Practitioners	13,637	12,776	443.42
Nurses and Midwives	285,757	261,618	9080.09
Occupational Therapists	21,136	18,779	651.77
Optometrists	4,953	4,365	151.50
Osteopaths	2,337	2,016	69.97
Pharmacists	23,098	21,233	736.94
Physiotherapists	29,077	26,621	923.95
Podiatrists	4,204	3,965	137.61
Paramedicine Practitioners	12,928	14,812	514.09
Psychologists	28,994	24,328	844.36
Total	**544,534**	**507,067**	

1. Department of Health, Disability, and Ageing. 2024. Summary Statistics, Allied Health, State. Summary Statistics

Healthcare workforce breakdown per 10,000 population by LGA

Percentage change in healthcare workforce per 10,000 population by LGA from 2013 to 2023										
Profession	Derby-West Kimberly	Port Hedland	Halls Creek	Esperance	Carnarvon	Broome	Exmouth	Ashburton	Greater Geraldton	Bunbury
Psychologists	47.66%	42.45%	0.00%	153.85%	0.00%	127.45%	0.00%	81.42%	201.28%	114.93%
Podiatrists	-	95.51%	N/A	-	-	123.59%	N/A	N/A	124.60%	128.81%
Physiotherapists	158.85%	179.07%	N/A	110.14%	111.05%	216.28%	74.15%	220.51%	166.14%	188.80%
Pharmacists	89.35%	130.24%	-	139.86%	166.58%	98.14%	-	169.62%	161.25%	160.80%
Optometrists	N/A	-	-	-	-	123.59%	N/A	N/A	218.06%	115.12%
Occupational Therapists	148.92%	143.26%	N/A	137.06%	-	254.90%	-	105.54%	239.24%	190.39%
Nurses and Midwives	95.19%	94.18%	104.60%	113.28%	154.80%	126.17%	100.63%	194.62%	161.81%	122.24%
Medical Practitioners	136.16%	112.04%	190.52%	195.81%	122.74%	141.29%	133.47%	124.39%	203.02%	147.20%
Dental Practitioners	-	59.69%	-	80.10%	-	164.79%	-	-	171.33%	86.67%
Chiropractors	N/A	-	N/A	-	-	185.38%	-	-	174.44%	102.18%

1. Department of Health, Disability, and Ageing. 2023. Health Workforce Data. Health Workforce Data - Table View

Healthcare workforce breakdown, Karratha

Healthcare workforce, Karratha, 2013 to 2023											
Profession	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
ATSI Health Practitioners	0	3	3	3	3	3	4	3	5	0	3
Chiropractors	4	4	3	3	4	3	4	4	3	6	6
Chinese Medicine Practitioners	0	0	0	0	0	0	0	0	3	0	0
Dental Practitioners	8	11	9	10	10	13	11	12	13	10	12
Medical Practitioners	49	45	42	44	47	48	41	45	45	44	64
Medical Radiation Practitioners	3	5	4	3	4	3	5	3	4	4	6
Nurses and Midwives	195	188	192	186	186	192	212	227	210	233	282
Occupational Therapists	4	10	4	10	15	14	16	20	14	22	26
Optometrists	0	0	3	0	0	0	0	0	4	4	3
Pharmacists	17	14	13	15	13	17	15	17	22	23	26
Physiotherapists	17	15	15	17	16	16	18	17	21	27	33
Podiatrists	3	3	4	3	3	3	3	3	0	3	0
Psychologists	8	12	9	9	11	12	16	19	22	16	16
Paramedicine Practitioners	0	0	0	0	0	0	18	17	23	22	26
Total	**309**	**311**	**298**	**301**	**312**	**323**	**365**	**388**	**389**	**414**	**505**

1. Department of Health, Disability, and Ageing. 2023. Health Workforce Data. Health Workforce Data - Table View

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Healthcare workforce breakdown per 10,000 population by LGA

