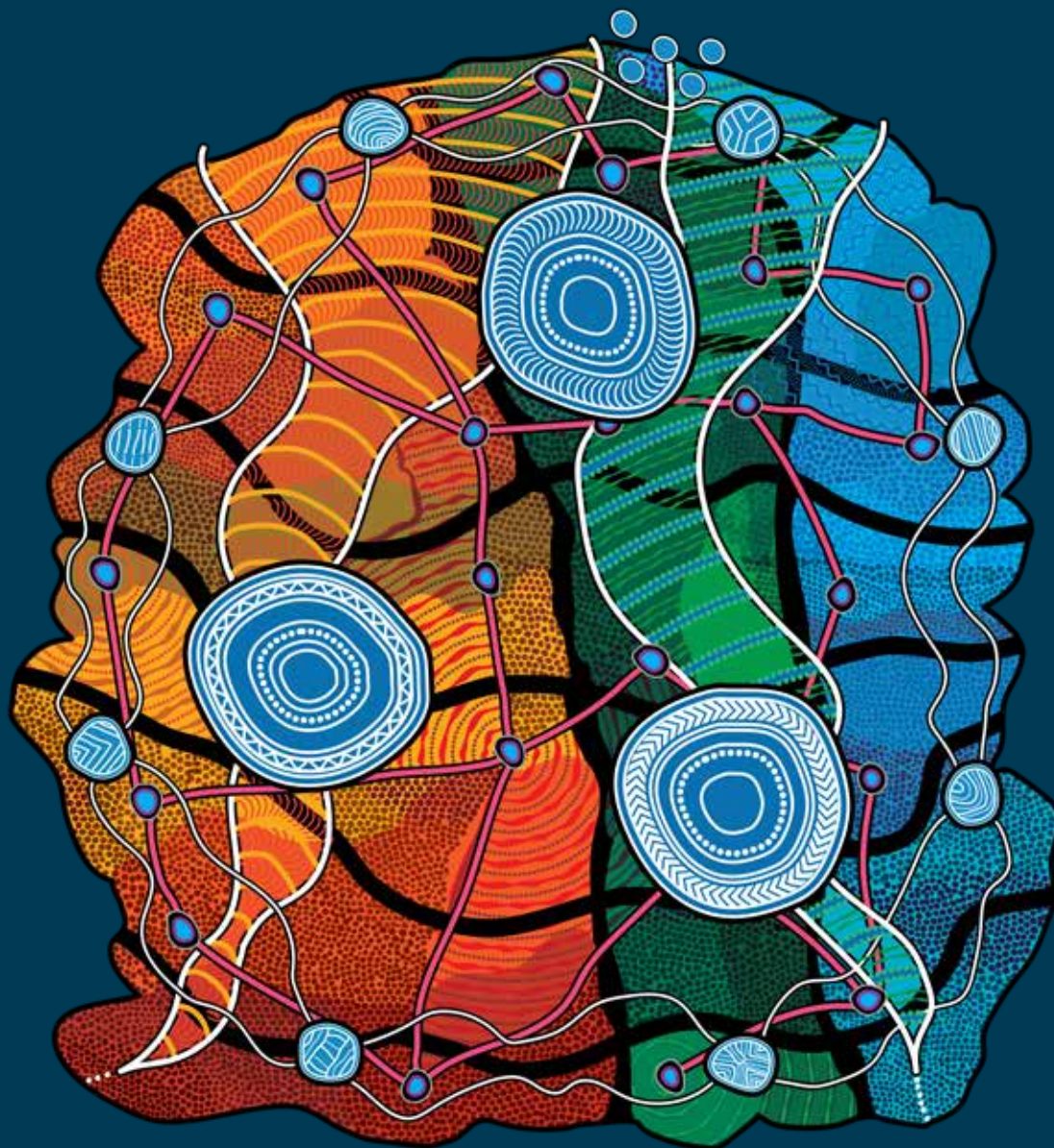


Workforce STRATEGY

JANUARY 2025





Artwork Story — *Building Foundations for the Future*

In every corner of Queensland — across deserts, rainforests, coastlines, and communities — there's a shared truth: supporting the health and wellbeing of our people is a responsibility we carry together.

At QAIHC, this truth is at the heart of everything we do. As the state's peak body that advocates for Aboriginal and Islander Community Controlled Health Organisations, we are champions for the sector, which includes its workforce.

When we invest in the workforce, we are investing in our sector's future.

We especially look to our young people, the future leaders of our sector and communities all over the state.

Their energy, passion, and potential are the lifeblood of the workforce. We want to inspire them, connect with them, and show them that this work is not only vital; it is theirs to lead.

This strategy was created acknowledging the diversity of our communities; urban, regional, and remote.

As we move forward, we do so with a clear purpose.

The **Building Foundations for the Future** artwork and narrative were developed by David Williams. David is a proud Wakka Wakka artist at Gilimbaa.



Acknowledgement

We acknowledge and wholly support all Traditional Owners for their continuing connection to this country and their communities. We recognise their continuing connection to these lands and waters and thank them for protecting this country and its ecosystems since time immemorial. We pay respect to them and to their Elders past, present and emerging.





Foreword

Our people remain the heart of everything we do. For over 50 years, the Aboriginal and Torres Strait Islander Community-Controlled Health Organisation (AICCHO) sector in Queensland has led the delivery of culturally safe, community-driven, and holistic primary healthcare. Our strength lies in our connection to Mob — in listening, responding, and standing firm in our values of self-determination, leadership, and care.



To sustain that strength, we must continue investing in our people. The QAIHC Workforce Strategy has been developed as a guiding framework to grow, support, and empower our workforce — both now and into the future. It is grounded in the QAIHC Model of Care, which recognises that quality healthcare must be holistic, culturally safe, and driven by culture and community. It is also aligned with Strong sector, strong system: QAIHC's Ten-Year Blueprint.

We extend our sincere thanks to the Aboriginal and Torres Strait Islander Health Division, Queensland Health — led by the Chief Aboriginal and Torres Strait Islander Health Officer and Deputy Director-General — for their investment and belief in this Strategy. Their support made the development of the QAIHC Workforce Strategy possible. QAIHC looks forward to continuing this important partnership to strengthen the health, wellbeing, and employment outcomes of Aboriginal and Torres Strait Islander peoples across Queensland.

Importantly, this Strategy is more than a plan — it is a reflection of who we are. It is a living document shaped by community realities and Member input. It acknowledges that workforce development must be locally driven, culturally grounded, and inclusive of the diverse ways our sector delivers care — from urban clinics to remote residential rehabilitation.

It also recognises that the workforce grows from the community. And if we are to meet the evolving needs of our people, we must provide opportunities for long-term careers, leadership development, and training pathways that are safe, supported, and culturally enriched.

This Strategy was co-designed with Members and partners across the state. It is a tool for advocacy, a roadmap for growth, and a call to action — to close workforce gaps, elevate Health Worker leadership, and drive system change that reflects our values and vision.

As we launch this Strategy, I encourage our Members, partners, and allies to walk with us — to use this framework to build a strong, supported, and future-ready workforce that honours culture, strengthens self-determination, and delivers community-led healthcare with pride.

