SECTOR PROFILE

Health

HumanAbility

1. Sector profile

1.1 Scope

Australia's health care system provides a wide range of services and support geared towards helping Australians to maintain their health and wellbeing. The health care system encompasses primary, secondary and tertiary health care. Primary health care is the most frequently used, and typically an individual's first point of contact with the health care system (for example, through their general practitioner, allied health professional or with a nurse). Specialised care, typically made by referral, is provided as secondary care after an initial assessment. Tertiary care is a more advanced level of specialised care.

The health care sector is one of the country's largest and fastest growing economic sectors and, consistent with global trends, experiencing workforce pressures caused by unprecedented growth in demand for services. This is compounded by current and forecast workforce shortages exacerbated by population growth and an increased demand for health care, an ageing population,[1] staff retention issues, inadequate funding arrangements, and the changing skills needed as health care digitises and care models shift.[2]

While Australians are living longer, the prevalence of chronic diseases, disability, and age-related conditions such as cancer, cardiovascular disease and diabetes is rising, along with increasing occurrences of mental illness.[3]

This is requiring greater and more specialised care, placing additional strain on health care resources, workforce capacity, and infrastructure.[4]

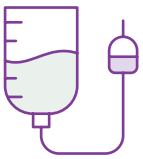

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Table 1: Health and Human Services occupations in HumanAbility's scope

Aged care and disability services	Human (community) services	Primary health*	Secondary and tertiary health**
Aged care and disability services occupation are present across both clinical and non-clinical settings, in home and residential care. Some related roles that work directly in aged or disability care services are classified under broader community or health services codes.*	• Community services • Celebrancy and pastoral care • Counselling • Employment services & career development • Family and relationship services (family dispute resolution) • Family violence • Housing • Mental health and alcohol and other drugs • Residential care • Volunteering • Youth (youth services, child protection and youth justice)	• Aboriginal and Torres Strait Islander health • Indigenous environmental health and population health • Complementary health • Dental • Mental health and alcohol and other drugs • Cross-sectoral – infection control and first aid	• Allied health assistance • Nursing • Technicians support services • Ambulance – patient transport and out-of-hospital care • Mental health and alcohol and other drugs

* Note: Aged and Disabled Carers (ANZSCO 423111) span clinical and non-clinical tasks in both home and residential settings. Related roles such as Disability Services Officers (411712) and Residential Care Officers (411715) also work in aged and disability care but are currently grouped under broader occupation codes. These distinctions will become more transparent under the new Occupation Standard Classification for Australia (OSCA), replacing the Australian and New Zealand Standard Classification of Occupations (ANZSCO). Aged and disability services are discussed in detail in the **aged and disability support sector profile**.

** the human (community) services occupations and relevant sectors are discussed in detail in the **community sector profile**. Current data limitations mean that it is not possible to separate out some duplication between the community services profile and the other sub-sectors.

Table 1 outlines occupations commonly associated with each industry sector. While some occupations may span multiple sectors, the groupings reflect feedback provided by industry stakeholders.

Health workforce planning requires a comprehensive view of the entire workforce, including clear pathways from VET trained roles to tertiary qualified professions. While HumanAbility recognises the importance of this continuum, our primary focus is on VET trained and unqualified roles within the health sector.

The sections below outline the key areas of the health workforce within HumanAbility's scope.

Aboriginal and/or Torres Strait Islander Health

Aboriginal and Torres Strait Islander Health workers and practitioners play an important role in supporting the experience, rapport, and connectivity that First Nations patients have with the health system. Their role in delivering health care, that is culturally safe and responds to community needs, ultimately delivers better outcomes for First Nations' people and significantly contributes to improving accessing treatment that is appropriate to the needs of First Nations' people.[5]

Allied health

Allied health care involves a wide range of diagnostic, technical, therapeutic, and direct health services aimed at improving the health and wellbeing of individuals and communities. It involves trained professionals with university qualifications, as well as a large VET trained or unqualified assistant workforce. Workers often work as part of multidisciplinary health teams to provide specialised support.[6] Allied health professionals are typically considered as separate to the medical, dental or nursing professions, and include physiotherapists, occupational therapists, speech pathologists, dietitians, psychologists, social workers, pharmacists, and podiatrists.[7] Allied health assistants work under the delegation, instructions and supervision of allied health professionals, and perform a range of clinical and non-clinical duties to support their work.[8]

Ambulance – patient transport and out-of-hospital care

In addition to paramedics, who must be qualified at an AQF Level 7 or higher, there are also job roles supported with vocational training programs such as non-emergency patient transport (NEPT) officers. NEPT is for patients who require clinical monitoring or supervision during transport, but do not require a time critical ambulance response.[9]

Patients may need access to specialised supervision and medical equipment contained within the vehicle.[10] Services are not exclusive to on-road transport. They can also include air services, which require additional training, while further specialisations also exist in the areas of driver safety and communication protocols.

Dental

The dental workforce includes dentists, dental hygienists, dental prosthetists, dental therapists and oral health therapists. There are also VET-qualified workforces, such as dental assistants and dental technicians. Together these professionals support oral health and the condition of the mouth, teeth and orofacial structures – which enables essential functions such as eating, breathing and speaking. Oral health also contributes to psychological wellbeing, self-confidence and the ability to function without pain or embarrassment.[11] To practise in Australia, most dental practitioners must be registered with the Australian Health Practitioner Regulation Agency (Ahpra). There are 13 approved dental specialisations in Australia,[12] which are most highly represented by orthodontists, periodontics, prosthodontics and oral and maxillofacial surgery.[13]

Nursing

The nursing workforce has a critical role in the health care system, providing essential care across diverse settings such as hospitals, aged care facilities, community health centres, and primary care settings. Registered and enrolled nurses are regulated professionals who must complete approved education and training pathways and register with the Nursing and Midwifery Board of Australia (NMBA) to practice. There are also nursing support roles, which complement registered and enrolled nurses while providing a training pathway into these positions.

"The impact of the Covid-19 pandemic has revealed links between population health, well-being and economic growth, and has also reinforced the need to take full account of the social determinants of health. This reflects the overall shift from health system delivery and health care employment being framed by a "cost-disease" model to one in which the contribution to economic and societal well-being is more fully recognised, and where primary care, and preventative health and health promotion is prioritised."[14]

1.2 Occupations and demographic profile

As at November 2024, there were 1,290,300 people employed in the health and human service sector.[15] This represents a significant portion of Australia's economy: 8% of all roles, and 40% of the roles under HumanAbility's VET system remit.[16]

Profile of the health and human services sector[17]

1,290,327
employed

74%
are female

40%
are part-time

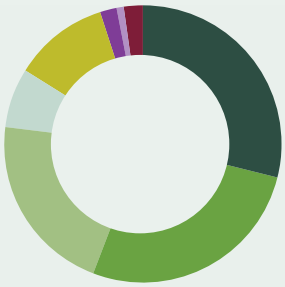
2%
identify as First Nations

31%
work outside the capital city

Data used in sector profiles is based on JSA Placemat sectors. JSA's "Health" sector covers both Health and Human (community) services in this report and has, therefore, been replicated in both sector profiles.

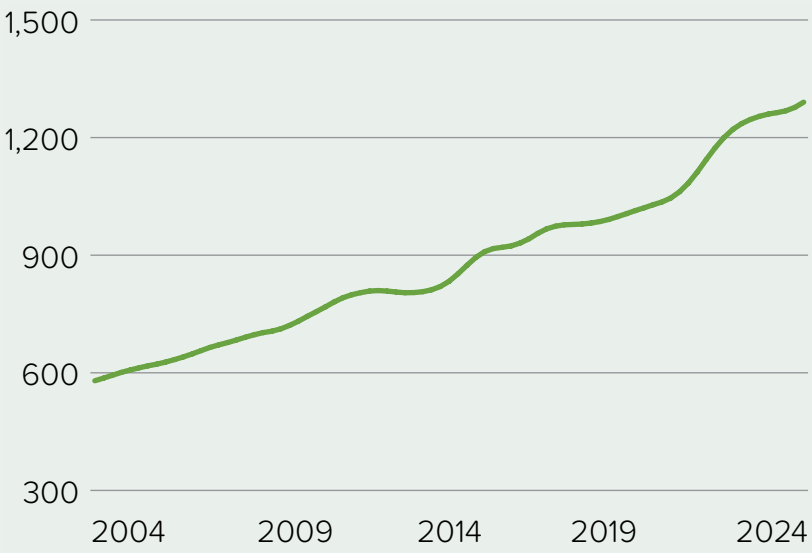
Employment by state

- New South Wales **29%**
- Victoria **27%**
- Queensland **21%**
- South Australia **7%**
- Western Australia **11%**
- Tasmania **2%**
- Northern Territory **1%**
- Australian Capital Territory **2%**



Percentages may not total 100% due to rounding.

Employment over time (thousands)



Employment projection

2029 **1,432,700** employees

2034 **1,603,300** employees

Occupations

Aboriginal and Torres Strait Islander health roles

The 2025 Labour Force survey showed that there were 1,100 Indigenous Health Workers (ANZSCO 4115) workers.[18] The introduction of OSCA will see the Indigenous Health Worker role to be split into Aboriginal and Torres Strait Islander Health Practitioner and Aboriginal and Torres Strait Islander Health Worker; however, these roles still won't be grouped as "professionals" under the new OSCA.

It is critical that First Nations communities continue to have access to health services that are culturally safe meet their needs. The 2021 census data showed that 3.1% (16,659) of First Nations people aged 15 and over were employed in health-related occupations. Females accounted for 78%. Just over 30% (5,037) of these workers were nurses and midwives, 14% were personal care workers, and 10.4% were Aboriginal and Torres Strait Islander Health workers.[19]

Aboriginal and Torres Strait Islander health professionals have increased between 2011 and 2021, from 255 to 309 per 10,000 population. Relative to population size, First Nations people were employed in health-related occupations at about 60% the rate of non-Indigenous Australians (a rate ratio of 0.6%).[20]

Allied Health

By ANZSCO role, the largest occupations in the Allied Health sub-sector as of February 2025 are:

- Physiotherapists (ANZSCO 2525) – 46,300
- Psychologists (ANZSCO 2723) – 49,700
- Occupational Therapists (ANZSCO 2524) – 29,400
- Social Workers (ANZSCO 2725) – 47,700
- Therapy Aides (ANZSCO 423314) – 7,800*
- Pharmacists (ANZSCO 2515) – 42,000.[21]

The allied health workforce encompasses a broad range of occupations, and can be broadly divided into:

- Allied health professionals – including in therapy roles (ANZSCO 252) such as chiropractors, osteopaths, podiatrists, audiologists, and speech pathologists; and diagnostic and health promotion roles (ANZSCO 251) such as nutrition, medical imaging, health promotion officers, pharmacy, optometry and orthoptics. In addition, there are counselling-related roles, psychologists, psychotherapists and social workers (under ANZSCO 272), which span both the health and community services sectors – these are covered in our community services profile.
- Allied health assistant roles, currently classified as therapy aides (ANZSCO 423314), as well as a limited number of medical technician roles such as audiometrists and perfusionists (ANZSCO 311299).

With the introduction of the Occupational Standard Classification for Australia (OSCA), new groupings will provide greater clarity and visibility across the health workforce, including Counselling and Social Work (OSCA 2611 and 2613) and Allied Health Physical and Sensory Therapy Professionals (OSCA 2629).

Roles that have previously lacked visibility in ANZSCO – but are at times included in the allied health workforce – will also be more clearly identified under OSCA. These include health support roles that involve direct patient care and clinical support and that typically operate under the supervision of allied health professionals. For example, Audiometrists (OSCA 441933), Allied Health Assistants (OSCA 4421) and Dental Assistants (OSCA 4423).

While available data has identified a national shortage for some allied health professions, data on other allied health professionals is limited, with little or no data on allied health assistants. This will start to be addressed with the introduction of OSCA.

A full understanding of the allied health workforce is difficult to achieve, in part because some professionals may not identify or self-describe as part of the allied health workforce. Allied health roles are funded through multiple systems across the health sector, including hospitals, the NDIS, and mental health, as well as other specialist roles such as orthoptists.

Other resources could be used to at least partly pinpoint trends among parts of the allied health assistant workforce, most particularly within the aged care sector. The 2023 Aged Care Provider Workforce Survey found that the number of allied health professionals and assistants fell sharply between 2020 and 2023, from 11,200 to 6,400.[22] While this is likely not indicative of the broader trajectory of the allied health workforce (which will be the focus of the upcoming National Allied Health Workforce Strategy), it does indicate a need to understand and acknowledge the influence of related sector funding and ratio settings on such workforces.

Ambulance: patient transport and out-of-hospital care

The largest ANZSCO occupation as of February 2025 working in the Paramedics and Ambulance workforce comprised Ambulance Officers and Paramedics (ANZSCO 4111) – 28,100.[23]

With the introduction of OSCA, these occupations will be divided into Paramedics and Patient Transport Officers, better reflecting the tasks, skills and training needed for each occupation, the professionalisation of paramedic work and its registration through Ahpra.

Between 2018 and 2023, the size of the paramedic workforce grew by 39.5%, to meet increasing community demand: per 100,000 people, the number of paramedics increased from 68.9 to 91.3. The workforce is also becoming younger and approaching an almost even split by gender. Whereas in 2018–19 43.5% of the workforce were aged under 35, by 2023 this proportion had risen to over half (50.3%). Likewise, female paramedics comprised almost half the workforce (49.1%) by 2023, compared to just 43% in 2018/19.[24]

A 2023–2024 workforce survey undertaken by Western Sydney University, Edith Cowan University, and the Auckland University of Technology found that, despite the trend towards gender parity, in Australia over three quarters (76%) of management roles in paramedicine are still occupied by men.[25] Efforts to retain younger female professionals within the sector will be key to addressing this gender imbalance in the coming years.