Healthcare workforce per 10,000 population by LGA, 2023										
Profession	Derby-West Kimberly	Port Hedland	Halls Creek	Esperance	Carnarvon	Broome	Exmouth	Ashburton	Greater Geraldton	Bunbury
Psychologists	4.74	2.32	0.00	7.56	0.00	11.82	0.00	3.71	40.38	14.90
Podiatrists	0.00	1.74	N/A	0.00	0.00	2.15	N/A	N/A	9.61	3.91
Physiotherapists	4.74	8.70	N/A	6.19	5.43	15.04	8.66	16.10	53.84	27.60
Pharmacists	3.56	8.70	7.25	6.87	10.85	9.67	8.66	6.19	42.30	16.85
Optometrists	N/A	1.74	0.00	2.06	5.43	2.15	N/A	N/A	6.73	3.17
Occupational Therapists	5.93	5.22	N/A	4.81	5.43	17.73	8.66	8.67	46.15	21.00
Nurses and Midwives	179.06	123.50	135.40	96.24	166.43	218.69	109.64	134.97	694.16	310.14
Medical Practitioners	47.43	35.37	29.01	24.75	37.99	84.36	25.97	13.62	181.71	92.55
Dental Practitioners	3.56	2.90	0.00	6.19	0.00	8.60	0.00	0.00	31.73	11.23
Chiropractors	N/A	2.32	N/A	3.44	5.43	3.22	11.54	0.00	13.46	3.66
Total	**249.02**	**192.50**	**171.66**	**158.11**	**236.98**	**373.44**	**173.11**	**183.26**	**1120.08**	**505.02**

1. Department of Health, Disability, and Ageing. 2023. Health Workforce Data. Health Workforce Data - Table View

Supporting materials F

Stakeholder consultation materials

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We have conducted extensive consultation with the community

Ref #	Stakeholder	Participation	Grouping
1	Karratha Medical Centre	Workshop	Group 1
2	Sonic HealthPlus	Workshop and survey	Group 1
3	Baynton Medical Centre	Workshop and survey	Group 1
4	Panaceum	Workshop and survey	Group 1
5	Karratha Central Healthcare	Workshop and survey	Group 1
6	Connect Paediatric	Workshop and survey	Group 1
7	Pilbara Therapy	Workshop and survey	Group 1
8	WACHS /Karratha Health Campus	Individual consult	Group 2
9	WAPHA	Individual consult	Group 2
10	UWA / Rural Clinical School of WA	Did not participate	Group 2
11	Rural Health West	Individual consult	Group 2
12	PATS	Did not participate	Group 2
13	Allied Health Professionals Australia	Did not participate	Group 2
14	Office of the National Rural Health Commissioner	Individual consult	Group 2
15	Roebourne Hospital	Did not participate	Group 3
16	Mawarnkarra Health Services	Workshop and survey	Group 3
17	Pilbara Aboriginal Health Alliance	Workshop	Group 3

Ref #	Stakeholder	Participation	Grouping
18	Headspace Karratha	Did not participate	Group 4
19	Pilbara Psych and Assessment	Did no participate	Group 4
20	Mindbright	Individual consult and survey	Group 4
21	Karratha Physiotherapy	Survey	Group 5
22	TM Ultrasound	Survey	Group 5
23	Pelago Dental	Survey	Group 5
24	Karratha Dental	Survey	Group 5
25	Nickol Bay Dental	Did not participate	Group 5
26	Pharmacy 777 - Karratha	Survey	Group 5
27	Pharmacy Help Karratha	Did not participate	Group 5
28	Dampier Pharmacy	Survey	Group 5
29	Clinicare Pharmacy Wickham	Did not participate	Group 5
30	OPSM Karratha	Did not participate	Group 5
31	Specs Plus Karratha	Survey	Group 5
32	Karratha Eye Care	Survey	Group 5
33	Western Diagnostics	Did not participate	Group 5
34	Path West	Did not participate	Group 5

Group 1 Engagement Session:

Agenda

1. Welcome and introductions	10 minutes
2. Objectives	5 minutes
3. Discussion	
i. Overview of the health sector	30 minutes
ii. Identify key challenges	40 minutes
ii. Identify service gaps	40 minutes
iii. Identify partnership opportunities	30 minutes
4. Next steps	5 minutes

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Group 1 Engagement Session:

Welcome and introductions

- **Facilitator:** Bill Scanlan, Violet Killeen and Gavin Muir
- **Date:** 16 June 2025
- **Time:** 1:30 to 3:30pm

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Group 1 Engagement Session:

Workshop objectives

Our primary objective in consulting with you is to identify the key challenges you face in meeting community demand for health services and the reasons for such, with a view that collaboratively we may be able to identify opportunities to partner and narrow service gaps and support the City of Karratha be best placed to advocate for local providers.