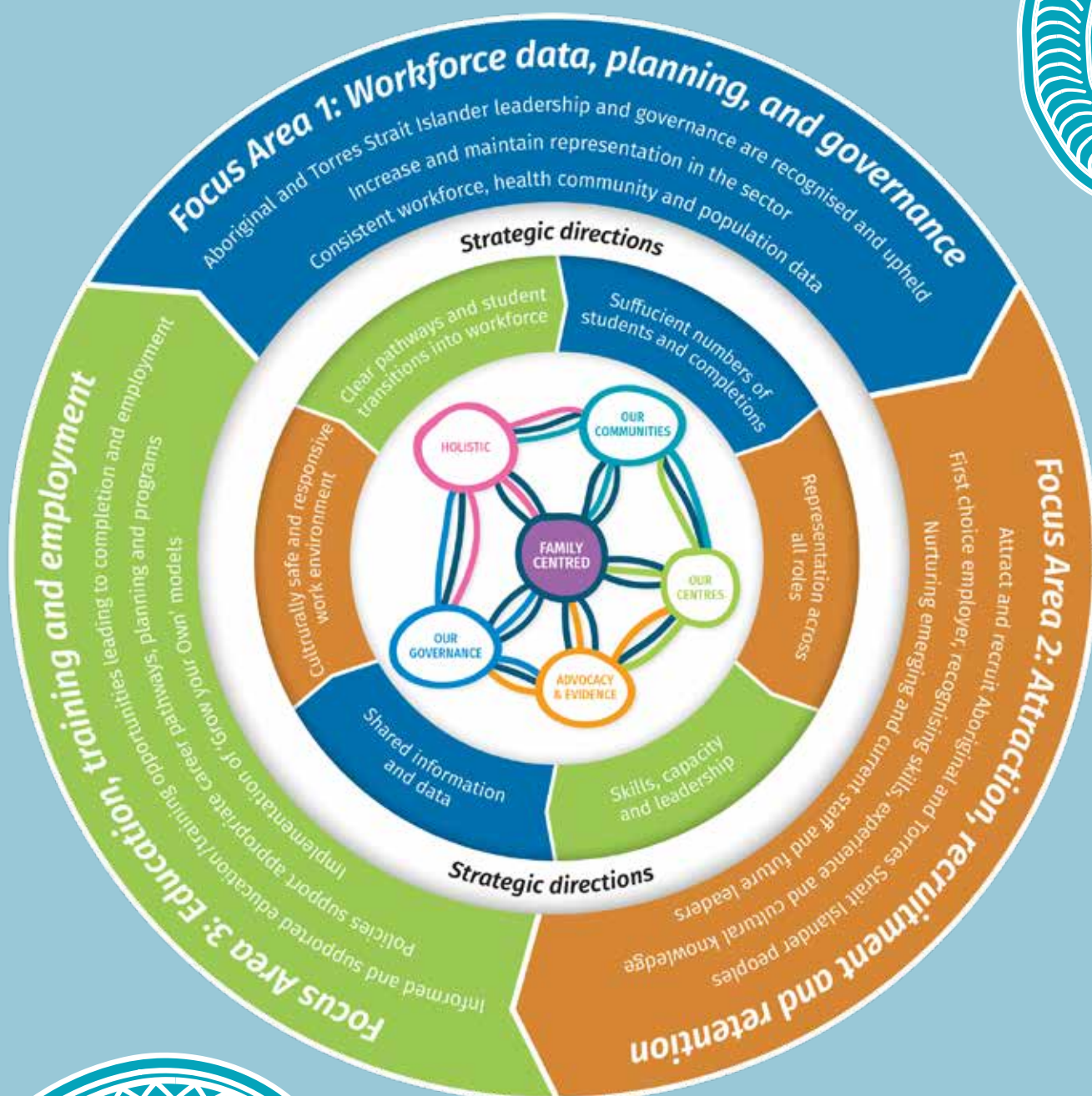
Paula Arnol

Acting Chief Executive Officer

Queensland Aboriginal and Islander Health Council (QAIHC)



Workforce Strategy Focus Areas





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About this strategy

About this strategy

Introduction

QAIHC is the peak body for Aboriginal and Torres Strait Islander community-controlled health organisations (AICCHOs) across Queensland. QAIHC's role is to advocate for and support a strong and sustainable Aboriginal and Torres Strait Islander community-controlled health sector, underpinned by cultural safety, strong leadership, comprehensive primary health care and governed by principles of self-determination.

*Strong sector, strong system: QAIHC's Ten Year Blueprint 2024-2034*¹ provides a way forward for the AICCHO sector to enhance its role as a critical partner in the health system. The Blueprint lists the long-term enablers for sector success as:

- adaptable and sustainable funding and commissioning approaches
- flexible and future fit physical and digital infrastructure
- sustained investment in capacity building
- skilled valued and empowered workforce
- culture and governance that fosters innovation and self-determination.

The *QAIHC Workforce Strategy* provides member AICCHOs with a strategic approach to achieving a workforce that supports the future growth of Aboriginal and Torres Strait Islander community-controlled health services in Queensland. It will support them to effectively meet the needs of their communities and deliver culturally safe comprehensive primary health care services that are family centred, community focused and embedded in the social and cultural environment. The *QAIHC Workforce Strategy* builds on community-controlled sector-strengthening activities underway at the national and state level and draws on the deep expertise and experience of QAIHC Members.



Purpose and Intent

The *QAIHC Workforce Strategy* has been developed not merely as a roadmap for growing the workforce but as a reflection of who we are as a sector and where we aspire to go together. At its core, this Strategy recognises that workforce development cannot be separated from the lived realities of the communities we serve.

Our workforce does not stand apart from the social and cultural landscapes of our people. It is part of them. The individuals who enter, grow, and lead within our workforce come from communities that hold both profound strengths and complex challenges. Their pathways into health, wellbeing, and support roles are shaped by place, culture, identity, resilience, and in many cases, experiences of trauma and healing.

In this way, the Strategy does more than focus on engaging, training, and retaining a workforce. It seeks to nurture a workforce that reflects and understands the diversity of community needs, carries the responsibility of care with cultural integrity, and embraces the ambition of creating positive change. The Strategy envisions a workforce that evolves alongside the communities it serves — building local leadership, supporting place-based solutions, and contributing to improved wellbeing outcomes for current and future generations.

As we grow this workforce, we do so with a clear understanding that skills development and career pathways are only one part of the story. Real success will be measured not only in recruitment numbers or training completions but in the increased confidence, capacity, and cultural security of the sector itself. It will be seen in the meaningful inclusion of Aboriginal and Torres Strait Islander voices in leadership, the growth of services that respond holistically to health and wellbeing needs, and the strengthening of self-determination across Queensland's diverse communities.

The *QAIHC Workforce Strategy* is, above all, a statement of commitment — to a workforce that is equipped for the future while grounded in the values, aspirations, and cultural strengths of our people.



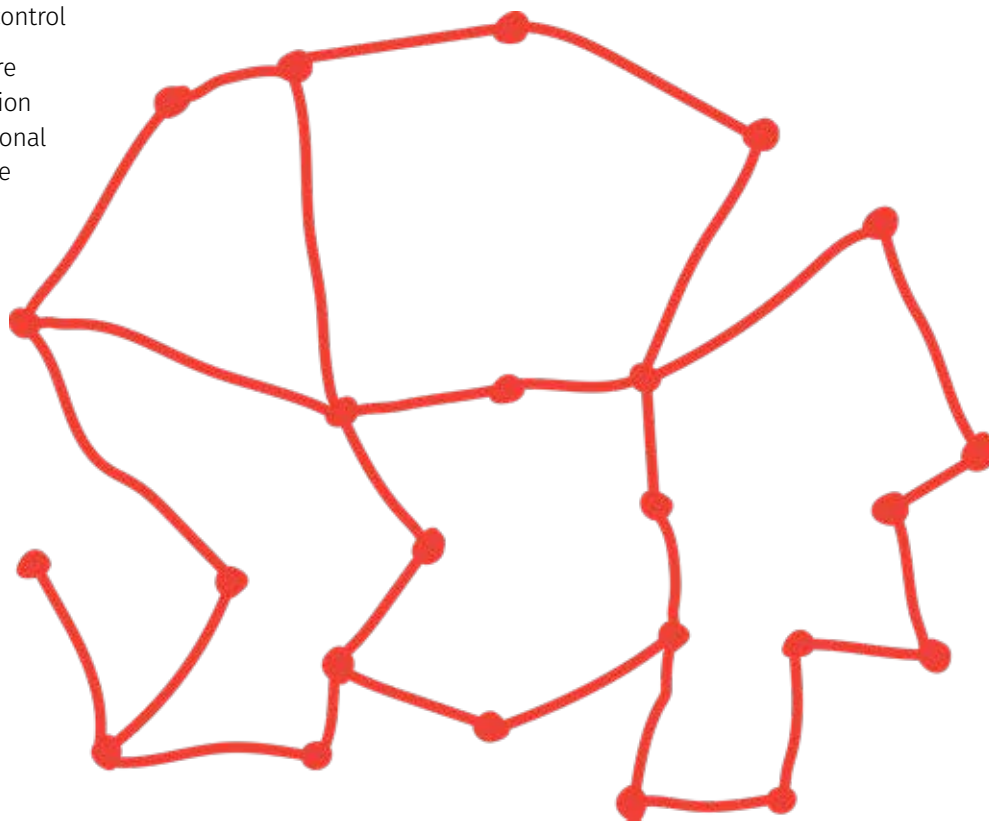
¹ Queensland Aboriginal and Islander Health Council. (2024). *Strong sector, strong system: QAIHC's ten-year blueprint 2024-2034*. QAIHC. https://www.qaihc.com.au/media/38394/0684-blueprint-20-summary-4-page-booklet_web.pdf

Vision and aim

Vision: Queensland's AICCHO sector will have a strong and sustainable workforce that will provide comprehensive culturally safe primary health care services that meet the needs of their communities.

Aim: Support a sector approach to planning and developing a workforce with the capacity and capability to sustainably deliver quality comprehensive primary health care. The approach is aligned with the QAIHC Model of Care² and supported by appropriate employment and education pathways. Implementing this strategy aims to achieve the following outcomes:

- sustainable governance and leadership models
- consistent data and metrics to inform workforce planning and advocacy
- staffing and occupation ratios meet community and organisational needs i.e., Model of Care and transition to community control
- future and current staff are provided the right education and training, and professional development to undertake their roles
- cultural governance, cultural safety and cultural capability are embedded across all areas.