State and territory reviews have also pointed to a critical shortage of patient transport and out-of-hospital care staff in the ambulance sub-sector, impacting on access to services, particularly in regional areas, and having flow-on impacts to other health services.[26] The patient transport and out-of-hospital health care services sub-sector consists of large private and government providers linked closely to several health industry sub-sectors that use and depend on highly skilled patient transfer professionals. The essential nature of services delivered by the sub-sector means that future growth in demand will be strong, and it is expected that private enterprises will increasingly be contracted to provide NEPT services for the health sector.[27]

Optometry and eye health

The optometry and eye health workforce plays a critical role in preventing, diagnosing, and managing a wide range of vision and eye-related conditions – contributing significantly to public health, and to people's independence and quality of life. Early detection and correction of vision problems through regular eye care can prevent more serious health issues, reduce risk of falls for older people, and support educational and workplace participation. Key occupations include medical specialists like ophthalmologists and orthoptists; optometrists, who assess vision and prescribe corrective lenses or treatments; and optical dispensers, who interpret prescriptions and fit glasses or contact lenses. Under the new OSCA, Optical Dispensers will be recategorised under OSCA 4424, highlighting their health support function rather than retail alignment. This improved classification helps clarify the full spectrum of the vision care workforce – essential for responding to increasing demand due to an ageing population and growing rates of chronic eye conditions.

Dental

By ANZSCO role, the largest occupations working in the dental workforce as of February 2025 are:

- Dental Assistants (ANZSCO 4232) – 26,300
- Dental Practitioners (ANZSCO 2523) – 22,300
- Dental Hygienists, Technicians and Therapists (ANZSCO 4112) – 7,200.[28]

With the introduction of OSCA, those professionals will be divided into Dental Hygienists, Dental Prosthetists, and Therapists (OSCA 2691), Dentists and Dental Specialists (OSCA 2692) Dental Technicians (OSCA 311232) and Dental Assistants (OSCA 4423). Under the new categories, Oral Health Therapist (OSCA 269133) is introduced and, alongside Dental Prosthetists (OSCA 269132), recognised as a tertiary-qualified profession.

Approximately nine out of 10 registered dental practitioners were employed in their field in 2022. The proportion of dentists employed in their field has remained relatively stable between 2013 and 2022, from 89% in 2013 to 91% in 2022.[29] In 2022, approximately one in five employed dentists were under 30 years old. Just under half (48%) worked part time and 46% were female. Just over one quarter (26%) of dentists obtained their initial qualification in countries other than Australia and New Zealand. Of all employed dentists in Australia in 2022, 84% work in private practice or solo private practices. Around one in 10 employed dentists are specialists. The largest group of specialists are orthodontists (24%).[30] Major cities had the highest number of full-time equivalent (FTE) dentists in Australia (69.5%), with in-ner regional areas at 5.4% and remote and very remote at 2.9%.[31]

The broad dental workforce is growing. However, roles within this sub-sector are generally not categorised as experiencing a shortage.[32] Despite this, as raised in a Senate Committee report, there remain substantial maldistribution and capacity constraints within the work-force, particularly with the dental workforce skewed towards metropolitan areas and private practices.[33] This speaks to a continued policy need to increase workforce growths in the public sector, and in regional and remote settings.

Dental technicians remain on the national shortage list across most jurisdictions, reflecting low training uptake and poor retention. This small, high-skill workforce relies on the HLT55118 Diploma of Dental Technology, with limited delivery nationally. Improving completion rates and access– particularly in regional areas – will be critical to meeting demand.

Despite projected growth, VET-qualified roles in the dental sector face ongoing workforce challenges. Dental assistant employment is projected to increase by 27.7% over the 10 years to May 2034,[34] yet the role is not nationally listed as in shortage (except in the NT).[35] Stakeholders report strong reliance on traineeships to fill dental assistant roles, utilising the HLT45021 Certificate IV Dental Assisting and Radiography – but removal from the shortage list has raised concerns about access to employer incentives and increasing shortages.

Health support, technical and other roles

In addition to the sub-sectors outlined above, there are a broad range of other occupations associated with the 'health' sector. These include direct support, technicians and administration occupations. Some of these occupations, such as receptionists and general clerks, work not only in health but across many industries. However, a significant proportion are employed in health settings. Under ANZSCO, the largest groups as of February 2025 are:

- Receptionists (ANZSCO 5421) – 187,900 (58.1% in the care and support sector)
- General Practitioners and Resident Medical Officers (ANZSCO 2531) – 87,300 (96% in the care and support sector)
- General Clerks (ANZSCO 5311) – 283,600 (23.9% in the care and support sector)
- Medical Technicians (ANZSCO 3112) – 37,400.[36] (75.9% in the care and support sector)

General practitioners and resident medical officers are projected to see substantial shortages, with workforce supply and demand modelling suggesting either an existing shortfall, or imminent shortfall of between 600 and 2,600 FTE positions by 2028.

The diverse range of professionals working across the health sector, makes generalisations problematic. Receptionists, general clerks and medical technicians are reported as seeing no shortages, with each profession projected to continue growing steadily to at least 2029.[37] However, these are large occupational groups that span many industries beyond health – 58% of receptionists and 24%[38] of general clerks, for instance are employed across all care-related sectors, including health. This broad coverage makes it difficult to determine whether there are shortages within the health sector specifically, or whether sector-specific specialisations are being obscured in the aggregated data. General practitioners and resident medical officers, however, are projected to see substantial shortages, with workforce supply and demand modelling suggesting either an existing shortfall, or imminent shortfall of between 600 and 2,600 FTE positions by 2028.[39]

Under OSCA, roles that have previously lacked visibility under ANZSCO will be more clearly defined and distinguished. These occupations – often grouped with Receptionists and General Clerks – will be separated into dedicated Health Support and Technician categories, including: Pharmacy Technicians (3113), Operating and Theatre Technicians and Respiratory Technicians (3112).

Not all roles have improved visibility – such as Sterilisation Technicians (OSCA 731937), which remains under Other Machine Operators (7319), and Audiometrists (441933), which is part of a broad 'Other Health Support Workers' category (4419).

Nursing

By ANZSCO role, the largest occupations in nursing as of February 2025 are:

- Registered Nurses (ANZSCO 2544) – 345,200
- Midwives (ANZSCO 2541) – 20,900
- Nursing Support and Personal Care Workers (ANZSCO 4233)[40] – 107,000
- Enrolled and Mothercraft Nurses (ANZSCO 4114) – 20,700.[41] [42]

While the numbers of registered nurses (up by 17.1%), and midwives (up by 29.5%), both rose substantially between 2019 and 2023, enrolled nurses (up by 2.3%) and dual registration professionals (down by 8%) have either grown at a slower rate or contracted.[43]

In the transition from ANZSCO to OSCA, a number of highly specialised nursing categories have been consolidated into broader classifications. For instance, roles such as Registered Nurse (Medical), Surgical, Paediatrics, and Critical Care and Emergency are now grouped under broader titles like Registered Nurse (Acute Care) or Primary Health Care. While this represents a reduction in the number of specific occupational categories, it may be a positive change as many nurses work across multiple clinical areas, and the streamlined classifications better reflect the flexibility and breadth of modern nursing practice.

Notwithstanding the growth rates noted above, a Nursing Supply and Demand study undertaken by the Department of Health, Disability and Ageing found that Australia faces a shortage of more than 70,000 full-time equivalent (FTE) nurse roles by 2035.[44] This equates to almost 80,000 nurses, due to a majority of the workforce working less than full-time hours. Taking into account projected entry rates into the sector, the report noted that efforts to maximise retention of existing staff will be vital in reducing this shortfall. However, no single policy will address the predicted shortage.

The findings, assumptions, and modelling of the Nursing Supply and Demand Study underpin the Health Demand and Supply Utilisation Patterns Planning (HeaDS UPP) Tool, which the Department has made available to approved organisations to help drive work-force and service planning. At a policy level, the study's insights provide an urgent impetus for all governments to work together – already evidenced in the development of the National Nursing Workforce Strategy (discussed shortly in this sector profile).

While the numbers of **registered nurses (up by 17.1%)**, and **midwives (up by 29.5%)**, both rose substantially between 2019 and 2023, **enrolled nurses (up by 2.3%)** and **dual registration professionals (down by 8%)** have either grown at a slower rate or contracted.

Vocational Education Training packages and qualifications, and career pathways

There are a wide range of pathways into the health sector, reflective of the diversity of occupations and required skills. Education and training for the health sector includes vocational education and training (discussed further below) and higher education (generally for regulated professions). Specific career pathways within the health sector can involve individuals receiving training in both educational settings – for example, enrolled nurses complete a Diploma of Nursing, and while many will remain in that role, others will progress to a registered nurse role by undertaking a Bachelor of Nursing.

Reflecting the diversity of careers in the health sector, there are a wide variety of VET qualifications that provide an entry point and opportunities for further development. Those with some of the largest numbers of course completions include:[45]

- Diploma of Nursing (HLT54121)
- Certificate II in Health Support Services (HLT23221)
- Certificate III in Pathology Collection (HLT37215)
- Certificate III in Dental Assisting (HLT35021).

There is also a diverse array of over 40 qualifications and skill sets for more specialist skills across the health sector.

Career pathways involving the provision of health care specifically to First Nations communities may begin with, or comprise, qualifications such as:

- Certificate II in Aboriginal and/or Torres Strait Islander Primary Health Care (HLT20121)
- Certificate III in Aboriginal and/or Torres Strait Islander Primary Health Care (HLT30121)
- Certificate IV in Aboriginal and/or Torres Strait Islander Primary Health Care Practice (HLT40221)
- Diploma of Aboriginal and/or Torres Strait Islander Primary Health Care Practice (HLT50121)
- Diploma of Aboriginal and/or Torres Strait Islander Primary Health Care Management (HLT50221)

Training delivered by Aboriginal Community Controlled Organisations (ACCOs) often leads to better completion rates for First Nations students through culturally safe and accessible training, and holistic support systems.[46] There is more that could be learned from this success to inform the sector's understanding of challenges and opportunities to improve completion rates for First Nations and non-Indigenous students across a range of qualifications.

1.3 Current size

As noted above, in November 2024, there were 1,290,300 individuals employed in the health services sector. Breakdowns by key selected occupations (using ANZSCO) are provided in the table below.

Table 2: Key health sector roles in HumanAbility's scope[47]

This table reflects the top employed roles (tertiary and VET trained) listed above in each of the workforces, which is also the top 10 roles employed in the health sector. The exception is Occupational Therapist (17th overall), which has been added to reflect a range of roles in allied health.

Sub-sector	Occupation (per ANZSCO)	Number employed Feb 2025	Female share	Median weekly earnings	Part time share	Median age
Nursing	Registered Nurses #2544	345,200	87%	$2156	45%	39
Nursing	Nursing Support and Personal Care Workers #4233	107,000	76%	$1279	57%	39
Nursing	Enrolled Nurses #4114	20,700	84%	$1618	52%	39
Allied Health	Physiotherapists #2525	46,300	56%	$1710	34%	35
Allied Health	Psychologists #2723	49,700	84%	$2054	46%	42
Allied Health	Occupational Therapists #2524	29,400	89%	$1526	37%	34
Allied Health	Therapy Aides #423314*[48]	7,800	85%	NA	72%	39
Allied Health	Dental Assistants #4232	26,300	97%	$1139	55%	30
Health	Medical Technicians #3112	37,400	72%	$1322	38%	38
Health	General Practitioners and Resident Medical Officers #2531	87,300	48%	$2616	22%	40
Health	General Clerks #5311	283,600	84%	$1305	40%	42
Health	Receptionists #5421	187,900	90%	$1175	57%	36

* The data for Therapy Aides is included because of the important role of Allied Health Assistants, represented by this category. However as it is only available at the 6 digit code level, which means 2025 Labour Force Survey data is not available.

The health sector workforce under HumanAbility's remit shows significant variation in size, earnings, and employment patterns across key occupational groups, particularly within nursing and allied health. Registered Nurses (#2544) remain the largest cohort, with over 345,200 employed in 2025 and projected to grow by 24% by 2034.[49] Nursing Support and Personal Care Workers (#4233), while smaller in number, are also expected to grow substantially (up 30.9%), though they have lower median weekly earnings ($1,279) and a higher part-time share (57%).[50] Enrolled Nurses (#4114) display similar characteristics, including high part-time employment and modest income levels.

Allied health roles such as Physiotherapists, Psychologists, Occupational Therapists, Dental Assistants, and Therapy Aides also show strong projected growth – often over 30% – with many concentrated in part-time employment arrangements. For instance, Therapy Aides (#423314) have a 72% part-time share and are projected to grow by 32.8%, reflecting their growing contribution to flexible, team-based models of care. These are all highly gendered roles, with female representation consistently above 80%, and in some cases exceeding 95%.[51] The expansion across allied health points to increasing demand for preventative, rehabilitative, and community-based services, and highlights the importance of addressing gender equity and career progression within these essential roles.

1.4 Forecast growth

As at November 2024, there were 1,290,300 people employed in health services industries.[52] This represents a significant portion of Australia's economy: 8% of all roles, and 40% of the roles under HumanAbility's remit. This number is projected to grow to 1,432,700 by 2029.[53] Relative to all Australian occupations, those who work in the health and human services sector are more likely to be female – 74% compared to the average of 47.8%, and more likely to work part time – 40% compared to 31%. As of 2021, 2% of the health and human services workforce identify as First Nations and 31% work outside a capital city, 31%.[54]

Projected employment based on Victoria's University's forecasting model indicates different levels of forecast growth across the key health care occupations under HumanAbility's remit from May 2024 through to May 2034 (see Table 3).