- Identify key challenges
- Identify the service gaps
- Identify actionable opportunities

EY Parthenon

Group 1 Engagement Session:

Discussion

We know that …

housing is a major issue for workers …

wait times don't always reflect demand…

some patients travel to Perth for treatment …

Locum specialists deliver much needed services …

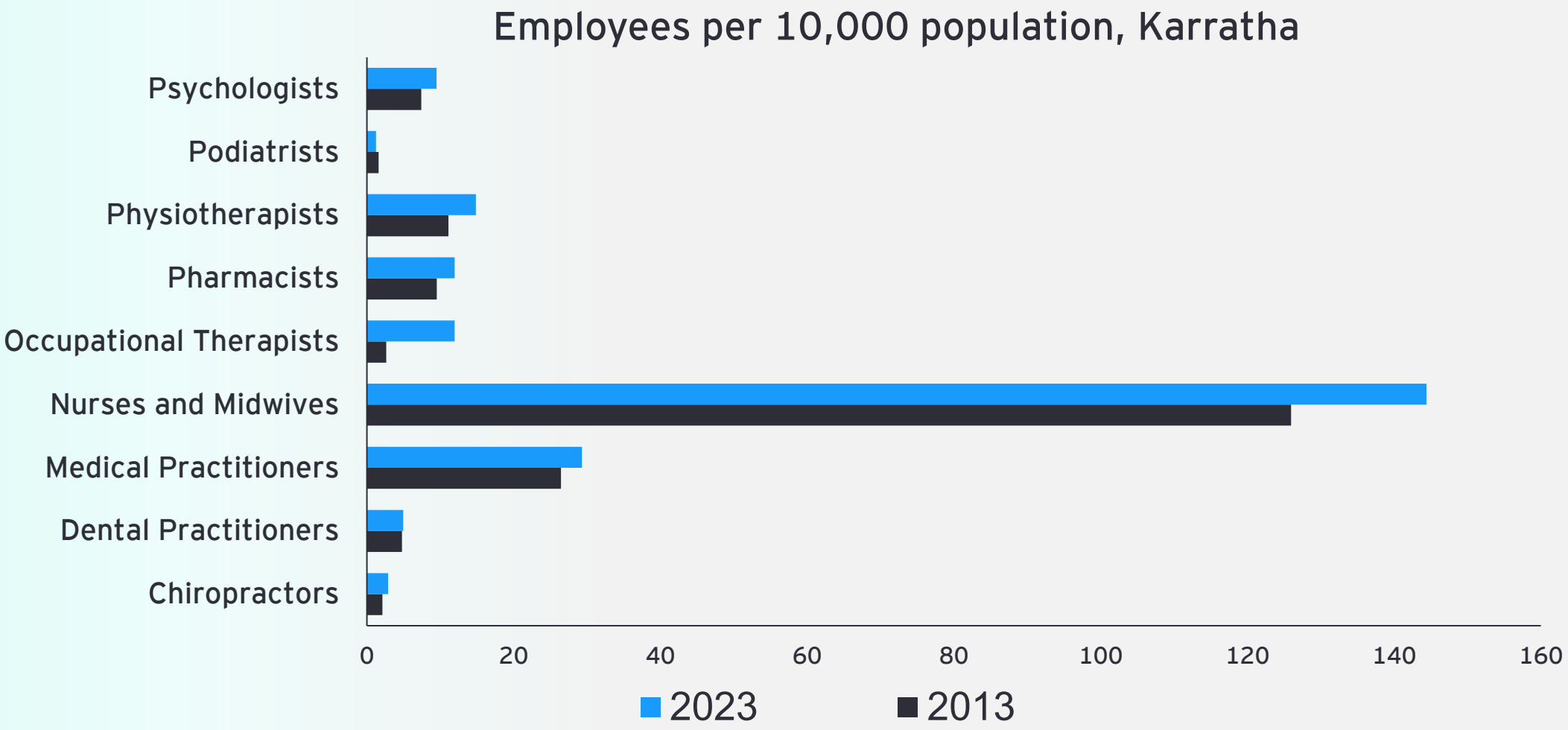
What else do we need to consider?…

The consultation session will focus on the opportunity to explore challenges / gaps that go beyond the housing sector.