A systems approach

This workforce strategy has been developed with input from QAIHC Members in partnership with Queensland Health and CheckUP, and with the advice of sector colleagues across Queensland and Australia. It is also structured to align with the *National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework and Implementation Plan 2021–2031*.³

Implementation requires a coordinated approach that goes beyond the health sector, to forging partnerships with the education, training and employment sector at national, statewide, regional and local levels.

This approach recognises that we can achieve more for our people and communities if we collaborate learn from, and share with each other, as well as with our key partners.

2 Queensland Aboriginal and Islander Health Council. (2019). *Queensland Aboriginal and Torres Strait Islander Community Controlled Health Organisations' model of care*. QAIHC. <https://www.qaihc.com.au/media/37861/0177-qaihc-model-of-care-a4.pdf>

3 National Aboriginal Community Controlled Health Organisation. (2021). *Core services and outcomes framework: The model of Aboriginal and Torres Strait Islander community-controlled comprehensive primary health care*. NACCHO. <https://www.naccho.org.au/wp-content/uploads/2021/10/Core-Services-Outcomes-Framework-full-document.pdf>

Goals

By planning and developing our workforce with our Model of Care at the centre, we can strengthen our comprehensive primary health care approach to:

- Sustain and increase AICCHO capacity and capability to deliver comprehensive primary health care and community care.
- Improve overall health and wellbeing outcomes with our people and contribute to closing the gap in health, education, training, and employment inequalities.
- Reduce population chronic disease and comorbidity.
- Strengthen prevention systems and service responses and increase demand for comprehensive primary health care and community-based care.
- Over time, contribute to reduction in demand on acute care system, including reduced demand for treatment and workforce.

This approach also recognises the importance of AICCHO services and workforce in providing culturally safe and trusted care across our communities:

- AICCHO services and workforce contribute to better population outcomes for Aboriginal and Torres Strait Islander peoples, addressing both local and regional needs.
- An AICCHO health workforce that includes Aboriginal and/or Torres Strait Islander people participating across all roles, levels and locations will increase access to culturally safe care and significantly improve health outcomes for Aboriginal and/or Torres Strait Islander peoples and communities.
- Evidence shows that Aboriginal and Torres Strait Islander people are more likely to seek and receive appropriate levels of care from localised, culturally safe services with additional benefit derived from access to Aboriginal and Torres Strait Islander health and social care worker care.^{4,5,6}
- The additional workforce participation will also improve economic outcomes for individual workers, their families and communities.

Key workforce challenges and needs

Limited pool of qualified candidates — Despite growth, there is a small pool of qualified people, especially for clinical roles in the AICCHO sector.

Strong competition for talent — The sector faces competition from mainstream health and other industries.

Retention challenges in remote areas — Isolation and challenging working conditions in remote communities.

Lack of clear career pathways — There are limited clearly articulated career development pathways and training opportunities.

Growing demand and service expansion — The sector needs to plan for workforce growth to meet increasing demand, scope and range of services.

Evolving service needs — Shifts in community health needs will require the workforce to develop new skills and capabilities.

Importance of collaboration — Effective partnerships and collaboration are essential to achieve the socio-economic targets and Priority Reforms outlined in the *National Agreement on Closing the Gap*.



4 Campbell, M. A., Hunt, J., Scrimgeour, D. J., Davey, M., & Jones, V. (2018). Contribution of Aboriginal community-controlled health services to improving Aboriginal health: An evidence review. *Australian Health Review*, 42(2), 218–226. <https://doi.org/10.1071/AH16149>

5 Australian Institute of Health and Welfare & National Indigenous Australians Agency. (2024). *Aboriginal and Torres Strait Islander health performance framework: 312 Aboriginal and Torres Strait Islander people in the health workforce*. AIHW.

6 Panaretto, K. S., Wenitong, M., Button, S., & Ring, I. T. (2014). Aboriginal community controlled health services: Leading the way in primary care. *Medical Journal of Australia*, 200(11), 649–652. <https://doi.org/10.5694/mja13.00005>

Three strategy focus areas

Delivering on our goals requires a strong sector and workforce with the capacity and capability to deliver quality comprehensive primary health care services based on a robust, evidence-based model of care that embeds cultural safety and governance.

To support and achieve the purpose, the strategy will deliver a sector approach under three workforce planning and development focus areas:

- **Workforce data, planning, and governance**
- **Attraction, recruitment and retention**
- **Education, training and employment.**

Cultural governance, cultural safety and cultural capability are embedded at all levels.

Under these three strategic workforce planning areas, the *QAIHC Workforce Strategy* will address the five strategic directions identified in the *National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework and Implementation Plan 2021–2031*⁷ growing the Aboriginal and/or Torres Strait Islander workforce representation across all health disciplines and functions. These are:

- increasing workforce skills, capacity and leadership
- sustaining and developing culturally safe and responsive workforces
- enabling sufficient numbers of students and completions
- improving training and employment pathways — transition to workforce
- increasing information and data sharing for planning, policy and measuring impact.

Need to work collaboratively

“We need to move away from the ‘us and them’ mentality between Queensland Health and the Aboriginal and Torres Strait Islander community-controlled health sector and create regional health workforces. Obstacles preventing healthcare providers employing local First Nations workforces to support mob need to be removed.”

— Anonymous

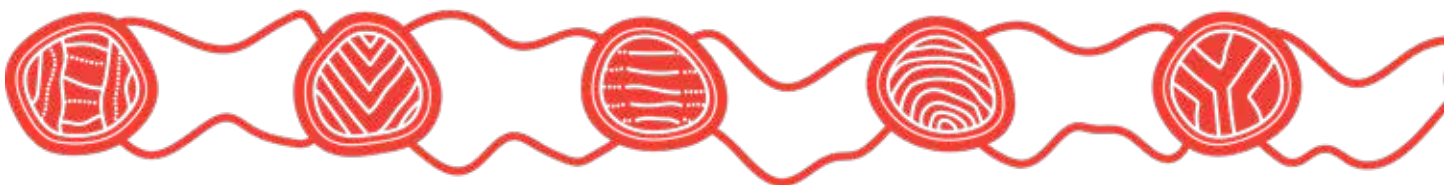
CASE STUDY

Goolburri Mental Health Services

Goolburri Mental Health Services: Goolburri Health Service in Toowoomba employs an integrated, no-wrong-door policy for comprehensive support. It collaborates with other providers for unmet needs, offering in-house mental health care and partnering with:

- Headspace
- Toowoomba Hospital Child and Youth Mental Health Service
- HHS visiting psychiatry registrar
- Lives Lived Well (AOD treatment)
- Jaydon Adams Memorial Foundation.

Goolburri also partners with the University of Southern Queensland, placing psychology students to enhance mental health services.



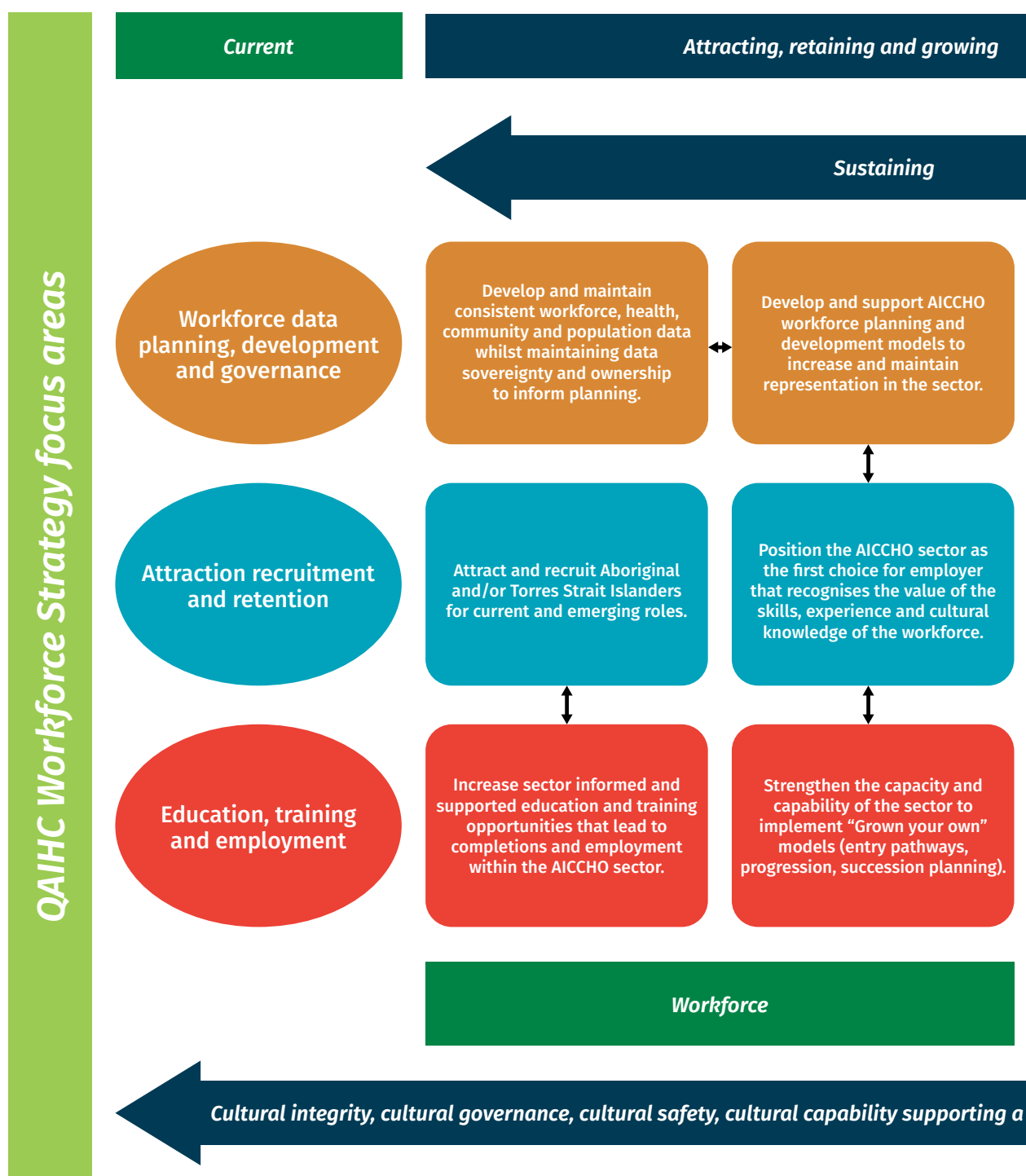
⁷ National Aboriginal Community Controlled Health Organisation. (2021). *Core services and outcomes framework: The model of Aboriginal and Torres Strait Islander community-controlled comprehensive primary health care*. NACCHO. <https://csf.naccho.org.au/wp-content/uploads/2022/10/Core-Services-Outcomes-Framework-full-document.pdf>