Table 3: Employment projections May 2024 – May 2034 for core health care occupations*[55]

Sub-sector	Occupations (per ANZSCO)	Projected employment	
		May 2029	May 2034
Nursing	Registered Nurses #2544	380,000 (+11.3%)	420,000 (+24.0%)
Nursing	Nursing Support and Personal Care Workers #4233	120,000 (+16.0%)	140,000 (+30.9%)
Nursing	Enrolled Nurses #4114	23,000 (+10.0%)	26,000 (+22.2%)
Allied Health	Physiotherapists #2525	54,000 (+17.6%)	60,000 (+33.6%)
Allied Health	Psychologists #2723	56,000 (+16.1%)	64,000 (+31.4%)
Allied Health	Occupational Therapists #2524	34,000 (+17.2%)	38,000 (+32.8%)
Allied Health	Dental Assistants #4232	30,000 (+14.3%)	34,000 (+27.7%)
Health	Medical Technicians #3112	39,000 (+6.2%)	42,000 (+15.4%)
Health	General Practitioners and Resident Medical Officers #2531	99,000 (+15.1%)	110,000 (+30.0%)
Health	General Clerks #5311	325,000 (+13.7%)	350,000 (+23.3%)
Health	Receptionists #5421	189,000 (+0.9%)	200,000 (+7.0%)

* Note that as Allied Health Assistants (Therapy Aides #423314) are a 6 digit code, there are no employment projections available.

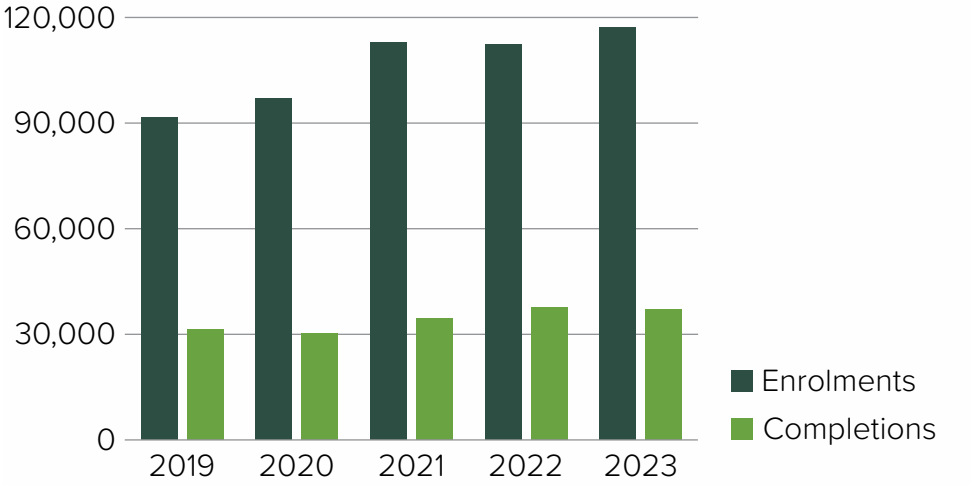
1.5 Enrolments and completions

Enrolments and completions[56]

While enrolments in qualifications have increased, they still fall short of meeting forecast demand for services – an issue explored further in section three.

Although enrolments and completions in VET qualifications in the health sector have shown steady growth, the sector continues to face persistent challenges in achieving strong completion rates. Addressing these gaps is critical to ensuring the health workforce can meet future demand and maintain the resilience of Australia's health care system.

Total enrolments and completions in health qualifications (in the HLT training package), 2019–2023[57]



	2019	2020	2021	2022	2023
Enrolments	91,595	97,070	112,815	112,395	117,255
Completions	31,460	30,145	34,415	37,495	37,120

The health sector encompasses a diverse array of qualifications, ranging from high-demand programs to specialised courses designed for technical roles.

Table 4: Enrolments and completions by health qualification (in the HLT training package) in 2023[58]

For qualifications marked with *, please note that enrolments and completions totals include figures for corresponding (preceding) versions of the qualification where the data source indicated activity occurring in 2023. In such cases, note that Indigenous and disability percentages refer only to the current version of the qualification (with the exception of the Certificate III in Hospital or Health Services Pharmacy Support, the Certificate III in Health Support Services, the Certificates III and IV in Allied Health Assistance, the Certificate IV in Massage Therapy, and the Certificate IV in Hospital or Health Services Pharmacy Support, where insufficient completions data for the current version are available).

HLT21020 Certificate II in Medical Service First Response*

1,172

838

Indigenous: Enrolments **3.3%**; Completions **2.0%** **Disability:** Enrolments **2.8%**; Completions **3.6%**

HLT23221 Certificate II in Health Support Services*

8,595

4,381

Indigenous: Enrolments **12.8%**; Completions **8.1%** **Disability:** Enrolments **5.4%**; Completions **5.3%**

HLT31020 Certificate III in Ambulance Communications (Call-taking)*

409

179

Indigenous: Enrolments **5.0%**; Completions **5.6%** **Disability:** Enrolments **4.7%**; Completions **2.2%**

HLT31120 Certificate III in Non-Emergency Patient Transport

769

303

Indigenous: Enrolments **3.3%**; Completions **1.7%** **Disability:** Enrolments **5.2%**; Completions **4.7%**

HLT31220 Certificate III in Basic Health Care

123

109

Indigenous: Enrolments **2.3%**; Completions **0.9%** **Disability:** Enrolments **1.6%**; Completions **0.9%**

HLT35021 Certificate III in Dental Assisting*

7,273

2,131

Indigenous: Enrolments **3.9%**; Completions **2.9%** **Disability:** Enrolments **4.7%**; Completions **4.8%**

Enrolments Completions

HLT35115 Certificate III in Dental Laboratory Assisting

52

28

Indigenous: Enrolments **0%**; Completions **0%** **Disability:** Enrolments **22.7%**; Completions **26.5%**

HLT33215 Certificate III in Health Support Services

509

69

Indigenous: Enrolments **1.4%**; Completions **3.1%** **Disability:** Enrolments **7.4%**; Completions **0%**

HLT36015 Certificate III in Population Health

282

90

Indigenous: Enrolments **2.5%**; Completions **5.3%** **Disability:** Enrolments **5.7%**; Completions **7.0%**

HLT33115 Certificate III in Health Services Assistance

17,359

7,177

Indigenous: Enrolments **7.8%**; Completions **5.0%** **Disability:** Enrolments **6.9%**; Completions **5.9%**

HLT33021 Certificate III in Allied Health Assistance*

8,009

1,154

Indigenous: Enrolments **4.8%**; Completions **8.0%** **Disability:** Enrolments **5.4%**; Completions **8.4%**

HLT37015 Certificate III in Sterilisation Services

2,789

921

Indigenous: Enrolments **2.8%**; Completions **2.6%** **Disability:** Enrolments **3.9%**; Completions **3.3%**

HLT37121 Certificate III in Hospital or Health Services Pharmacy Support*

173

30

Indigenous: Enrolments **3.2%**; Completions **0%** **Disability:** Enrolments **3.7%**; Completions **8.6%**

HLT37215 Certificate III in Pathology Collection

7,816

3,433

Indigenous: Enrolments **1.9%**; Completions **1.4%** **Disability:** Enrolments **5.9%**; Completions **5.8%**

Enrolments Completions

HLT37315 Certificate III in Health Administration

3,809

674

Indigenous: Enrolments **8.5%**; Completions **3.9%** **Disability:** Enrolments **8.6%**; Completions **5.8%**

HLT37415 Certificate III in Pathology Assistance

142

84

Indigenous: Enrolments **5.7%**; Completions **2.2%** **Disability:** Enrolments **11.7%**; Completions **12.4%**

HLT41020 Certificate IV in Ambulance Communications (Dispatch)

191

35

Indigenous: Enrolments **2.8%**; Completions **0%** **Disability:** Enrolments **1.7%**; Completions **0%**

HLT41120 Certificate IV in Health Care*

1,043

306

Indigenous: Enrolments **5.0%**; Completions **3.2%** **Disability:** Enrolments **5.4%**; Completions **0.7%**

HLT43021 Certificate IV in Allied Health Assistance*

8,142

1,930

Indigenous: Enrolments **3.6%**; Completions **1.2%** **Disability:** Enrolments **8.2%**; Completions **6.8%**

HLT42021 Certificate IV in Massage Therapy*

1,222

632

Indigenous: Enrolments **2.4%**; Completions **2.6%** **Disability:** Enrolments **9.9%**; Completions **8.5%**

HLT45021 Certificate IV in Dental Assisting*

1,340

481

Indigenous: Enrolments **5.7%**; Completions **2.2%** **Disability:** Enrolments **1.8%**; Completions **2.4%**

Enrolments Completions

HLT46015 Certificate IV in Population Health

13

6

Indigenous: Enrolments **12.5%**; Completions **n/a as below 10**
Disability: Enrolments **25%**; Completions **n/a as below 10**

HLT47015 Certificate IV in Sterilisation Services

514

216

Indigenous: Enrolments **0.4%**; Completions **1.0%** **Disability:** Enrolments **2.1%**; Completions **0.9%**

HLT47121 Certificate IV in Hospital/Health Services Pharmacy Support*

321

159

Indigenous: Enrolments **1.8%**; Completions **1.2%** **Disability:** Enrolments **9.2%**; Completions **0.7%**

HLT47321 Certificate IV in Health Administration*

2,667

705

Indigenous: Enrolments **3.9%**; Completions **4.2%** **Disability:** Enrolments **7.3%**; Completions **6.4%**

HLT47415 Certificate IV in Audiometry

1

3

Indigenous: Enrolments **n/a as below 10**; Completions **n/a as below 10**
Disability: Enrolments **n/a as below 10**; Completions **n/a as below 10**

HLT47515 Certificate IV in Operating Theatre Technical Support

363

151

Indigenous: Enrolments **0%**; Completions **0%** **Disability:** Enrolments **2.4%**; Completions **2.5%**

Enrolments Completions

HLT47715 Certificate IV in Medical Practice Assisting


901

76

Indigenous: Enrolments **14.2%**; Completions **9.2%** **Disability:** Enrolments **10.9%**; Completions **2.5%**

HLT47815 Certificate IV in Optical Dispensing


959

246

Indigenous: Enrolments **2.4%**; Completions **0.9%** **Disability:** Enrolments **4.0%**; Completions **3.4%**

HLT50321 Diploma of Clinical Coding


740

69

Indigenous: Enrolments **0.9%**; Completions **0%** **Disability:** Enrolments **6.4%**; Completions **6.3%**

HLT51020 Diploma of Emergency Health Care


3,313


532

Indigenous: Enrolments **3.4%**; Completions **0.9%** **Disability:** Enrolments **6.7%**; Completions **5.7%**

HLT52021 Diploma of Remedial Massage*


5,313


2,076

Indigenous: Enrolments **2.7%**; Completions **1.2%** **Disability:** Enrolments **5.1%**; Completions **4.0%**

HLT52115 Diploma of Traditional Chinese Medicine (TCM) Remedial Massage

16

9

Indigenous: Enrolments **0%**; Completions **n/a as below 10**
Disability: Enrolments **13.3%**; Completions **n/a as below 10**

Enrolments Completions

HLT52215 Diploma of Shiatsu and Oriental Therapies

24

17

Indigenous: Enrolments **0%**; Completions **0%** **Disability:** Enrolments **8.0%**; Completions **0%**

HLT52315 Diploma of Clinical Aromatherapy

42

9

Indigenous: Enrolments **0%**; Completions **n/a as below 10**

Disability: Enrolments **0%**; Completions **n/a as below 10**

HLT52415 Diploma of Kinesiology

298

69

Indigenous: Enrolments **1.7%**; Completions **0%** **Disability:** Enrolments **3.9%**; Completions **3.0%**

HLT52515 Diploma of Reflexology

31

5

Indigenous: Enrolments **n/a as below 10**; Completions **n/a as below 10**

Disability: Enrolments **n/a as below 10**; Completions **n/a as below 10**

HLT52615 Diploma of Ayurvedic Lifestyle Consultation

112

25

Indigenous: Enrolments **0%**; Completions **0%** **Disability:** Enrolments **3.6%**; Completions **8.0%**

HLT55118 Diploma of Dental Technology

787

149

Indigenous: Enrolments **0.5%**; Completions **1.4%** **Disability:** Enrolments **4.4%**; Completions **7.3%**

HLT57415 Diploma of Audiometry

178

14

Indigenous: Enrolments **6.6%**; Completions **0%** **Disability:** Enrolments **7.0%**; Completions **0%**

Enrolments Completions

HLT57715 Diploma of Practice Management

1,283

164

Indigenous: Enrolments **5.8%**; Completions **2.6%** **Disability:** Enrolments **3.8%**; Completions **3.1%**

HLT57921 Diploma of Anaesthetic Technology and Practice

199

46

Indigenous: Enrolments **1.5%**; Completions **0%** **Disability:** Enrolments **7.9%**; Completions **2.3%**

HLT62615 Advanced Diploma of Ayurveda

46

11

Indigenous: Enrolments **0%**; Completions **0%** **Disability:** Enrolments **0%**; Completions **0%**

HLT64121 Advanced Diploma of Nursing*

24

10

Indigenous: Enrolments **0%**; Completions **0%** **Disability:** Enrolments **0%**; Completions **0%**