- Labour market competition
- Burden of disease trends
- Increasing population?
- Ageing population

EY Parthenon

Health service provision relative to population is improving…



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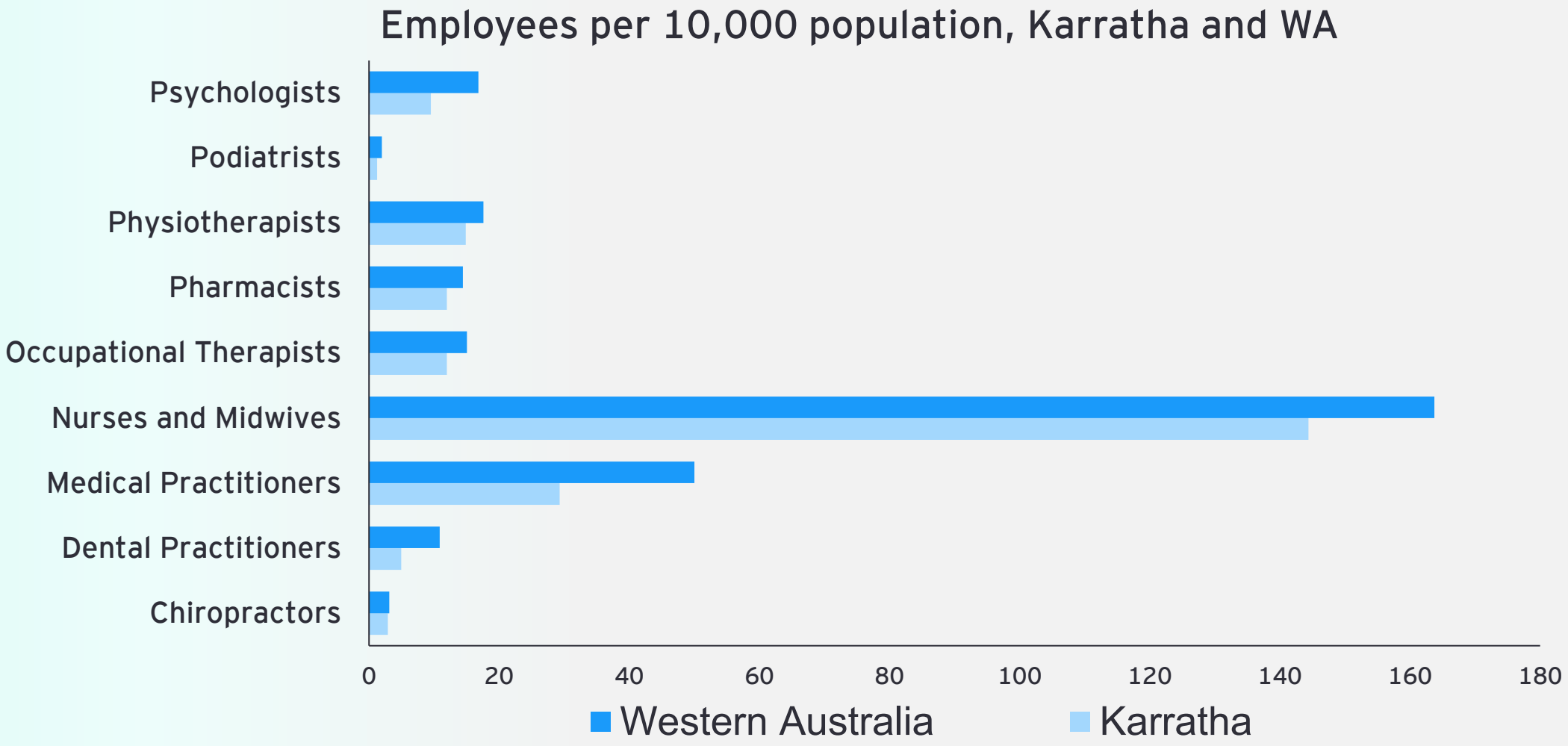
...but remains far below WA standards



EY Parthenon

Group 1 Engagement Session:

Challenges

The consultation session will focus on the opportunity to explore challenges and gaps, some of which may go beyond the housing sector.

What are two key challenges/gaps faced in providing services

What are two key challenges/gaps faced in attracting and retaining people

EY Parthenon

Group 1 Engagement Session:

Partnership opportunities

What partnership opportunities can you identify that would help address the gaps in access to and availability of health care services in Karratha and the surrounding region?