Diagram 1: Workforce Strategy on a page

In developing this workforce strategy, consideration has been given to the *National Aboriginal and Torres Strait Islander Workforce Strategic Framework* and Queensland Health's *HEALTHQ32 – First Nations First Strategy 2032*.

Vision: Queensland's Aboriginal and Torres Strait Islander community controlled health sector will provide primary health services that meet the needs of its communities.

Aim: Support a whole-of-sector approach to planning and developing a workforce with the capacity to deliver the QAIHC Model of Care and supported by tailored employment and education pathways across all



have a strong and sustainable workforce that will provide comprehensive culturally appropriate and capability to sustainably deliver quality comprehensive primary health care, aligned with the occupations and roles.



Policy/Strategy linkages

- *National Agreement on Closing the Gap*
- *National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework* - Five strategic directions
- *Queensland Health’s HEALTHQ32 — First Nations First Strategy 2023*
- *National Skills Agreement Queensland Workforce Strategy 2022-2023*
- *Good Jobs, Great Training: Queensland Skills Strategy 2024-2028*
- *Paving the Way — First Nations Training Strategy*

Advocacy/opportunities for the sector

- Collaboration with government to ensure policies and programs are targeted, specific, sustainable and informed by the sector.
- Identify education and training models that are culturally appropriate and advocate for those models to be adopted In Queensland to support the education and training needs of the sector.



About QAIHC

About QAIHC

The Queensland Aboriginal and Islander Health Council (QAIHC) is the peak body for the Aboriginal and Islander community controlled health organisation (AICCHO) sector in Queensland, providing leadership and policy guidance. Established in 1990, QAIHC represents all Aboriginal and Torres Strait Islander community-controlled health organisations across Queensland at both state and national levels. QAIHC's vision is to empower a sustainable Aboriginal and Torres Strait Islander community-controlled health sector, anchored by cultural safety and strong leadership, and governed by principles of self-determination.

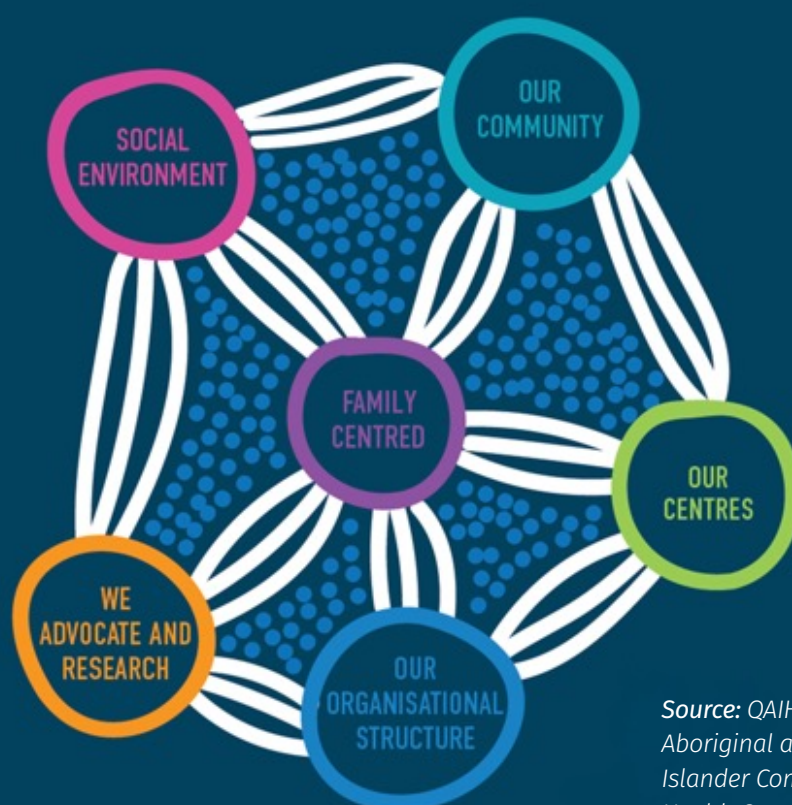
QAIHC advocates for accessible and equitable comprehensive primary healthcare for all Aboriginal and Torres Strait Islander people in Queensland. We aim to secure sustainable investments in culturally secure care models, supported by quality governance, leadership, and community-driven values. Our goals include leading health system reforms across Queensland, engaging with Members, partners, and key stakeholders to influence health policy and planning, and embedding Aboriginal and Torres Strait Islander self-determination to foster resilient cultural identity and community connection.

QAIHC promotes the AICCHO Model of Care as best practice for primary health care delivery for Aboriginal and Torres Strait Islander people and their communities.

At the heart of the QAIHC Model of Care is the empowerment of Aboriginal and Torres Strait Islander people to take charge of their health and wellbeing. Guided by cultural and community values, this approach ensures the delivery of culturally safe, regionally tailored, and cost-effective care.

Cultural safety is distinguished from cultural 'awareness' as it relates to embedding culturally sound practices into all elements of delivery, rather than merely recognising that cultural differences exist.

The values and perspectives of local communities shape the design of service delivery, evaluation, cultural policies, engagement mechanisms, and the physical attributes of our organisations. This structure supports QAIHC's vision for a strong and sustainable Aboriginal and Torres Strait Islander community-controlled health sector, underpinned by cultural safety and community leadership.



Source: QAIHC, 2019, Queensland Aboriginal and Torres Strait Islander Community Controlled Health Organisations' Model of Care

AICCHO provider profile in Queensland

There are 31 Member AICCHOs across Queensland, delivering holistic, culturally safe comprehensive primary healthcare services that respond to the unique aspirations and priorities of their local communities. AICCHOs provide flexible and responsive services, delivered through a model of care that reflects the broader determinants of health and focuses on prevention, early intervention, comprehensive care and wrap-around supports.

QAIHC has five defined regions that are contained in its Constitution and were determined by Members through a consultation process. Each region consists of four to 10 full Members as outlined in the QAIHC Region and Member Map.

In July 2024, QAIHC had 31 full Members and two (2) regional Members, operating across all regions in Queensland. Data is available from 23 QAIHC Member services. However, data is unavailable from 8 Member services, of these 4 are primary health care (PHC) and 4 are non-PHC services. The total data available from the 23 services demonstrated AICCHOs comprehensive primary health care activity as follows:

- 81,925 Indigenous clients
- 96,558 client contacts
- 576,137 episodes of care
- 911,911 client contacts
- Average clients per Member service is 3,414
- 24 QAIHC Member services employed 921.8 (60%) Aboriginal and Torres Strait Islander staff (FTE – paid and unpaid)
- 1544 FTE Staff
- 835.5 Clinical FTE staff
- 107.8 (7%) Vacant FTE positions.