HLT65015 Advanced Diploma of Dental Prosthetics

60

10

Indigenous: Enrolments **0%**; Completions **0%** **Disability:** Enrolments **5.0%**; Completions **0%**

HLT54121 Diploma of Nursing*

26,877

7,289

Indigenous: Enrolments **4.4%**; Completions **2.7%** **Disability:** Enrolments **8.8%**; Completions **7.6%**

Enrolments Completions

Indigenous health qualifications

HLT20113 Certificate II in Aboriginal and/or Torres Strait Islander Primary Health Care

57

3

Indigenous: Enrolments **96.2%**; Completions **n/a as below 10**
Disability: Enrolments **3.5%**; Completions **n/a as below 10**

HLT26120 Certificate II in Indigenous Environmental Health

25

11

Indigenous: Enrolments **100%**; Completions **77.3%** **Disability:** Enrolments **0%**; Completions **0%**

HLT30113 Certificate III in Aboriginal and/or Torres Strait Islander Primary Health Care

210

64

Indigenous: Enrolments **96.7%**; Completions **96.8%** **Disability:** Enrolments **9.7%**; Completions **3.4%**

HLT40113 Certificate IV in Aboriginal and/or Torres Strait Islander Primary Health Care

93

14

Indigenous: Enrolments **91.4%**; Completions **80.0%** **Disability:** Enrolments **4.5%**; Completions **21.4%**

HLT40213 Certificate IV in Aboriginal and/or Torres Strait Islander Primary Health Care Practice

525

158

Indigenous: Enrolments **99.6%**; Completions **100%** **Disability:** Enrolments **7.8%**; Completions **4.6%**

HLT50013 Diploma of Aboriginal and/or Torres Strait Islander Primary Health Care

107

32

Indigenous: Enrolments **96.2%**; Completions **93.1%** **Disability:** Enrolments **8.7%**; Completions **25.0%**

HLT50213 Diploma of Aboriginal and/or Torres Strait Islander Primary Health Care Practice

21

7

Indigenous: Enrolments **100%**; Completions **n/a as below 10**
Disability: Enrolments **19.1%**; Completions **n/a as below 10**

Enrolments Completions

In the health sector, enrolments and completions in relevant VET qualifications have grown substantially over time. While completions saw minor decreases just before the COVID-19 pandemic and more recently in 2023, enrolments have consistently increased year-on-year.

Enrolment and completion figures for qualifications in Aboriginal and Torres Strait Islander Primary Health Care indicate a high proportion of Indigenous participation across all levels. Enrolments are highest in the Certificate III and Certificate IV levels, while completions vary by qualification. The data reflects consistent Indigenous engagement with these specialised programs.

Gender

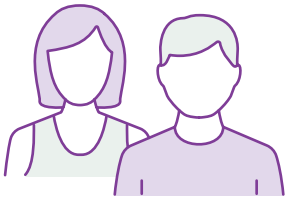
Enrolments and completions in health qualifications (under the HLT training package) by gender, 2023[59]

Females accounted for **81.1%** **of enrolments** and **82.0%** **of completions**

Males represented **18.0%** **of enrolments** and **17.0%** **of completions**

People who identified as **'Other'** made up **0.2%** **of enrolments** and **0.2%** **of completions**

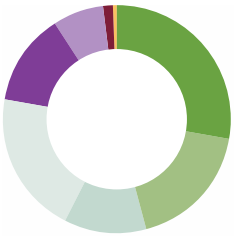
Not known: Enrolments 0.6%; Completions 0.8%



The gender distribution within the health sector shows a strong female majority, differing from the more balanced representation seen across the overall VET sector. This pattern is consistent with broader trends observed in care-oriented industries, where women typically comprise a larger share of the workforce.[60]

Age

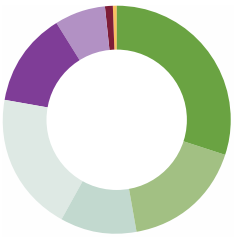
Enrolments in health qualifications (under the HLT training package) by age, 2023[61]



Percentages may not total 100% due to rounding. Categories shown as 0% may represent values less than 0.5%.

- 14 years and under **0%**
- 15 to 19 years **28.0%**
- 20 to 24 years **18.0%**
- 25 to 29 years **11.6%**
- 30 to 39 years **20.1%**
- 40 to 49 years **13.2%**
- 50 to 59 years **7.3%**
- 60 to 64 years **1.3%**
- 65 years and over **0.4%**
- Not known **0%**

Completions in health qualifications (under the HLT training package) by age, 2023[62]



Percentages may not total 100% due to rounding. Categories shown as 0% may represent values less than 0.5%.

- 14 years and under **0%**
- 15 to 19 years **30.0%**
- 20 to 24 years **17.2%**
- 25 to 29 years **10.9%**
- 30 to 39 years **19.8%**
- 40 to 49 years **13.3%**
- 50 to 59 years **7.2%**
- 60 to 64 years **1.2%**
- 65 years and over **0.3%**
- Not known **0%**

In 2023, the most represented age group cohort in health sector VET courses was learners aged 15 to 19, who accounted for 28.0% of enrolments and 30.0% of completions, with VET in secondary schools a likely factor for this. Close behind were those aged 30 to 39, contributing 20.1% of enrolments and 19.8% of completions, Learners aged 20 to 24 and 25 to 29 also played a significant role, collectively making up almost 30% of enrolments. This age distribution aligns with overall VET program trends, which also show strong engagement from learners across a range of life stages. The health sector shows slightly higher participation among those in their 30s, reflecting pathways may include first-time study, career changers or returning to their workforce.

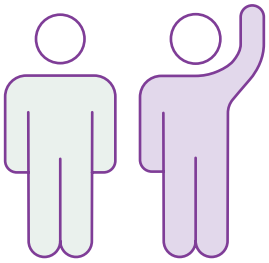
First Nations

Enrolments and completions in health qualifications (under the HLT training package) by First Nations status, 2023[63]

Aboriginal and Torres Strait Islander learners represented **5.6%** **of enrolments** and **4.4%** **of completions**

Non-indigenous learners accounted for **89.7%** **of enrolments** and **89.5%** **of completions**

Not known status comprised **4.7%** **of enrolments** and **6.1%** **of completions**



In 2023, First Nations learners represented 5.6% of enrolments in health-related qualifications – a rate that exceeds their proportion of the general Australian population (3.2%)[64] and is consistent with the overall VET sector rate of 4.9%. Compared to overall VET program data, the health sector also records a higher rate of participation among this group, reflecting a positive trend in engagement with health-focused training pathways.

Insights from First Nations stakeholders and RTOs consistently highlight the importance of culturally tailored training programs in supporting engagement and completion for Aboriginal and Torres Strait Islander learners. While the available data on completions is limited and difficult to compare, there are early indications – particularly in qualifications specifically designed for First Nations communities – that culturally relevant and community-embedded programs can support stronger outcomes. The National Skills Agreement 'Closing the Gap' priority also reinforces this finding in the mechanisms and flexible funding arrangements it commits to be used to support First Nation learners.[65] The strong outcomes in courses developed to be culturally relevant underscore the importance of inclusive and responsive education in improving access and success for First Nations learners within the health sector.

Disability

Enrolments and completions in health qualifications (under the HLT training package) by students living with disability, 2023[66]

Learners with a disability made up **6.6%** **of enrolments** and **5.8%** **of completions**

Learners without a disability represented **84.2%** **of enrolments** and **87.2%** **of completions**

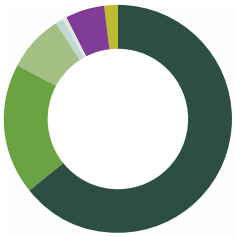
Not known status comprised **9.3%** **of enrolments** and **7.1%** **of completions**

In relation to learners with disabilities, the health sector exhibits trends consistent with those observed across the broader VET program, with a similar proportion of learners with disabilities enrolling in courses.

Geographic location

Remoteness[67]

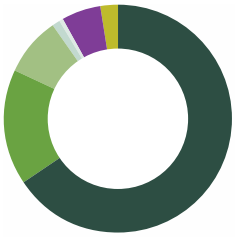
Enrolments in health qualifications (under the HLT training package) by remoteness, 2023[68]



- Major cities **64.3%**
- Inner regional **18.5%**
- Outer regional **8.3%**
- Remote **1.0%**
- Very remote **0.6%**
- Offshore **5.6%**
- Not known **1.7%**

Percentages may not total 100% due to rounding.

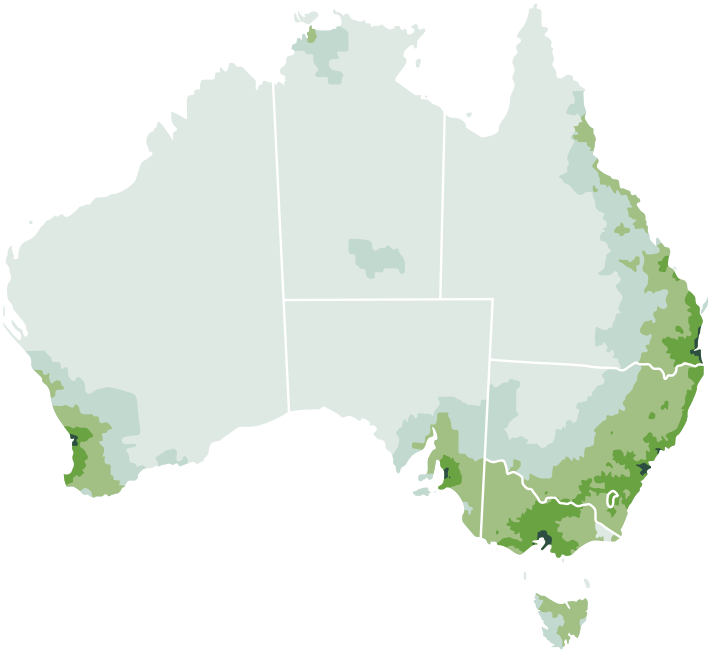
Completions for CEC qualifications (under the CHC training package) by remoteness, 2023[69]

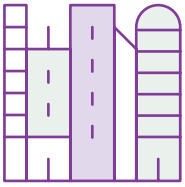


- Major cities **65.7%**
- Inner regional **16.3%**
- Outer regional **8.5%**
- Remote **1.0%**
- Very remote **0.5%**
- Offshore **5.6%**
- Not known **2.4%**

Percentages may not total 100% due to rounding.

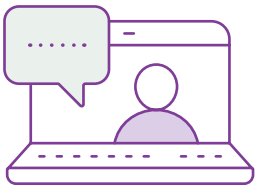
Patterns of learner remoteness in the health sector align closely with those observed in the broader VET sector, where major cities consistently account for the highest levels of participation. However, the health sector has slightly higher enrolment and completion rates from inner and outer regional areas compared to the overall VET sector.





Major cities had the highest **enrolments (64.3%)** and **completions (65.7%)**

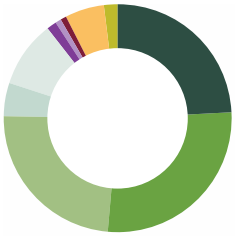
Students in **Very remote** and **Remote** areas comprise approximately **1.6%** of **overall enrolments** and **1.5% completions**



Geographic location

State/territory

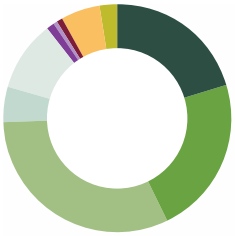
Enrolments in health qualifications (under the HLT training package) by state, 2023[70]



Percentages may not total 100% due to rounding.

- New South Wales **24.3%**
- Victoria **27.4%**
- Queensland **23.7%**
- South Australia **4.9%**
- Western Australia **9.4%**
- Tasmania **1.4%**
- Northern Territory **0.9%**
- Australian Capital Territory **0.8%**
- Offshore **5.6%**
- Not known **1.7%**

Completions in health qualifications (under the HLT training package) by state, 2023[71]



Percentages may not total 100% due to rounding.

- New South Wales **20.5%**
- Victoria **22.4%**
- Queensland **31.8%**
- South Australia **4.9%**
- Western Australia **9.9%**
- Tasmania **1.2%**
- Northern Territory **0.6%**
- Australian Capital Territory **0.7%**
- Offshore **5.6%**
- Not known **2.4%**

Victoria accounted for the largest share of enrolments at 27.4%, followed by New South Wales at 24.3% and Queensland at 23.7%. Together, these three states represented around three-quarters of all enrolments in the health sector. Queensland also recorded the largest share of completions at 31.8%, with Victoria and New South Wales contributing 22.4% and 20.5% completions respectively.

Western Australia and South Australia contributed modest shares of both enrolments and completions (ranging from around 5% to 9%), while Tasmania, the Northern Territory, and the ACT each accounted for less than 2%. Offshore learners made up over 5% of enrolments and completions.