What are two key opportunities in providing services

What are two key opportunities in attracting and retaining people

EY Parthenon

Group 2 Engagement Session:

Agenda

1. Welcome and introductions	5 minutes
2. Objectives	5 minutes
3. Discussion	
i. Overview of the health sector	15 minutes
ii. Identify key challenges	20 minutes
ii. Identify service gaps	20 minutes
iii. Identify partnership opportunities	15 minutes
4. Next steps	5 minutes

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Group 2 (Materials shown as part of individual stakeholder consults):

Welcome and introductions

- **Facilitator:** Bill Scanlan, Sophie Ahern, Gavin Muir and Violet Killeen
- **Attendees:**
  - WACHS / DoH
  - WAPHA
  - Rural Health West
  - Office of the National Rural Health Commissioner
- **Roles, responsibilities and rules of engagement**

Group 2 Engagement Session:

Workshop objectives

Our primary objective in consulting with Government stakeholders is to capture their understanding and perception of what strategies and initiatives been successful/unsuccessful and what factors contributed to the outcomes.

Identify key challenges

Identify the gaps

Identify actionable opportunities

Group 2 Engagement Session:

Discussion

We know that …

housing is a major issue for workers …

wait times don't always reflect demand…

some patients travel to Perth for treatment …

Locum specialists deliver much needed services …

What else do we need to consider?…

The consultation session will focus on the opportunity to explore challenges / gaps that go beyond the housing sector.

- Labour market competition
- Burden of disease trends
- Increasing population?
- Ageing population

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Group 2 Engagement Session:

Challenges

The consultation session will focus on the opportunity to explore challenges / gaps that go beyond the housing sector.

What services are of most interest to students/employees when considering regional placements?

What are key factors that employees consider when contemplating regional placements in both private and public health services?

What are the key challenges faced when recruiting for regional placements?

What strategies or initiatives has the government previously implemented to enhance healthcare delivery in Karratha?

What has been the outcome of these strategies/initiatives?

What factors have contributed to the success/failure of the previous strategies?

Are there additional factors that may not have been evident or considered previously that are relevant moving forward?

Group 2 Engagement Session:

Partnership opportunities

How do agencies engage with local stakeholders, including healthcare providers and community members, to assess the impact of previous health strategies in Karratha and inform future planning?

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Glossary of Key Terms

Glossary of key terms

Key terms	Definition
Burden of Disease	Burden of disease measures the impact of different diseases or injuries on a population. It combines non-fatal burden and fatal burden years lost to give a total burden, reported using the disability-adjusted life years (DALYs) measure. [1]
Crude Rate	The ratio of the number of events in the population being studied, during a certain time period, to the estimated population size midway through that time period. [2]
Fatal Burden	Fatal burden refers to the years of life lost due to dying prematurely. [1]
Medical Locum	Medical locum refers to a temporary medical staff member engaged to meet a shortage, absence, or to increase capacity. [3]
Modified Monash Model	The Modified Monash Model measures the remoteness and population size of a given statistical area. The model utilises a scale from MM 1 to MM 7, with MM1 referring to a metropolitan area and MM7 being a very remote area. [4]
Non – Fatal Burden	Non-fatal burden refers to the years of health life lost due to living with ill-health. [1]
Patient Assisted Travel Scheme	The Patient Assisted Travel Scheme, or PATS, refers to a series of financial subsidies offered to eligible WA country residents to reduce the cost of accessing the closet specialist medical services not available locally. The program is funded by the Government of Western Australia and administered through the WA Country Health Service. [5]

1. WA Primary Health Alliance. 2021. Pilbara Needs Assessment. Needs-Assessment_Country-WA_Pilbara.pdf
2. Australian Institute of Health & Welfare. 2025. Metadata Online Registry. https://meteor.aihw.gov.au/content/327274
3. Department of Health & Aged Care. 2025. Analysis of Locum Use on the Medical Workforce: Commonwealth summary paper. https://www.health.gov.au/resources/publications/analysis-of-locum-use-on-the-medical-workforce-commonwealth-summary-paper?language=en
4. Department of Health, Disability, and Ageing. 2025. Modified Monash Model. https://www.health.gov.au/topics/rural-health-workforce/classifications/mmm
5. WA Country Health Service. 2025. Patient Assisted Travel Scheme. https://www.wacountry.health.wa.gov.au/Our-patients/Patient-Assisted-Travel-Scheme-PATS

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