Underpinned by principles of self-determination, QAIHC's Statewide AICCHO Model of Care Framework sets the benchmark for excellence in high quality, well-integrated, culturally safe healthcare. It enables flexibility in service delivery and empowers local solutions.⁷⁸

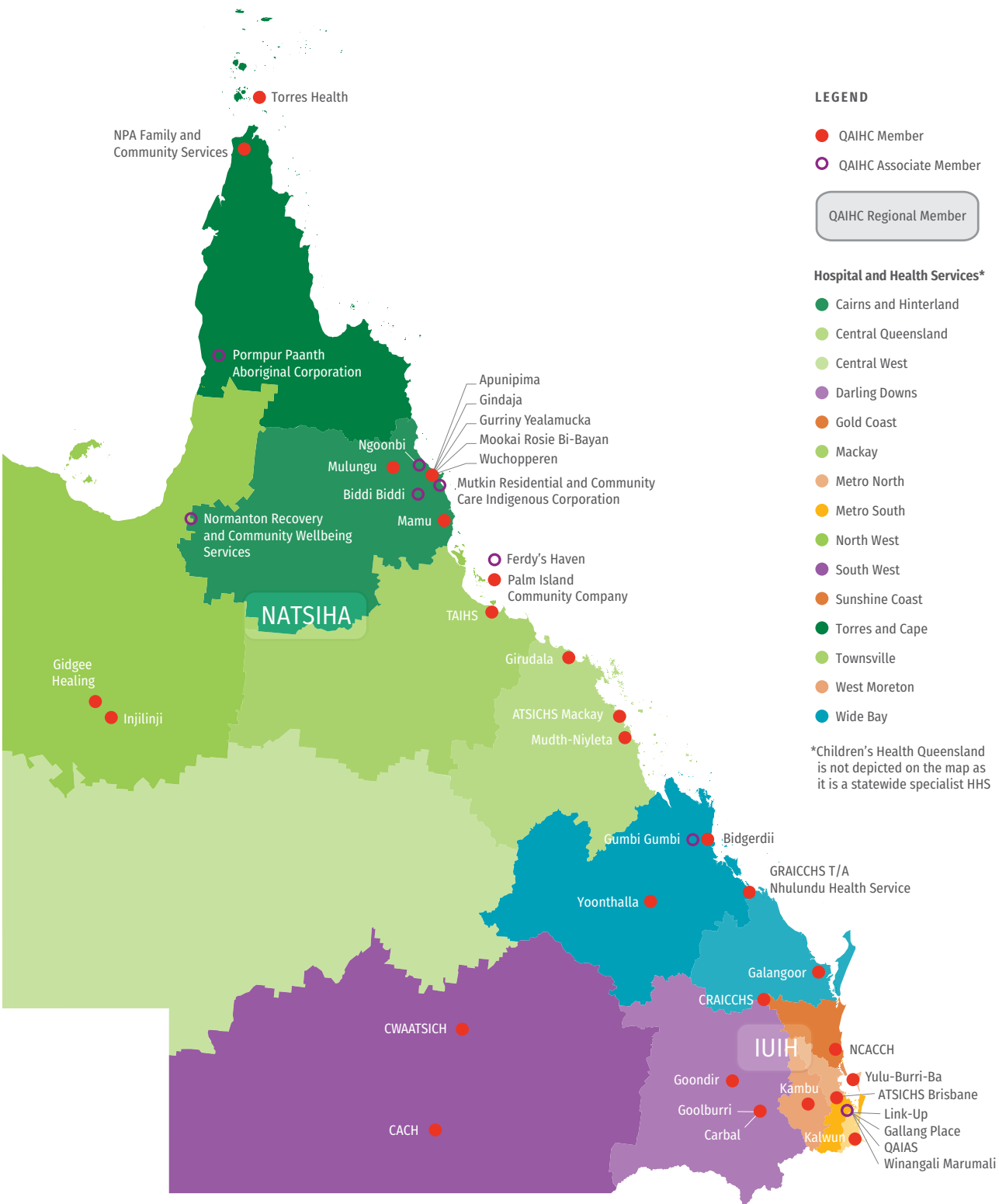
Table 1: Regional statistics/population table⁹

QAIHC Region	Indigenous	Non-Indigenous	Not stated	Total Population	% Indigenous in Region	% Indigenous in QLD
Far North Queensland	43,481	217,353	25,143	285,977	15.2%	18.2%
North and North West Queensland	41,040	374,304	40,732	456,076	9.0%	17.38%
Central Queensland	27,802	389,798	31,043	448,643	6.2%	11.78%
South and South West Queensland	20,537	270,316	20,788	311,641	6.6%	8.70%
South East Queensland	103,248	3,372,351	163,315	3,638,914	2.8%	43.73%
Sub Total	236,108	4,624,122	281,021	5,141,251		100%

⁸ Queensland Aboriginal and Islander Health Council. (2024). *Strong sector, strong system: QAIHC's ten-year blueprint 2024–2034*. QAIHC. https://www.qaihc.com.au/media/38393/0684-blueprint-20-summary-4-page-booklet_web.pdf

⁹ Australian Bureau of Statistics. (2022). *Census data tools: DataPacks*. <https://www.abs.gov.au/census/guide-census-data/about-census-tools/datapacks> (Table data excludes persons with no usual address and migratory persons.)

Figure 1: QAIHC Regions and Member Services



AICCHO sector in Queensland

A source of community strength and leadership, Aboriginal and Torres Strait Islander community-controlled health organisations (AICCHOs) play a critical role in the health system in Queensland.

For more than 50 years, Queensland Aboriginal and Torres Strait Islander communities and community leaders have worked to deliver a model of healthcare that meets local needs and priorities — in Community, by Community.

The sector has evolved significantly and continues to grow. However, the foundations of community control remain unchanged — the right to self-determination and embedding Aboriginal and Torres Strait Islander concepts of health and wellbeing.

Community-controlled health and social wellbeing services preferentially employ local Aboriginal and Torres Strait Islander people across our workforces — in corporate services, to engage our communities, as health professionals and as organisational leaders.

Many of our community leaders have strong associations with the community controlled health sector — pursuing careers as varied as health, accountancy and law, public service, education and research, and advisors to government and industry.

Leading the way: advancing health and wellbeing

The AICCHO sector is crucial in closing the health gap in Queensland by providing accessible, comprehensive, and culturally secure primary healthcare. The AICCHO Model of Care addresses holistic health needs through a framework grounded in culture, self-determination, and community control. This model integrates elements such as Country, language, family, and spirituality, ensuring that care is specifically tailored to the unique needs of Aboriginal and Torres Strait Islander people and communities in Queensland.

The AICCHO sector is proven to deliver superior health outcomes for Aboriginal and Torres Strait Islander people compared to mainstream services. The demand for services continues to grow, with increasing patient caseloads and ongoing differentials in health. Financial

investment in the sector has not kept pace with this growing demand, creating challenges to maintain the required workforce.

The demand for services will only continue to rise as:

- Queensland's Aboriginal and Torres Strait Islander population is projected to grow significantly, reaching between 302,093 and 315,585 by 2031.¹⁰
- Additionally, chronic diseases, mental health issues, and substance use disorders remain pressing concerns.
- The total of burden of disease rate for Aboriginal and Torres Strait Islander Queenslanders is currently 2.3 times higher than that of other Queenslanders.^{11,12}

Despite these challenges, the AICCHO sector continues to demonstrate its capacity to make a real difference. The rate of preventable hospitalisations among Queensland's Aboriginal and Torres Strait Islander population has remained constant over the past five years, reflecting the sector's success in providing high-quality primary healthcare services that alleviate the unnecessary burden on tertiary health systems. We have seen progression on healthy birth weight for babies and an increase in life expectancy.

To continue strengthening and growing the sector and improving health and wellbeing outcomes, further investment and resources are crucial to meet the growing demand and to ensure that Aboriginal and Torres Strait Islander communities receive the culturally appropriate care they require and deserve.

Closing the Gap — health and skills reform priorities

The health and wellbeing of Aboriginal and Torres Strait Islander people is a national priority for communities, healthcare providers, and all levels of Australian government. Recent reforms, policies and strategies, driven by intergovernmental agreements including the National Agreement on Closing the Gap and the National Skills Agreement, emphasise the need for comprehensive health, employment, education and training strategies, committing to improve health outcomes and increase education, training, and employment outcomes within Aboriginal and Torres Strait Islander communities.