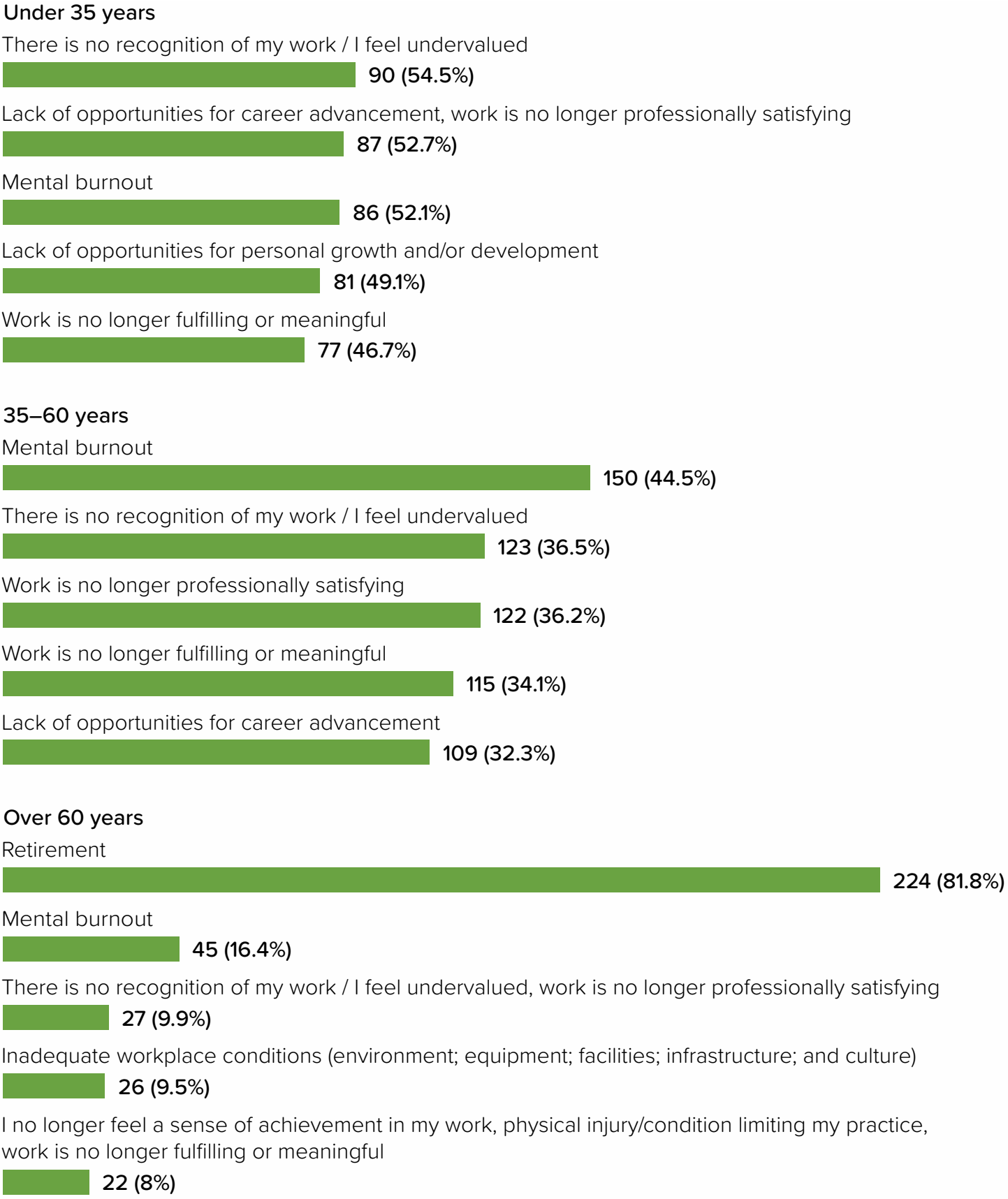
The patterns observed in the health sector align with broader VET program trends, where larger states dominate enrolment numbers. However, Queensland stands out with the highest number and proportion of completions, indicating strong outcomes for learners in the state.

Victoria, New South Wales and **Queensland** led enrolments and completions in health qualifications.

1.6 Workforce mobility, retention & attrition

Workforce retention and attrition rates remain a concern within the health sector. Research published by the CSIRO in 2025 examined retention and attrition rates of regulated health practitioners in Australia across nine health professions[72] (nursing was not included in this study). Top reasons for leaving include mental burnout, retirement, feeling undervalued or unrecognised, lack of professional satisfaction and work no longer being fulfilling (see chart below).[73]

Figure 1: Top reasons cited by nine regulated health professions (excluding nursing) intending to leave the sector[74]



Without proactive measures to improve the retention of, and levels of job satisfaction among, health care workforces, such issues are likely to exacerbate in the coming years. Between 2023 and 2035, baseline supply and demand among the nursing workforce, to highlight one example, are both projected to increase. However, supply is not expected to keep pace with demand,[75] placing pressure on workforce attraction and retention over the coming decade.

The *Draft National Nursing Workforce Strategy* highlights that improving retention relies heavily on workplace environments that support wellbeing, leadership, and professional growth. As the Strategy notes, "retaining dedicated, diverse and high performing nurses in all health and aged care settings requires a positive workplace culture, strong leadership, and supportive management".[76] It also emphasises that retention efforts must include "access to education and lifelong learning, enabling nurses to acquire the skills necessary for their roles".[77] The consultation and summary report that informed the draft strategy also points to the need for "more inclusive, supportive and flexible working environments that can adapt to the diverse needs of the workforce".[78]

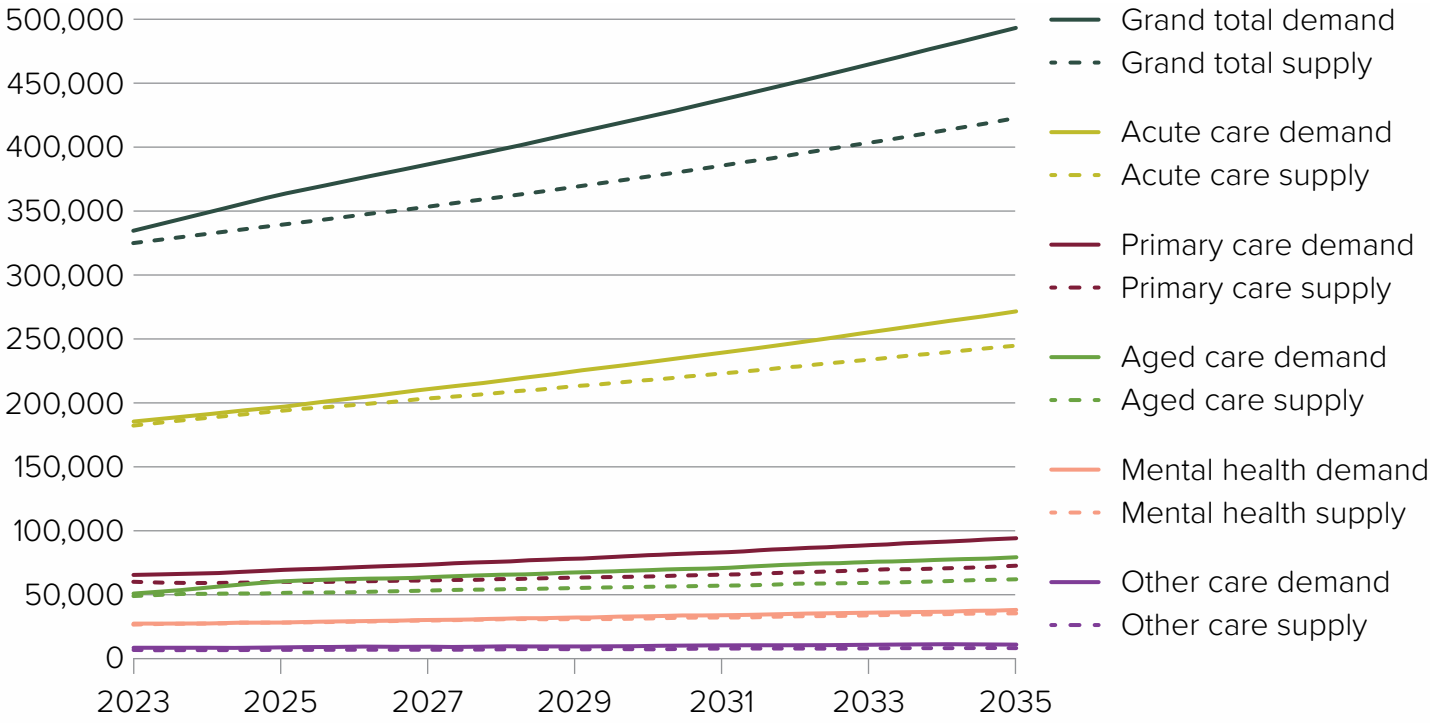
Evidence from the Australian Nursing and Midwifery Journal reinforces these findings, linking retention to improved conditions and emotional sustainability: "The aim of enhancing the retention of nurses is to address the factors (e.g., burnout, lack of sufficient remuneration and recognition, and poor working conditions) that intensify staff turnover and to keep nurses in their jobs and the nursing workforce".[79] It also highlights the importance of emotional wellbeing and purpose: "Nurses are more likely to stay if they are able to manage stress, feel emotionally supported, and can continue to provide care aligned with their values and training".[80]

Specific nursing sectors projected to show greater undersupply than others are provided in Figure 2. For example, the acute care sector projections show an undersupply of 26,665 FTE by 2035.[81] For primary health, the projections show an undersupply of 21,765 FTE and for the aged care sector, 17,551 FTE by 2035.

While the mental health sector is likely to have a somewhat lower demand for nursing roles, with a projected undersupply of 1,918 FTE by 2035,[82] it still remains a critical sector.

The Draft National Nursing Workforce Strategy highlights that improving retention relies heavily on workplace environments that support wellbeing, leadership, and professional growth.

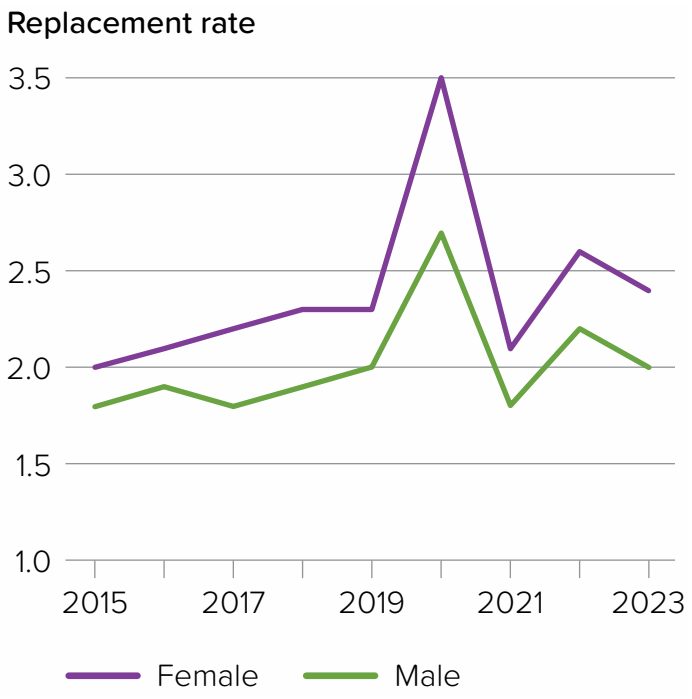
Figure 2: Nursing Full Time Equivalent (FTE) – National Supply and Demand[83]



Beyond nursing, sectors with higher demand will place additional pressures on time and resources, which is likely to increase the risk of burnout within the workforce[84] and lead to extra concern around retention and attrition rates if these shortages are not addressed.

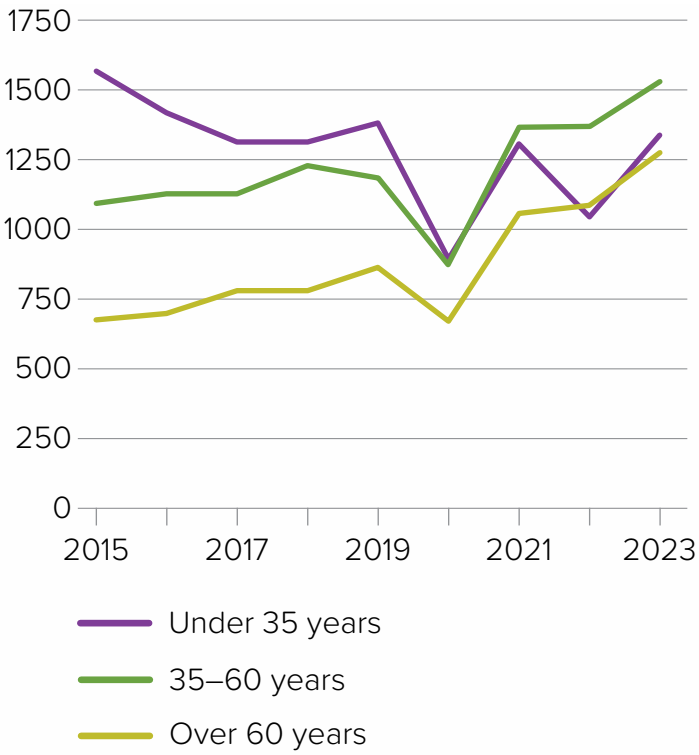
Males are twice as likely to leave compared to female practitioners, and practitioners over 60 years nearly three times more likely to leave and twice as likely to be unsure about staying in the profession compared with those aged 35–60 years.[85]

Figure 3: Replacement rates by gender: female and male in nine regulated health professions (excluding nursing)[86]



Female practitioners across all age groups demonstrated consistently higher replacement rates than males, showing a strong contribution to workforce sustainability over the last 10 years.[87] The sharp increase rate in (Figure 4) is a result of the number of exits across all age groups in 2020.

Figure 4: Exits among practitioners across nine health professions (excluding nursing) across all age groups[88]



The rate of fluctuation in replacement in recent years remains a concern for the sustainability of the health care sector. There is a need and an opportunity to focus on addressing labour force shortages. One avenue (as identified by the Kruk review[89]) is streamlining pathways for overseas qualified practitioners and international students who have studied in Australia to find work in the sector.

Work hours are also a key factor influencing practitioners' intentions to leave the sector. Those working 20 hours or less per week were twice as likely to consider leaving the sector – or to be unsure about staying – compared to those working 29–40 hours.[90] For those working less than 20 hours, key attrition drivers include limited incentives to keep practising and a lack of targeted employment support.[91] These findings highlight an opportunity to strengthen strategies, particularly by improving employment pathways.

Like those working 20 hours or less, people working more than 50 hours a week were twice as likely to be unsure about staying.[92] Attrition factors identified for people working over 50 hours include burnout, lack of work life balance, and lack of visible leadership. (Noting here that HumanAbility stakeholders have consistently raised challenges with retaining workforce at a leadership level, which would compound this issue.) This highlights the importance of job satisfaction, professional fulfillment, work-life balance, and a sense of achievement in motivating health practitioners to remain in their professions.[93]

Lastly, practitioners not self-employed were nearly twice as likely to be unsure about staying as self-employed practitioners. Factors that may contribute to this outcome include work-life balance and levels of autonomy offered by specific roles.

A CSIRO study has showed that the factors of profession, principal place of practice (PPP), remoteness, years of experience, employment type, further qualifications, registration status, and First Nations status, did *not* significantly influence practitioners' intentions to stay or leave, or uncertainty about staying in their profession.[94]

In terms of mobility, most workers in health occupations either remained in health-related roles when transitioning to other occupations (e.g. from enrolled nurse to registered nurse), or moved into adjacent occupations such as aged and disability care occupations and community service roles. The overlapping and interconnected nature of these occupations is discussed further below.

For allied health workers, such as physiotherapists, psychologists and occupational therapists – prior occupations appear to reflect roles undertaken while studying. In contrast, post-role movements tend to be into senior management positions.

Table 5: Top three prior and subsequent occupations of key health occupations

Sub-sector	Occupations (per ANZSCO)	Turnover[95]	Top 3 prior occupations	Top 3 subsequent occupations
Nursing	Registered Nurses 2544	2%	4233 Nursing Support and Personal Care Workers 4231 Aged and Disabled Carers 4114 Enrolled Nurses	4231 Aged and Disabled Carers 4114 Enrolled Nurses 1342 Health and Welfare Services Managers
Nursing	Nursing Support and Personal Care Workers 4233	10.3%	4231 Aged and Disabled Carers 2544 Registered Nurses 8112 Commercial Cleaners	2544 Registered Nurses 4231 Aged and Disabled Carers 4117 Welfare Support Workers
Nursing	Enrolled Nurses 4114	8.4%	4233 Nursing Support and Personal Care Workers 2544 Registered Nurses 4231 Aged and Disabled Carers	2544 Registered Nurses 4117 Welfare Support Workers 4231 Aged and Disabled Carers

Sub-sector	Occupations (per ANZSCO)	Turnover[95]	Top 3 prior occupations	Top 3 subsequent occupations
Allied Health	Physiotherapists 2525	0.8%	6211 Sales Assistants (General) 4233 Nursing Support and Personal Care Workers 5421 Receptionists	1111 Chief Executives and Managing Directors 2531 General Practitioners and Resident Medical Officers 25 1112 General Managers
Allied Health	Psychologists 2723	0.1%	4117 Welfare Support Workers 2421 University Lecturers and Tutors 6211 Sales Assistants (General)	1111 Chief Executives and Managing Directors 2725 Social Workers
Allied Health	Occupational Therapists 2524	0.3%	6211 Sales Assistants (General) 4117 Welfare Support Workers 6311 Checkout Operators and Office Cashiers	4117 Welfare Support Workers 2522 Complementary Health Therapists 2525 Physiotherapists
Health	Receptionists 5421	11.2%	6211 Sales Assistants (General) 5311 General Clerks 4315 Waiters	5311 General Clerks 5121 Office Managers 5111 Contract, Program and Project Administrators
Health	General Practitioners and Resident Medical Officers 2531	3.6%	2539 Other Medical Practitioners 2421 University Lecturers and Tutors 6211 Sales Assistants (General)	2539 Other Medical Practitioners 2533 Specialist Physicians 2532 Anaesthetists

Sub-sector	Occupations (per ANZSCO)	Turnover[95]	Top 3 prior occupations	Top 3 subsequent occupations
Health	General Clerks 5311	11.3%	6211 Sales Assistants (General) 5121 Office Managers 5111 Contract, Program and Project Administrators	5121 Office Managers 5111 Contract, Program and Project Administrators 6211 Sales Assistants (General)
Health	Dental Assistants 4232	6.0%	6211 Sales Assistants (General) 6311 Checkout Operators and Office Cashiers 4315 Waiters	5421 Receptionists 5122 Practice Managers 4112 Dental Hygienists, Technicians and Therapists
Health	Medical Technicians 3112	2.3%	6214 Pharmacy Sales Assistants 6211 Sales Assistants (General) 4315 Waiters	2346 Medical Laboratory Scientists 2515 Pharmacists 6214 Pharmacy Sales Assistants

Case study

From aviation to allied health – Corrie Ramsay

After working in aviation for 11 years, COVID-19 provided Corrie Ramsay with an opportunity to consider other careers. Looking for an opportunity in the care and support sectors, she started a Diploma of Pilates and scaled back her work in aviation.

Corrie found herself enjoying the rehab component of the study and was drawn to allied health. She commenced a Certificate IV in Allied Health Assisting at Northern Metropolitan (NM) TAFE and excelled, becoming Vocational Student of the Year Finalist in the WA Training Awards and NM TAFE Vocational Student of the Year in 2022.

Corrie now works part time as an Allied Health Assistant (AHA) at Wise Therapy and part time as an Allied Health Trainer at NM TAFE in Perth, WA. She has been nominated twice in the National Allied Health Awards as Allied Health Assistant of the Year (finalist in 2023 and winner in 2024) and is an AHANA Board Director.

As a trainer, Corrie feels empowered by showing the difference AHAs make in patients' lives. She says, "Allied Health Assisting is extremely rewarding for people who are passionate about helping and connecting with the most vulnerable members of our community."

She sees the allied health system working at its best when multidisciplinary teams work collaboratively within clearly defined scopes of practice and AHAs are valued as essential enablers in a complex health system.

Case study

A collaborative approach to nursing placements in the ACT

Organisations: ACT Health Directorate, Canberra Health Services, ACT Education Providers (HE and VET)

The COVID-19 pandemic highlighted and intensified workforce shortages across the ACT health sector. Due to increasing demand for enrolled and registered nurses, the ACT Placement Working Party was formed with a commitment to ensure all diploma and bachelor nursing students complete their training and transition to employment. The party is led by the ACT Health Directorate which overseas Canberra Health Services, the public health system and all ACT tertiary education providers delivering the Diploma or Bachelor of Nursing.

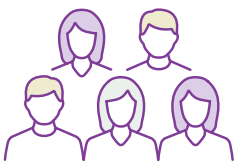
The Working Party's initial challenge was to sort through the backlog of placements that had stalled due to the pandemic. The delay of graduates entering the workforce had a significant impact on the new nursing graduate program, exacerbating the nursing workforce shortages. Once the backlog of students had successfully graduated, the Working Party continued to meet monthly to work through placement challenges and identify pressure points and opportunities for change.

When declining midwifery numbers in the ACT were identified by the Working Party, they engaged with local schools to promote the sector, resulting in an immediate increase of young people enrolling in nursing programs. The party also identified migrant employment challenges and successfully advocated for change so non-resident nursing graduates could be eligible for full-time work in the ACT.

In addition to its other work, the party focuses on articulation pathways to enable smooth transitions for enrolled nurses wishing to become registered nurses, with the Canberra Institute of Technology providing a one-year credit to diploma students transitioning to the Bachelor of Nursing.

1.7 Connection between the health sector and the broader care and support sectors

A health workforce that is appropriately sized, skilled and distributed is critical to ensuring people receive treatment, care and support when and where they need it. This is fundamental to achieving positive outcomes across health prevention, intervention and recovery. Many health professionals work across multiple settings, reflecting the sector's high degree of mobility. For example, nurses and allied health professionals work in aged care, hospitals and home-based care. This mobility, combined with an emphasis on multidisciplinary models, highlights the importance of a workforce equipped to operate effectively across different sectors, settings and communities.

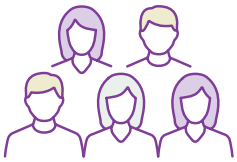


A health workforce that is appropriately sized, skilled and distributed is critical to ensuring people receive treatment, care and support when and where they need it.

2. Government and Reform initiatives

There are a range of substantive reviews – either completed or underway – that are informing changes to Australia's health system, with implications for the shape, size, skills and training of the health workforce.

2.1 National initiatives



Sector-wide

Independent Review of Australia's Regulatory Settings, Relating to Overseas Health Practitioners 2023

Also known as the Kruk review, this review was completed in December 2023 and examines Australia's regulatory settings to improve the health practitioner registration framework, specifically as it relates to the recognition of skills and qualifications held by health professionals trained overseas and international students who have studied in Australia. The review was completed to ease current and projected labour force shortages in the health care sector. It reviewed whether current regulatory settings remain fit for purpose and recommends health practitioner regulations be streamlined whilst maintaining quality and safety standards in the delivery of care.[96]

The final report found that there is an urgent need for reform. This will increase opportunities to grow Australia's health workforce and will align Australia's regulatory system with comparable jurisdictions such as Canada, New Zealand and the United Kingdom.[97]

Independent review of complexity in the National Registration and Accreditation Scheme

This independent review will look at the complexities within the national registration and accreditation scheme (NRAS) to identify inconsistent or unnecessary processes. These processes will be reviewed with the aim to improve regulatory settings in the delivery of quality health care.

Recommendations will address how current processes can be streamlined to maintain community expectations, improve decision making (specifically around the dealing of complaints made about health practitioners) and inform the strategic direction for the NRAS, including how the NRAS can deliver continuity of service to expand to meet future needs.[98]

Unleashing the Potential of our Health Workforce – Scope of Practice Review 2024

This independent review examined the barriers and incentives health professionals face to work to their full scope of practice in primary care. It aimed to reform the primary care workforce to deliver high quality, equitable, integrated and sustainable health care for the Australian community.[99]

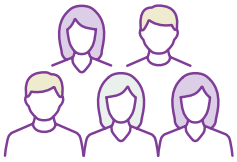
The review was undertaken in response to recommendations from the Strengthening Medicare Taskforce Report, which recommended significant changes to how primary care is funded and delivered to enable high quality, integrated and person-centred care for all Australians.[100]

Working Better for Medicare Review

This report was released in October 2024 and is also part of the Strengthening Medicare reforms. The review examines the effectiveness of current policies and legislation related to 'distribution levers.' Distribution levers are designed to distribute the health workforce across geographical areas with high demand for health care. They intersect with Sections 19AA and 19AB of the Health Insurance Act 1973, and classifications including the Distribution Policy Area (DPA), District of Workforce Shortage (DWS) and the Modified Monash Model (MMM).

All recommendations made were specific to improvements to the legislation and the classifications, which aimed to improve distribution calculations. Specifically, these included modifications to legislation or more nuanced calculation methodologies to better target specific workforce needs within geographical areas.

2.2 National Strategies



Sector-wide

Global and external drivers – such as the impacts of climate change, shifts in models of care, and evolving digital and technological capability – are changing the health workforce, and shaping reform and investment in the health care system.

The health workforce is already adapting to respond to the changing health and wellbeing needs of Australians. Several Australian Government strategies, noted below, consider the changing skills and training needs that will allow the health workforce to meet current and future demand.

The Australian Department of Health, Disability and Ageing developed the **National Preventive Health Strategy**, which outlines the overarching approach to prevention in Australia from 2021–2030. The strategy aims to improve the health and wellbeing of all Australians at all stages of life, through a systems-based approach to prevention that addresses the wider determinants of health, reduces health inequities and decreases the overall burden of disease.

The **National Digital Health Strategy** aims to create an "inclusive, sustainable and healthier future for all Australians through a connected and digitally enabled health system".

The **National Health and Climate Strategy** sets out a whole-of-government plan to address the health and wellbeing impacts of climate change and address the contribution of the health system to climate change.

Health workforce strategies

Each state and territory has developed a health workforce strategy reflecting the Australian Government's broader ambition to partner with state and territory governments to improve health outcomes for all Australians.

Each jurisdictional strategy reflects its own distinct geographic and demographic context, while also highlighting shared priorities. Common themes include strengthening career pathways; developing and implementing new models of care; expanding the use of multidisciplinary teams; strengthening the provision of culturally safe and responsive health care for First Nations people; building the First Nations workforces and community-controlled sector; and adapting to digital, technological and artificial intelligence advancements.

The National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework and Implementation Plan 2021–2031[101] sets out specific strategic priorities encompassing First Nations representation across disciplines and roles, ensuring the First Nations Health Workforce has high-level skills, capacity and leadership across health roles, disciplines and functions. It also highlights the need for culturally safe and responsive workplaces that are free of racism, and career pathways into and through the health workforce for First Nations people.

The National Nursing Workforce Strategy is due to be released in 2025 and aims to address workforce challenges for nurses and guide long-term reform for workforce sustainability, diversity, career pathways, and planning and data. The strategy is relevant for nurses, practitioners, assistants, and students training in these fields – a total cohort comprising more than 40% of the health sector.[102]

It will look to strengthen frameworks that support nurses to deliver the full scope of their practice, maintain and deliver quality, evidence based, person-centred care, and sustain an experienced nursing workforce, including in regional, rural and remote areas. The strategy will cover registered nurses, enrolled nurses, nurse practitioners, assistants in nursing and students of nursing.[103]

The National Allied Health Workforce Strategy 2025 is due to be released in 2025 and aims to identify reforms to address labour shortfalls and skills gaps, attraction and retention issues in the national allied health workforce. It will have a specific focus on factors that influence supply, demand, safety, and quality, including advances in technology (e.g., artificial intelligence) and the impact of climate change in surging regional and rural demands.[104] Allied health workers who are VET qualified or unqualified, such as allied health assistants, currently remain out-of-scope in this strategy.