10 Queensland Government Statistician's Office. (2021). *Population estimates and projections, Aboriginal and Torres Strait Islander Queenslanders, 2006 to 2031*. Queensland Treasury. <https://www.qgso.qld.gov.au/issues/2781/population-estimates-projections-aboriginal-torres-strait-islander-qlders-2006-2031.pdf>

11 Australian Institute of Health and Welfare. (2022). *Australian burden of disease study: Impact and causes of illness and death in Aboriginal and Torres Strait Islander people 2018*. AIHW. <https://www.aihw.gov.au/getmedia/1656f783-5d69-4c39-8521-9b42a59717d6/aihw-bod-32.pdf>

12 Australian Institute of Health and Welfare. (2022). *Australian burden of disease study: Impact and causes of illness and death in Aboriginal and Torres Strait Islander people 2018 (Summary)*. <https://www.aihw.gov.au/reports/burden-of-disease/illness-death-indigenous-2018/summary>

The *National Agreement on Closing the Gap*¹³ seeks to address longstanding health inequities by transforming how governments collaborate with Aboriginal and Torres Strait Islander organisations and communities. A key focus is strengthening the capacity and sustainability of community-controlled service sectors, which deliver better outcomes for Aboriginal and Torres Strait Islander people. The accompanying *Closing the Gap Health Sector Strengthening Plan*¹⁴ sets workforce targets to increase Aboriginal and Torres Strait Islander representation in clinical and non-clinical health roles, prioritising environmental health, training for Aboriginal Community Controlled Health Organisations (ACCHOs), and building robust clinical workforces.

The *National Skills Agreement*¹⁵ represents a major shift in ensuring vocational education and training (VET) is designed in partnership with First Nations communities. It provides flexible funding and focuses on four key reform areas:

- establishing partnerships with First Nations organisations
- expanding investment in Aboriginal Community-Controlled (ACCHOs) and First Nations Owned (FNO) training sectors
- growing the First Nations VET workforce
- enhancing data capabilities.

Up to \$214 million will be invested over five years to meet skills targets, with collaborative efforts between governments and First Nations partners.

Working together

In Queensland, the *HEALTHQ32 — First Nations First Strategy 2032*,¹⁶ released in February 2024 by Queensland Health, is actively placing First Nations peoples and their voices at the forefront of healthcare service design and delivery in Queensland. The First Nations First Strategy is built upon four inter-dependent focus areas, *strengthening the workforce* being one. This strategy is driving an accelerated reform program to achieve excellence in care and health equity with all Aboriginal and Torres Strait Islander people in Queensland. The strategy prioritises eliminating

systemic racism, reshaping the system through community leadership, transforming care delivery, and achieving workforce equity by increasing representation across all health professions. This aligns with the broader Queensland Health workforce strategy to grow and sustain the First Nations workforce.

Queensland Health is committed to improving integration and community outcomes through collaborative commissioning arrangements between agencies under the *National Health Reform Agreement*.¹⁷ These efforts enable the development of integrated and coordinated service responses to complex needs, emphasising self-determination and culturally appropriate governance. This approach also ensures that the health workforce reflects the diversity of the communities it serves.

Further commitment to stronger partnerships is demonstrated through *Queensland's Aboriginal and Torres Strait Islander Health Equity Framework*. This Framework was a collaborative development between Queensland Health and QAIHC. The health equity agenda is underpinned by the legislative requirement for Hospital and Health Services to co-develop and co-implement Health Equity Strategies. Committing to working in partnership with Aboriginal and Torres Strait Islander peoples and organisations to design, deliver and monitor the delivery of healthcare in Queensland.

QAIHC supports the First Nations First Strategy and the continued partnership with Queensland Health to promote and increase the representation of Aboriginal and Torres Strait Islander peoples across the health workforce, including leadership positions. QAIHC's 10 Year Blueprint; *Strong Sector, Strong System*, recognises the need for stronger relationships and to proactively partner with and across the sector to collaboratively plan, commission and deliver culturally safe healthcare to Aboriginal and Torres Strait Islander peoples across Queensland.



13 Coalition of Peaks. (2023). *National Agreement on Closing the Gap*. Australian Government.

<https://www.coalitionofpeaks.org.au/national-agreement-on-closing-the-gap>

14 Closing the Gap. (2023). *Sector strengthening plan – health*. Australian Government.

<https://www.closingthegap.gov.au/sites/default/files/2022-03/sector-strengthening-plan-health.pdf>

15 Department of Employment and Workplace Relations. (2024). *National Skills Agreement*. Australian Government.

<https://federalfinancialrelations.gov.au/sites/federalfinancialrelations.gov.au/files/2023-12/national-skills-agreement.pdf>

16 Queensland Health. (2024). *HealthQ32 First Nations First Strategy 2032*. Queensland Government.

https://www.health.qld.gov.au/_data/assets/pdf_file/0021/1307055/healthq32-first-nations-first-strategy-2032.pdf

17 Department of Health and Aged Care. (2020). *2020–25 National Health Reform Agreement (NHRA)*. Australian Government.

https://federalfinancialrelations.gov.au/sites/federalfinancialrelations.gov.au/files/2021-07/NHRA_2020-25_Addendum_consolidated.pdf

Queensland's AICCHO workforce

The Aboriginal and Torres Strait Islander workforce in Queensland's AICCHOs plays a crucial role in delivering culturally appropriate healthcare to communities.

In 2021, Aboriginal and Torres Strait Islander people made up 4.6% of Queensland's population,¹⁸ with Aboriginal and Torres Strait Islander staff predominantly filling roles in AICCHOs.

As of June 30, 2023, there were 2,385 FTE staff in the Aboriginal and Torres Strait Islander primary healthcare workforce in Queensland, with 97.7% employed in AICCHOs. Notably, 56.1% of the workforce in AICCHOs are Aboriginal and Torres Strait Islander people, evenly distributed between health and non-health occupations.^{19,20} Key health roles include Aboriginal and Torres Strait Islander Health Workers and Practitioners, nurses, midwives, and allied health professionals, reflecting significant sector growth over the past decade.

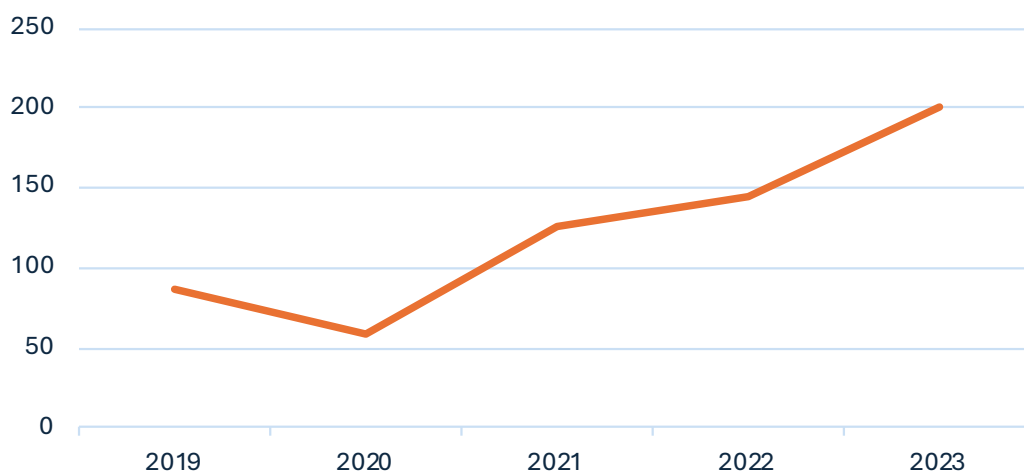
The need for growing the AICCHO workforce

Queensland's Aboriginal and Torres Strait Islander population is projected to grow by between 2.1% and 2.4% to 2031. At the same time the population is ageing, with the proportion of Aboriginal and Torres Strait Islander people aged 65 and over increasing by 63.3% to 14,275 in 2021.²¹ This trend is expected to continue and is likely to increase as health outcomes improve for Aboriginal and Torres Strait Islander peoples in Queensland.

Despite growth, critical gaps remain in workforce attraction and retention. Vacancy rates across Queensland's AICCHO sector have risen, with 205 FTE positions unfilled as of June 2023, two-thirds of which are in health roles.^{22,23}

Addressing this current and projected shortage will require enhanced career pathways, including targeted education and training for younger Aboriginal and Torres Strait Islander people, alongside efforts to retain experienced professionals. Support structures, such as

FTE vacancies Queensland 2019-2023



18 Australian Bureau of Statistics. (2022). *Australia: Aboriginal and Torres Strait Islander population summary*.

<https://www.abs.gov.au/articles/australia-aboriginal-and-torres-strait-islander-population-summary>

19 Australian Institute of Health and Welfare. (2024). *Aboriginal and Torres Strait Islander specific primary health care: Results from the OSR and nKPI collections*.

AIHW. <https://www.aihw.gov.au/getmedia/e5c1cee6-e764-4b34-b19f-2d325d69a8f7/Aboriginal-and-Torres-Strait-Islander-specific-primary-health-care-results-from-the-OSR-and-nKPI.pdf>

20 Australian Institute of Health and Welfare. (2024). *Aboriginal and Torres Strait Islander specific primary health care: Results from the OSR and nKPI collections* (Tables S2.2 and S2.5). AIHW. <https://www.aihw.gov.au/reports/first-nations-people/indigenous-primary-health-care-results-osr-nkpi/data>

21 Queensland Government Statistician's Office. (2024). *Estimates of Queensland's Aboriginal and Torres Strait Islander population, 2021*. Queensland Government.

<https://www.qgso.qld.gov.au/issues/2791/population-aboriginal-torres-strait-islander-qlders-20210630.pdf>

22 Australian Institute of Health and Welfare. (2024). *Aboriginal and Torres Strait Islander specific primary health care: Results from the OSR and nKPI collections*.

AIHW. <https://www.aihw.gov.au/getmedia/e5c1cee6-e764-4b34-b19f-2d325d69a8f7/Aboriginal-and-Torres-Strait-Islander-specific-primary-health-care-results-from-the-OSR-and-nKPI.pdf>

23 Australian Institute of Health and Welfare. (2024). *Aboriginal and Torres Strait Islander specific primary health care: Results from the OSR and nKPI collections* (Table S2.16). AIHW. <https://www.aihw.gov.au/reports/first-nations-people/indigenous-primary-health-care-results-osr-nkpi/data>

mentoring and leadership development, are essential to building a more resilient workforce.

There is a need for culturally safe work environments, workforce resilience, and stronger community partnerships. Building capacity within the workforce, particularly through career development and mentorship, has been identified as a priority.

Policies that support the long-term sustainability of the Aboriginal and Torres Strait Islander health workforce, focusing on leadership opportunities and intergenerational knowledge transfer, are crucial.

A range of funding programs from both the Queensland and Federal governments support workforce development through training subsidies, employment initiatives, and leadership programs. These programs are vital in addressing current workforce gaps and ensuring the continued growth and stability of the Aboriginal and Torres Strait Islander workforce in Queensland's healthcare sector. Continued investment in these areas is essential to meeting the healthcare needs of Aboriginal and Torres Strait Islander communities.

CASE STUDY:

Wuchopperen transition pathways

Staff retention through upskilling and new salary grades:

As part of the 2023 Enterprise Agreement, Wuchopperen in Cairns is transitioning Aboriginal and Torres Strait Islander Health Workers to Health Practitioner roles. The aim is to enhance staff retention, provide increased responsibility and remuneration, and build culturally safe clinical capacity.

Health practitioner roles:

- Clinically focused, culturally capable, and nationally recognised.
- Offer structured supervision, support, and professional development opportunities.

Grade One Eligibility:

- Certificate IV or higher in Aboriginal and/or Torres Strait Islander Primary Health Care Practice.
- Australian Health Practitioner Regulation Agency registration.
- At least 3 years of clinical practice.

Grade Two eligibility:

- Advanced Diploma of Aboriginal and/or Torres Strait Islander Primary Health Care Management.
- Australian Health Practitioner Regulation Agency registration.
- At least 6 years of clinical practice.

Wuchopperen has 10 staff members eligible for this transition. One Health Worker has already transitioned to a Grade 1 Health Practitioner, and two more are preparing to apply. Existing Health Workers are encouraged to continue studies to meet eligibility requirements, supported by a Learning and Development Coordinator.



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Registered Training Organisation environment in Queensland

Registered Training Organisation environment in Queensland

In Queensland, the education and training market to support the current and future AICCHO workforce is limited and ineffective. There is an urgent need to develop fit-for-purpose training and skilling responses to meet the needs of the current and future AICCHO workforce in Queensland.

There are a limited number of Registered Training Organisations (RTOs) capable of delivering mandatory and other core qualifications in Queensland. Access to quality, culturally appropriate, and affordable training in regional, rural, and remote areas remains a significant challenge, especially in 'thin' markets where learner numbers are perceived as too small to attract training providers.

Key issues include:

- Lack of culturally appropriate training, with a limited number of Aboriginal and/or Torres Strait Islander owned and operated RTOs in Queensland.
- The high cost and limited availability of quality, community-based training delivery models for regional, rural, and remote providers and students.
- The critical importance of face-to-face delivery for training outcomes, including completions and workplace learning transfer.
- Systemic disparities in outcomes at transition points between school, VET, university, and employment.
- A fractured training-to-employment pipeline, necessitating identification of where graduates are going and why, by qualification, region, and employer.

Elements for successful education and training outcomes

Comprehensive wraparound support and services, including face-to-face mentoring and tutoring, wage and tuition subsidies are essential for overcoming barriers to student retention and completion. Sustainable funding models that support community-driven, culturally responsive training are necessary for long-term success.

- **Culturally aware and safe teaching:** Adapt teaching and assessment practices to align with cultural contexts and practical learning styles.
- **Strong support systems:** Provide comprehensive guidance and financial assistance to reduce participation barriers and support student success. Programs structured to accommodate family and community obligations.
- **Community and employer engagement:** Collaborate with community leaders and employers to create educational and employment pathways. Training, skills development, and education needs to link to real job outcomes in the sector and communities.
- **Aboriginal and Torres Strait Islander trainers and assessors:** Employed by RTOs and AICCHOs.



The need for an AICCHO driven RTO system

In Queensland, the main source of government recurrent funding for VET is through government grants and appropriations and/or competitive funding.

Government funding of VET is provided to a mixture of government RTOs, community education providers and other registered RTOs intended to administer a publicly funded, contestable, demand-driven VET market.

The low numbers of Indigenous RTOs with approved scope for delivery and Skills Assured Status in Queensland, currently means the majority of subsidised training for Aboriginal and Torres Strait Islander Primary Health Care is being delivered by TAFE or other government funded RTOs.

Table 2: Select subsidised qualifications and number of Indigenous Skills Assured Status RTOs (Qld)^{24,25}

Qualification	C3G/ Higher Level Skills	Free TAFE	Traineeship (incl SATs) *Non-SAT	Indigenous RTO Skills Assured Suppliers
Certificate III in Aboriginal and/or Torres Strait Islander Primary Health Care	✓	✓	✓	0
Certificate IV in Aboriginal and/or Torres Strait Islander Primary Health Care	✓	✓		0
Certificate IV in Aboriginal and/or Torres Strait Islander Primary Health Care Practice	✓	✓		0
Diploma of Aboriginal and/or Torres Strait Islander Primary Health Care Practice	✓			0
Diploma of Aboriginal and/or Torres Strait Islander Primary Health Care Management	✓			0
Diploma of Nursing	✓	✓		0
Certificate III in Allied Health Assistance	✓	✓	✓	0
Certificate IV in Mental Health	✓		✓*	1
Diploma of Counselling				0
Certificate III in Pathology Collection	✓	✓	✓	0

*Not available as School-based Traineeship



²⁴ Department of Employment and Workplace Relations. (n.d.). *National Training Register*. Retrieved 22 September 2024, from <https://training.gov.au>

²⁵ Department of Employment, Small Business and Training. (n.d.). *Course search results: Queensland Skills Gateway*. Retrieved 22 September 2024, from <https://skillsgateway.training.qld.gov.au/Course/Search?q=&cCds=ALL&ind=ALL&PageSize=10&Search=Find+my+course>

Challenges Faced by Indigenous-led RTOs in Queensland

Indigenous-led Registered Training Organisations (IRTOs) in Queensland face significant establishment and operational challenges due to fragmented and inconsistent funding models. Unlike TAFEs, which benefit from stable government funding, IRTOs must navigate complex, state-based funding arrangements that can limit support to local students.

- Fragmented Funding Models:** State-based funding restrictions and eligibility criteria limit support to local students.
- Completion-Based Funding:** Fails to account for additional time and culturally specific support needed by Indigenous learners.
- High Administrative Burdens:** Managing multiple grants and complex reporting increases costs and workload.
- Core Funding Gaps:** Lack of consistent support for essential operations like maintenance, staffing, and new course development.
- Operational Constraints:** Inconsistent funding affects staff retention and the ability to maintain training standards.

Aboriginal and Torres Strait Islander student participation in VET indicates that the majority of training delivery is government funded or subsidised. Within this there is near-equal share amongst TAFE and other government providers and non-government RTOs. However, NGO RTOs have higher completion rates, despite their near-equal share.

Table 3a: VET Outcomes – Health qualification enrolments for Aboriginal and Torres Strait Islander Students – Qld²⁶

Financial Year	2018-19	2019-20	2020-21	2021-22	2022-23
TAFE and other government providers*	506	572	794	821	808
Non-Government Providers**	444	544	755	835	838

Table 3b: VET Outcomes – Health qualification completions for Aboriginal and Torres Strait Islander Students – Qld²⁶

Financial Year	2018-19	2019-20	2020-21	2021-22	2022-23
TAFE and other government providers*	141	179	176	225	225
Non-Government Providers**	165	230	278	402	491

* Includes Queensland TAFE institutes, Queensland Universities and Queensland Agricultural Colleges

** Includes private providers, community based organisations, adult education centres, non-Queensland TAFE institutes, non-Queensland Universities and non-Queensland Agricultural Colleges. **Note: Schools are excluded from all counts.**

Achieving successful education and training outcomes for Aboriginal and Torres Strait Islander people requires a culturally informed approach. Western system training models and government owned RTOs often overlook the cultural, social, and economic contexts influencing learners. Effective strategies are required for all RTOs to ensure strong community involvement, integration of Indigenous knowledge and values, and flexible course designs. Genuine partnerships between VET providers and communities, as well as the recruitment and retention of Aboriginal and Torres Strait Islander educators and trainers, are crucial to delivering effective training.