The National Medical Workforce Strategy 2021–2031 guides long-term medical workforce planning across Australia. It aims to build a trained, resilient workforce that can address the increasing needs and demand for health care in Australia over the next 10 years.

Whilst specifically focused on doctors – a tertiary qualified workforce – elements of the strategy focus on changing models of care in response to technological advances, redistributing trainees and medical practitioners to meet specific geographical needs, making much-needed improvements to the mental health and wellbeing of the medical workforce, providing speciality training based on community needs, improving career pathways for medical students, increasing data, planning and coordination across governments, and increasing the representation of First Nations medical practitioners across the workforce. The VET trained health workforce are an important part of delivering on this strategy's ambition.

2.3 Commonwealth and jurisdictional initiatives

Growing, retaining and upskilling the health sector is a shared priority for Federal, state and local levels of government. Investment has spanned incentives for regional and rural workers to address workforce maldistribution, training to support cultural capability and cultural safety to fill contemporary skill gaps, and initiatives to increase the overall supply of health workers by making the sector more visible and attractive as a long-term career option.

Table 6: Government initiatives affecting the sector workforce

Government	Government initiatives
Australian	**Nursing:** • Strengthening the role of the nursing workforce[105] **Allied health:** • Workforce Incentive Program • Funding to IAHA on Indigenous allied health workforce **Diversity and inclusion:** • National Aboriginal & Torres Strait Islander Health Workforce Strategic Framework and Implementation Plan 2021–2031[106] • Stronger Rural Health Strategy[107] • Indigenous Health Workforce Traineeship program[108] • Practice Incentives Program – Indigenous Health Incentive[109] • Rural Locum Assistance Program (Rural LAP)[110] • Cultural Respect Framework for Aboriginal and Torres Strait Islander Health (Cultural Respect Framework) 2016–2026[111] • Primary Care Rural Innovative Multidisciplinary Models (PRIMM)
ACT	• ACT Health Workforce Strategy 2023–2032
Northern Territory	• Health Strategic Plan[112]
New South Wales	• NSW Health Workforce Strategy[113] • NSW Regional Health Strategic Plan[114] • Removal of wage cap, increase of recruitment incentives, and study subsidies for nursing, allied health, medical, and paramedic students[115] • Aboriginal Cadetship programs for nursing, midwifery, and allied health • Health Workforce Scholarship Program

Government	Government initiatives
Queensland	• Health Workforce Strategy[116] • Allied Health Workforce Plan[117] • Allied Health Expanded Scope of Practice Strategy[118] • Early Career Nursing and Midwifery Retention Strategy[119] • Rural and Remote Health and Wellbeing Strategy[120]
South Australia	• Rural Health Workforce Strategy[121] • Rural Nursing and Midwifery Workforce Plan[122] • Rural Allied and Scientific Health Workforce Plan[123] • Allied Health Rural Generalist Plan
Tasmania	• Health Workforce 2040[124]
Victoria	• Health Workforce Strategy[125] • Allied Health Assistant Workforce Project[126] • Allied Health Capability Framework[127] • Additional budget allocation for nurse staff and support[128] • Aboriginal Cadetship program (Nursing, Midwifery and Allied Health)[129]
Western Australia	• Health Workforce Strategy[130] • Rural Health Partnership Initiative[131] • Country Nursing and Midwifery Incentive Program[132]

3. Opportunities and challenges

Figure 5: The seven workforce challenges identified for the care and support sectors

3.1 Labour force shortages

As discussed above, labour force shortages are impacting the health sector both domestically and globally, driven by the post-pandemic environment, increases in complexity of health needs, and an ageing population.[133]

Regional, rural and remote communities are particularly impacted by workforce shortages. Rural towns have half as many health professionals per person as metropolitan cities.[134] Factors that limit the ability of regional and rural areas to attract workers include lack of career opportunities, limited opportunities for professional development and formal learning, regional and rural housing shortages, and transport costs.[135]

While undergraduate programs such as nursing and midwifery are fully subscribed – demonstrating strong interest in studying health – translating this interest into graduates entering the health workforce remains a challenge. At the same time, attracting new workers into VET-trained roles is hindered by persistent perceptions of these health sector roles. The unique contribution and value of these roles – particularly within multidisciplinary teams – is not always well recognised or understood.[136]

Retention rates have decreased due to workplace culture, high administrative burdens, stress and burnout, inadequate workforce support,[137] high rates of work-related injuries,[138] employment instability and lack of recognition.[139] The immense pressures placed on the health workforce during COVID-19 and consequent loss of staff is still far from being resolved.

The inability to work to the full scope of practice is also a significant contributor to attrition.[140] Working to the full scope of practice supports improved job satisfaction and retention. Workforce shortages have contributed to the increase of more generalist roles in health settings, which creates a disconnect between discipline-specific training and career experiences, including lack of career progression and access to supervision.

Dedicated strategic and policy intervention is required to build, develop and retain the skilled multidisciplinary workforce to meet the community's needs for treatment, care and support into the future.

Addressing the scale of labour force shortages across Australia requires multiple initiatives including promotion of careers and career pathways, improved skills and training, and addressing retention issues such as ongoing professional development. The role of migration and ethical recruitment is discussed earlier in this report. HumanAbility intends to develop an issue paper to consider migration challenges and opportunities for the health workforce.

3.2 Skill gaps

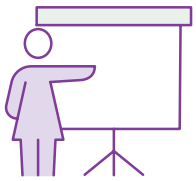
Despite the recent investment at Federal and state levels of government aimed at uplifting the capability of the health sector VET prepared workforce, there remains a shortage of workers with the skills and ability to deliver contemporary, evidence-based treatment, care and support in all areas where it's needed. HumanAbility stakeholder engagement and research indicates the most pressing gaps are:

- **Digital literacy:** Amid the rapid growth of accessible technologies in the workplace – such as electronic health records, Telehealth and electronic prescribing – this is an area of increasing need for upskilling across the health workforce. The proportion of younger health care practitioners, who may be more comfortable with such technological change, is growing (e.g., the percentage of health care workers aged between 20 and 34 years grew from 28% in 2012 to 33% in 2022).[141] However, there is still a broad need to support the confidence and competence of the workforce in using these technologies to their full effect. There is also a need to upskill the existing and future workforce on how AI and machine learning can improve organisational processes and patient outcomes.[142]
- **Cultural competency:** The need to strengthen cultural competency training for the diverse needs of consumers, carers and priority populations is recognised, especially for First Nations peoples, culturally and linguistically diverse communities and LGBTQIA+ communities. This need exists in all workforce settings, and can be particularly acute in geographical areas that have higher levels of cultural, linguistic and other diversity. There is an opportunity to:
  - Increase cultural awareness competency and safety training in VET qualifications[143]
  - Increase recognition and compensation for bilingual and bicultural staff/skills[144]
  - Strengthen and utilise Aboriginal and Torres Strait Islander Health Workforces and Aboriginal Community Controlled Organisation models, including via investment in Aboriginal and Torres Strait Islander leadership[145] and support for Aboriginal and Torres Strait Islander health professional organisations (ATSIHPOs)[146]
- **Leadership and wellbeing roles:** There are gaps in current leadership capabilities, which are becoming increasingly important as the models of care used in health contexts diversify. This impacts particularly on nursing roles, with nurses deployed in a greater range of positions to provide leadership and supervision to multidisciplinary teams.[147] The social and emotional wellbeing workforce (SEWB) is an emerging gap. This workforce will play an increasingly important role in the delivery of new service models in an evolving health care system.[148] SEWB plays a critical role in the provision of better integrated support – particularly for First Nations communities – recognising the connection between people's physical, psychological, social, emotional and cultural wellbeing.[149]
- **Mental health wellbeing:** Several Jobs and Skills Councils have identified mental health first aid training as a high priority. Mental health issues are prevalent across all workforces and often exacerbated in those that work remotely, such as mining and agriculture.

3.3 VET training and qualification issues

Alignment with contemporary practice

Contemporary health care increasingly emphasises multidisciplinary, trauma informed, holistic, person centred, and strengths-based models of care, alongside the growing use of digital and telehealth service delivery.[150] These evolving approaches present significant opportunities to strengthen workforce sustainability by reducing skill gaps, expanding training pathways, and supporting practitioners to work to their full scope of practice. However, VET qualifications are not always well aligned with multidisciplinary models. Training often remains focused on discipline-specific skills and knowledge, limiting flexibility and responsiveness to integrated models of care. Greater alignment between VET training and contemporary practice is needed to better prepare the workforce for modern health service delivery.



VET qualifications are not always well aligned with multidisciplinary models. Training often remains focused on discipline-specific skills and knowledge, limiting flexibility and responsiveness to integrated models of care.

Diversity of work placements

Placements play an important role in attracting students to the health sector, and into specific settings (such as public or community settings). Placements often do not reflect the diversity of settings that the workforce can move into, limiting exposure to opportunities. Placements can also be in acute or high intensity settings that can reduce both the attractiveness of the sector and the opportunities to develop knowledge and skills for different contexts, such as for geographically remote settings.

The risk of placement poverty is a widely recognised barrier to students commencing or completing qualifications, and presents as a barrier to existing workers undertaking further study to advance to different roles.

Welcome investment such as the Commonwealth Prac Payment (CPP)[151] has been made to support students of some qualifications (higher education course in teaching, nursing and midwifery, and social work; and nursing in vocational education and training (VET) courses) to undertake a work placement. However, there are many qualifications in health that require a work placement beyond those covered by the CPP. Whilst providers widely acknowledge placement poverty as an issue, the importance of the placement experience remains. Additionally, the delivery of a quality training experience for a student on placement requires time, investment, skill and training of supervisors and mentors. This is often an additional funding challenge faced by workplaces.

3.4 Limited career pathways

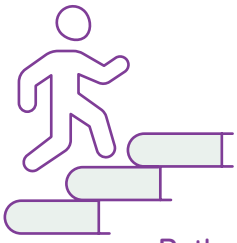
Career pathways vary between occupations. For some roles, pathways are well defined and clearly linked to training and education (for example, nursing). For others, pathways are more difficult to navigate (for example, First Nations health workers and allied health assistants). In addition, pathways between parts of the health sector are not often well established – with few articulation pathways or recognition of prior learning opportunities.

This impacts attraction and retention, and can restrict career fulfillment and satisfaction with career progression. Providing clear career pathways and increasing the number of options is likely to reduce attrition rates, helping to grow and diversify skill sets among a sustainable and engaged workforce.

Within the health workforce, it is recognised that coordination of care, collaboration and multidisciplinary ways of working will increase quality of care. To this end, recognition of prior learning can play a role in increasing the qualification and training levels of the workforce.

Opportunities include:

- improved career pathways for overseas trained professionals, including recognition of capabilities to gain additional competencies
- leveraging pre-existing cultural competencies with health care settings
- better articulation with higher education opportunities.



Pathways between parts of the health sector are not often well established – with few articulation pathways or recognition of prior learning opportunities.

3.5 Diversity and inclusivity

Diversity and inclusivity can be improved with greater engagement of and co-design with consumers, carers and service providers to meet community needs. Opportunities exist to better coordinate national and local planning processes, recognising and prioritising the local context and perspectives of community members.[152]

Inclusivity in the workforce is likely to improve the representation of diverse groups to better meet the needs of the health sector and the communities it services. There is a need for:

- Improved partnerships with and support for First Nations organisations and communities[153]
- Connections with community-based groups to achieve holistic approaches and increase inclusivity and workplace diversity[154]
- Improved access to digital technologies and training to use these with confidence, to support inclusion in the workplace.

Inclusivity in the workforce is likely to improve the representation of diverse groups to better meet the needs of the health sector and the communities it services.

3.6 Data and evidence

There are limitations posed by the level of granularity or relevance of the ANZSCO codes at the occupational level in health. Job titles and job functions vary across the sector and therefore don't always reflect a person's specific occupation or area of expertise.

Changes introduced in the release of the OSCA in December 2024 will go some way to addressing this: for example,

- Diabetes Educators OSCA 263933 was grouped under generic Health Promotion Officer ANZSCO 251911.
- Nursing Support Worker ANZSCO 423312 is now an Assistant in Nursing OSCA 442231.
- Nursing is now broken into Primary Health Care, Acute Care and Mental Health under OSCA, rather than specifying preoperative, surgical, and paediatric, in recognition of the breadth of areas and cohorts a nurse will cover.
- Roles previously incorporated in Therapy Aide 423314 ANZSCO are now diverted into other occupation codes including a specific Allied Health Assistant 442131 OSCA occupation code.
- Personal Services Worker 451899 ANZSCO are also redistributed across a range of occupations, including a new Patient and Health Care Assistant 442999 OSCA occupation code.

While regulated professions often have sound data on workforce size, composition and distribution, data still remains a challenge. For example, health and human services data cannot be disaggregated, and there are some sub-sectors that lack appropriate data to support effective workforce planning. One of the most significant gaps is the lack of workforce data for allied health assistants.[155] There is a need for a nationally consistent approach to data collection, for the purposes of:

- Understanding and addressing workforce shortages and forecasting labour workforce needs (i.e. appropriate distribution, education and career pathways).[156]
- Better understanding of workforce demographics and forecasting of training, placement and the need for diversity and inclusion initiatives.
- Synthesising data, modelling, and planning.[157]
- Contributing to and shaping evidence-based evaluations.[158]

3.7 Policy and regulatory settings

Policy and regulatory settings are evolving as the health sector adapts to new ways of working to meet community needs.

Regulatory changes and requirements are informing changing skills needs: Increasingly complex compliance requirements such as regulatory standards, privacy law updates, infection control, and practice accreditation processes will require qualifications to be updated to include competencies addressing current compliance and quality standards (National Safety and Quality Health Service Standards, 2021; OIAC, 2023). Regulatory change is one of the drivers for the Sterilisation Services qualification review HumanAbility is undertaking.

As evidenced in the various governmental strategies outlined earlier, policymakers are increasingly recognising the need to safeguard the wellbeing of the health workforce, particularly in light of relatively high levels of workplace injuries and harm. The need to explore further opportunities in this area comes into even sharper focus in the context of projected growth in demand for health services,[159] which will necessitate improved transparency and timeliness in regulatory processes and decision-making.[160]

The ability to work to the 'top of scope' is another well-recognised issue in the health sector, particularly in relations to regulations that limit those in primary care from working to expand delivery of care by leveraging newer and emerging roles such as allied health assistants and First Nations workers. This will, however, require greater role clarity, particularly in multidisciplinary teams.[161]

Policymakers are increasingly recognising the need to safeguard the wellbeing of the health workforce, particularly in light of relatively high levels of workplace injuries and harm.

4. Roadmap

Industry sector	Initiative	Challenges addressed
Health	**Review and update the *HLT Health Services Assistance* qualifications** **Status:** Underway **Overview:** A functional analysis was undertaken to provide a clear and detailed overview of the roles, functions and skills required in a number of job roles supported by the Health Services Assistance qualification. Public consultation on draft documents has commenced and will be completed mid-May 2025. **Timing:** Due for completion October 2025	
Health	**Review and update *HLT Pathology* qualifications** **Status:** Underway **Overview:** A functional analysis was undertaken to provide a clear and detailed overview of the roles, functions and skills required for pathology collectors and assistants. Public consultation was undertaken, with face-to-face workshops held in every state and territory, complemented with virtual workshops. Draft documents were finalised and have been submitted to Senior Responsible Officers for review and comment. **Timing:** Due for completion August 2025	

 Labour force shortages

 Skills gaps

 Training and qualification issues

 Limited career pathways

 Lack of diversity and inclusion

 Data deficiencies

 Policy and regulatory settings

Industry sector	Initiative	Challenges addressed
Health	**Review and update the *HLT Optical Dispensing* qualifications** **Status:** Commenced **Overview:** A functional analysis was undertaken to provide a clear and detailed overview of the roles, functions and skills required for optical dispensers. Public consultation was undertaken, with face-to-face workshops held in every state and territory, complemented with virtual workshops. Draft documents were finalised and have been submitted to Senior Responsible Officers for review and comment. **Timing:** Due for completion – August 2025	
Health	**Review and update the *HLT Audiometry* qualifications** **Status:** Underway **Overview:** A functional analysis was undertaken to provide a clear and detailed overview of the roles, functions and skills required for audiometrists. Public consultation was undertaken, with face-to-face workshops held in every state and territory, complemented with virtual workshops. Draft documents were finalised and have been submitted to Senior Responsible Officers for review and comment. **Timing:** Due for completion – August 2025	

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Industry sector	Initiative	Challenges addressed
Health	**Review *HLT Sterilisation Services* qualifications** To ensure they reflect new sterilisation standards, reflect the use of new and complex technology and meet the skill needs of a variety of industry sectors that require sterilisation services. Qualifications in scope: • HLT37015 Certificate III in Sterilisation Services • HLT47015 Certificate IV in Sterilisation Services **Status:** Commenced May 2025 **Timing:** To be completed in May 2026.	
Health	**Nationally consistent approach to data in the allied health sector** To address one of the most significant gaps to understanding the allied health workforce, which is the lack of workforce data on Allied Health Assistants. Without taking steps to collect and aggregate this data, the workforce planning to identify workforce trends, career pathways, retention challenges, and the effectiveness of joint service delivery models between Allied Health Professionals and Allied Health Assistants will not be possible. **Responsibility:** Department of Health and Aged Care	
Health	**Allied Health Assistant workforce strategy addendum to the National Allied Health Workforce Strategy** Noting the challenges in developing a whole-of-workforce strategy in Allied Health, there is still a gap in the draft strategy in fully recognising the role of Allied Health Assistants and the contribution they make to improved services and outcomes for clients. **Responsibility:** Department of Health and Aged Care and Chief Allied Health Office (CAHO)	

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Industry sector	Initiative	Challenges addressed
Health (cross-sectoral)	**Creation of training package product to support nationally endorsed training of mental health "first aid"** Demand for this type of training has been identified across many sectors. **Responsibility:** HumanAbility will partner with other JSCs to develop a product suitable to be contextualised for other industry sectors.	
Health	**Review of Dental qualifications** To ensure the qualifications are aligned with current industry needs, regulatory requirements and evolving patient-care methodologies, and create clear and sustainable career pathways to support existing and future growth in the dental industry. Qualifications in scope: • HLT35021 Certificate III in Dental Assisting • HLT35115 Certificate III in Dental Laboratory Assisting • HLT45021 Certificate IV in Dental Assisting • HLT55118 Diploma of Dental Technology • HLT65015 Advanced Diploma of Dental Prosthetics **Status:** Activity Submission to be submitted **Timing:** To be completed in December 2026 (subject to approval)	

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Industry sector	Initiative	Challenges addressed
Health	**Diploma of Nursing** Reviews of the Enrolled Nurse Standards for Practice (NMBA), Enrolled Nurse Accreditation Policy (ANMAC), and National Nursing Workforce Strategy are underway. A review of nursing qualifications will be required following the outcomes of these initiatives (likely to be in 2026–27). **Responsibility:** HumanAbility **Timing:** To be determined. May commence in 2026 (subject to approval)	
Health	**Review of Medical Practice and Health Administration qualifications** To ensure the qualifications are aligned with current industry needs, regulatory requirements and evolving patient-care methodologies, and create clear and sustainable career pathways to support existing and future growth in the industry. Qualifications in scope: • HLT47715 Certificate IV in Medical Practice Assisting • HLT57715 Diploma of Practice Management • HLT37315 Certificate III in Health Administration • HLT47321 Certificate IV in Health Administration **Status:** Activity Submission to be submitted **Timing:** To be completed in December 2026 (subject to approval)	
Cross-sectoral	**Rural and Remote sectoral analysis** Analysis of regional and remote workforces in aged care, disability and health, identifying gaps and opportunities specific to these regions. **Lead:** TAFE Centre of Excellence Care and Support	

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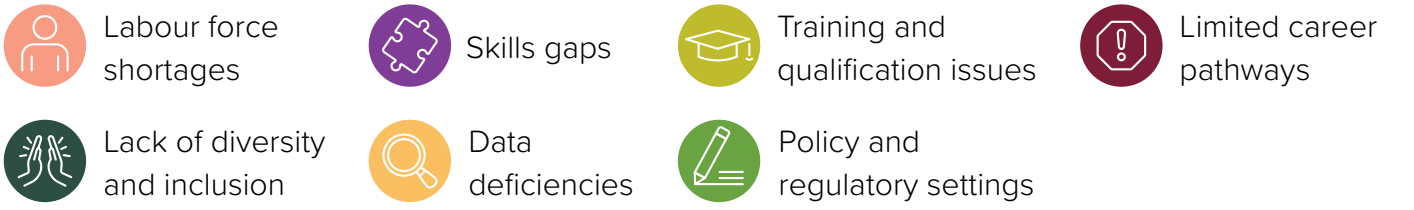
Industry sector	Initiative	Challenges addressed
Cross-sectoral	**Response to the Australian Apprenticeship Review** Work alongside stakeholders to respond to recommendation 2.13 of the Strategic Review of the Australian Apprenticeship Incentive System – Skills for tomorrow: Shaping the future of Australian apprenticeships **Responsibility:** HumanAbility	
Cross-sectoral	**Productivity Commission 5 Pillars Inquiry** Analysis of productivity gains in the care and support workforce. To contribute to the Productivity Commission Quality Care and five pillars inquiry. **Responsibility:** HumanAbility and the Productivity Commission	
Cross-sectoral	**Migration strategy** Encourage government to commence consultations on an Essential Skills Pathway (as per the Migration Strategy) to grow the workforce, whilst maintaining ethical recruitment standards. **Responsibility:** Australian Government, Department of Home Affairs	
Cross-sectoral	**Worker Registration** Host a stakeholder webinar or event considering registration scheme models. **Submission:** Stakeholder consultations and HumanAbility response to the Department of Health, Disability and Ageing consultation on a registration scheme for personal care workers in aged care. **Responsibility:** HumanAbility	



Industry sector	Initiative	Challenges addressed
Cross-sectoral	**Inclusion and Diversity** **Issues paper:** Understanding the changing demographics of the Care and Support Workforce. Lived and living experience and peer workforce engagement Host lived experience consultations (disability, community services). Establish a Technical Committee – Mental Health Peer work. **Responsibility:** HumanAbility	
Cross-sectoral	**Technology and Artificial Intelligence** **Targeted engagement:** Technology, AI and the Care and Support Workforce **Discussion paper:** For example: Augmentation of the care and support workforce, worker pipelines into care and support. Collaboration with Future Skills Organisation (FSO) on their Digital Skills project. **Responsibility:** HumanAbility	

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Industry sector	Initiative	Challenges addressed
Cross-sectoral	**Research the drivers of low completion rates in key qualifications** **Status:** Commenced June 2025 **Overview:** This project will discover the completion rates in our sectors, subsectors and courses; identify risk factors and protective factors; and design strategies to bolster completion rates. Evidence and solutions will be drawn from workshops, interviews, documentary analysis and extensive data analysis and triangulation. Deliverables include reports, issues papers, and enrolment and completion data from NCVER on HumanAbility's bespoke, interactive dashboards. **Timing:** 2025–2026	
Cross-sectoral	**Map and promote career pathways for the care and support sectors, including aged care, disability services and veterans' care (Phase 1)** **Status:** Completed. Launched July 2025. **Overview:** This project aims to attract a more diverse range of workers by busting the myth that the sector has limited career development or job opportunities beyond entry-level positions. It does this by identifying a diversity of roles and career and training pathways available to develop into case study videos for promotion, with the goal of attracting more people into the workforce, especially from underrepresented groups. **Timing:** To be launched mid-2025.	

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Industry sector	Initiative	Challenges addressed
Cross-sectoral	**Microcredentials: Examining the current use of shorter forms of training to support future guidance of skills development in the care and support sectors** Improve access to an increasing range of microcredentials for educators and teachers in areas of identified need **Status:** Commencing mid-2025 **Overview:** Microcredentials are rapidly increasing in number and variety, and have been identified by stakeholders from all sectors, and by the Workforce Working Group of the Education Ministers Meeting, as a potential or partial solution for quality professional learning. This project will: a) identify, categorise and quantify current microcredentials in our sectors (structure, content, relationships to existing accredited training); 2) map current microcredential offerings using the categorisation; 3) analyse skills and knowledge gaps that may be suitably addressed through quality microcredentials; and 4) develop a framework and recommendations for how microcredentials could support professional learning. Together, this provides practical tools and advice for employers, learners and peak bodies. **Timing:** To be completed by the end of 2027.	

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Industry sector	Initiative	Challenges addressed
Cross-sectoral	**Earn While You Learn (EWYL) models** **Status:** Launched June 2025 **Overview:** This project responds to challenges including workforce shortages, retention and skill development (especially in regional and remote areas) and placement poverty through consideration of strengthening the use of Earn While You Learn models in the care and support sectors. The objectives are to identify and categorise all the EWYL models used in or suited to HumanAbility sectors, map these to the most critical skills and occupation gaps, and codevelop models based on most promising examples. It will develop clear, evidence-based and practical guidance and solutions drawing on quantitative data, documentary analysis and stakeholder engagement. **Timing:** 2025–2026	
Cross-sectoral	**VET Care and Support Workforce research** **Status:** Underway **Overview:** The first stage of this research project sought to understand the profile of the VET workforce in our sectors, including pathways in and out. Through multiple surveys (reaching over 1000 responses), workshops and interviews, we discovered rich insights. Initial findings were shared in April 2025, with full findings from stage one to be shared later in the year. Stage two of this research will investigate sector-specific challenges and issues, while stage three will investigate and support industry-led solutions to these challenges. **Timing:** 2024–2026	

 Labour force shortages

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 Policy and regulatory settings

Industry sector	Initiative	Challenges addressed
Cross-sectoral	**Data and Evidence Gaps research** **Status:** Commencing 2025 **Overview:** The care and support sectors face many intersecting data challenges, including lack of granularity, timeliness, accessibility, incomparability, inaccuracy and missing information. Noting that the introduction of OSCA will address some of these issues when it comes into effect, this research project responds to remaining challenges using a mixed-methods approach, to 1) identify and map stakeholder data gaps; 2) understand the implications of the data gaps; and 3) identify or develop strategies to address these gaps, including triaging or sequencing our priorities, and identifying the external stakeholders best-placed to implement solutions in the short and long term. **Timing:** Commencing 2025 **Dependent on:** Australian Government departments engaging with HumanAbility on existing data available, providing data to HumanAbility and/or undertaking to develop nationally consistent approaches to data collection where this does not exist. It also will be influenced by implementation of OSCA.	

 Labour force shortages

 Skills gaps

 Training and qualification issues

 Limited career pathways

 Lack of diversity and inclusion

 Data deficiencies

 Policy and regulatory settings

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