²⁶ Department of Youth Justice, Employment, Small Business and Training. (2023, August). VET annual summary: Data slicer – VET activity data. Queensland Government. https://desbt.qld.gov.au/data/assets/excel_doc/0021/10983/vet-activity-data-slicer.xlsx

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Key workforce related issues and focus areas

Key workforce related issues and focus areas

The strengths of the AICCHO workforce and the sector's historical success in Queensland are well acknowledged. Over the past 50 years, the number of services and Aboriginal and Torres Strait Islander people in the workforce have grown significantly. Despite current challenges and future needs, the sector has demonstrated resilience and effectiveness. The AICCHO sector continues to demonstrate innovation to meet community requirements across the spectrum of service needs.

This strategy aims to provide a framework to build, attract, retain, support, and develop a capable and sustainable workforce for the future. It highlights

common challenges and showcases examples of good practice through case studies and stories of success, demonstrating effective strategies to address these issues and strengthen the sector with intention.

The AICCHO sector and its workforce's interaction with clients goes beyond the mainstream health model. Where the mainstream separates the personal and the professional, relationships involving the Aboriginal and Torres Strait Islander health workforce and their communities in and out of formal health settings help build trust in health care providers. This can better help clients overcome cultural and communication barriers to accessing care.²⁷

Workforce demand and supply issues

The healthcare and social assistance industry in Queensland is its fastest growing industry with a projected growth in employment demand of 16.4% or 68,553 new jobs by June 2026.²⁸ This is almost double Queensland's projected population growth over the same period.²⁹ Growth is expected in nearly all occupations within the industry. This will lead to increased competition for appropriately skilled workers across an already challenged AICCHO sector.

- **Workforce shortages:** AICCHOs in Queensland are faced with acute workforce shortages, limiting capacity to meet current and future projected service demand.
- **Gaps in critical workforce areas:** Significant workforce gaps exist in nursing, mental health, and other specialised fields such as palliative care and oral health, exacerbated by slow workforce growth relative to population needs. The demand for a larger Aboriginal and Torres Strait Islander workforce in the health sector is growing, but the AICCHO sector is struggling with staff shortages and an insufficient supply of qualified workers.

- **Recruitment of Aboriginal and Torres Strait Islander Health Workers and Practitioners:** There have been significant efforts to increase the employment of local Aboriginal and Torres Strait Islander people within AICCHOs. Despite this progress, workforce gaps in primary health care roles remain.
- **Retention and turnover:** Retention is a significant challenge across AICCHOs in Queensland. Addressing this issue through appropriate pay, leadership support, and clear career progression pathways is essential. Difficulties in retaining staff can impact the provision and quality of healthcare delivery. Long-term strategies are needed to improve retention rates. Maintaining appropriate staffing levels and skill mixes remains an ongoing challenge, particularly in remote areas. Services struggle with recruitment and retention of both Aboriginal and Torres Strait Islander and non-Indigenous health professionals. These shortages are especially pronounced in remote regions.



27 National Aboriginal Community Controlled Health Organisation. (2021). *Core services and outcomes framework: The model of Aboriginal and Torres Strait Islander community-controlled comprehensive primary health care*. NACCHO. <https://csof.naccho.org.au/wp-content/uploads/2022/10/Core-Services-Outcomes-Framework-full-document.pdf>

28 Jobs Queensland. (2023). *Anticipating future skills, data portal*. Queensland Government. <https://jobsqueensland.qld.gov.au/anticipating-future-skills/portal>

29 Queensland Government Statistician's Office. (2024). *Population projections, 2023 edition update*. Queensland Government. <https://www.qgso.qld.gov.au/issues/13311/qld-government-population-projections-queensland-regions-2023-edn-update.pdf>

- Training and career development:** There are gaps in creating clear career pathways and providing necessary training, particularly for Aboriginal and Torres Strait Islander healthcare workers. Improving access to training, career advancement, and vocational education is crucial for stabilising the workforce.
- Workforce planning and coordination:** Multiple funding sources with differing agendas have created disjointed workforce planning, hampering efficient service delivery. There is a need for coordinated efforts in leadership, accountability, and professional development. A more cohesive, well-coordinated approach is required to align workforce goals with community needs.
- Leadership and capacity building:** Strong leadership and capacity-building efforts are vital for workforce stability. Clear leadership roles and improved career progression opportunities are important to build a more capable and cohesive workforce. However, these opportunities are not always visible or accessible.

CASE STUDY

Apunipima's new opportunities for local Aboriginal and Torres Strait Islander jobs

Apunipima Cape York Aboriginal Health Council services remote Cape York communities. It relies heavily on fly-in staff due to a lack of locally qualified health workers. To address this, Apunipima is focusing on attracting, retaining, and developing local Aboriginal and Torres Strait Islander staff through the Service Workforce Project.

The project, funded by the Queensland Care Consortium, supports the development and delivery of an in-house Work Ready Program aimed at equipping community members with skills for the health, aged care, and social and emotional wellbeing sectors. The program includes group discussions and activity workbooks. It does not require participants to meet literacy or numeracy standards but assists with writing and spelling if required.

To date, 30 community members across nine Cape York communities have participated, with many interested in further study and employment. Over the coming year, Apunipima intends to:

- deliver more Work Ready Programs in Cape York communities
- check in with interested participants around signing up to study
- check in with participants that are studying
- promote community-based positions and directly send job opportunities to participants
- promote traineeships when available
- encourage volunteer or work experience.

Growing demand and future needs

There are well known and emerging shortages across multiple disciplines in the AICCHO sector, including general practitioners (GPs), nurses, mental health workers, renal specialists, dentists, and Aboriginal and Torres Strait Islander Health Practitioners.

As the health needs of the population evolve, there is increasing demand for services to expand beyond primary healthcare, alcohol and other drug support, disability, mental health, and social care. While there are already established services in these areas, disability and aged care reforms are opportunities for expanding service delivery. This may include forming new partnerships to enhance the sector's capacity and reach.

These changes highlight the need for new and expanded workforce capabilities, particularly in areas such as social and emotional wellbeing (SEWB), the National Disability Insurance Scheme (NDIS), and aged care services. Supporting the adaptability of the current and future workforce will be necessary as the sector navigates these changes and demands.

The adoption of new technology offers the potential to support service delivery models, enabling care closer to home and more accessible telehealth services. Telehealth has a demonstrated value in facilitating the delivery of various health services and mitigating professional isolation through virtual peer networks, events, and supervision. However, many remote and regional areas in Queensland still struggle with poor connectivity and high access costs, which can hinder implementation and uptake of these technologies.



Other workforce challenges

Working in the AICCHO sector offers significant rewards, including deep cultural engagement and strong connections to community. The sector also faces unique challenges, particularly in rural and remote areas, which can impact staff retention and ultimately service delivery. Issues include but are not limited to:

Infrastructure shortages and accessibility to services:

Remote communities often lack essential infrastructure such as housing, schools, recreational facilities, childcare services, and healthcare. Access to fresh and affordable food and other basic necessities can also be limited, which can pose difficulties for staff and their families.

Professional isolation and burnout:

AICCHO workers in remote settings may experience isolation due to the lack of local peer networks and limited clinical supervision. The demanding nature of the work, combined with blurred boundaries between professional and personal life, can lead to burnout.

Competition for talent

As an employer of a high demand workforce, the AICCHO sector faces competition from mainstream public healthcare providers, and other industries that can offer higher salaries, and favourable working conditions. This competition makes it challenging to attract and retain both Aboriginal and non-Aboriginal professionals, limiting the available talent pool.

Addressing these workforce challenges through targeted strategies and working with system partners to alleviate some of the pressures from these challenges is essential to attract and retain the future and existing workforce.

Workforce models and opportunities for local employment

While engaging non-Indigenous and FIFO health and care workers is often necessary to fill critical skills shortages, this should not be relied on as a long-term strategy. The use of FIFO workers can exacerbate housing shortages, limits continuity of care and cultural safety. Workforce shortages in the sector, particularly in regional, rural and remote areas, where there is a proportionately higher Aboriginal and Torres Strait Islander population, provide a key opportunity for local training and employment.

Collaboration and partnerships

Achieving the Priority Reforms and socio-economic targets in the National Agreement on Closing the Gap requires strong collaboration and partnerships. Existing cross-sector initiatives and working groups within our sector and with key partners are already contributing to positive Aboriginal and Torres Strait Islander health outcomes and workforce outcomes. Sustaining and expanding these partnerships will be key to the successful implementation of these reforms.

Collaboration among AICCHOs in Queensland and across Australia will strengthen our collective voice, influence, and leadership, helping us to effectively reach the sector's shared objectives.

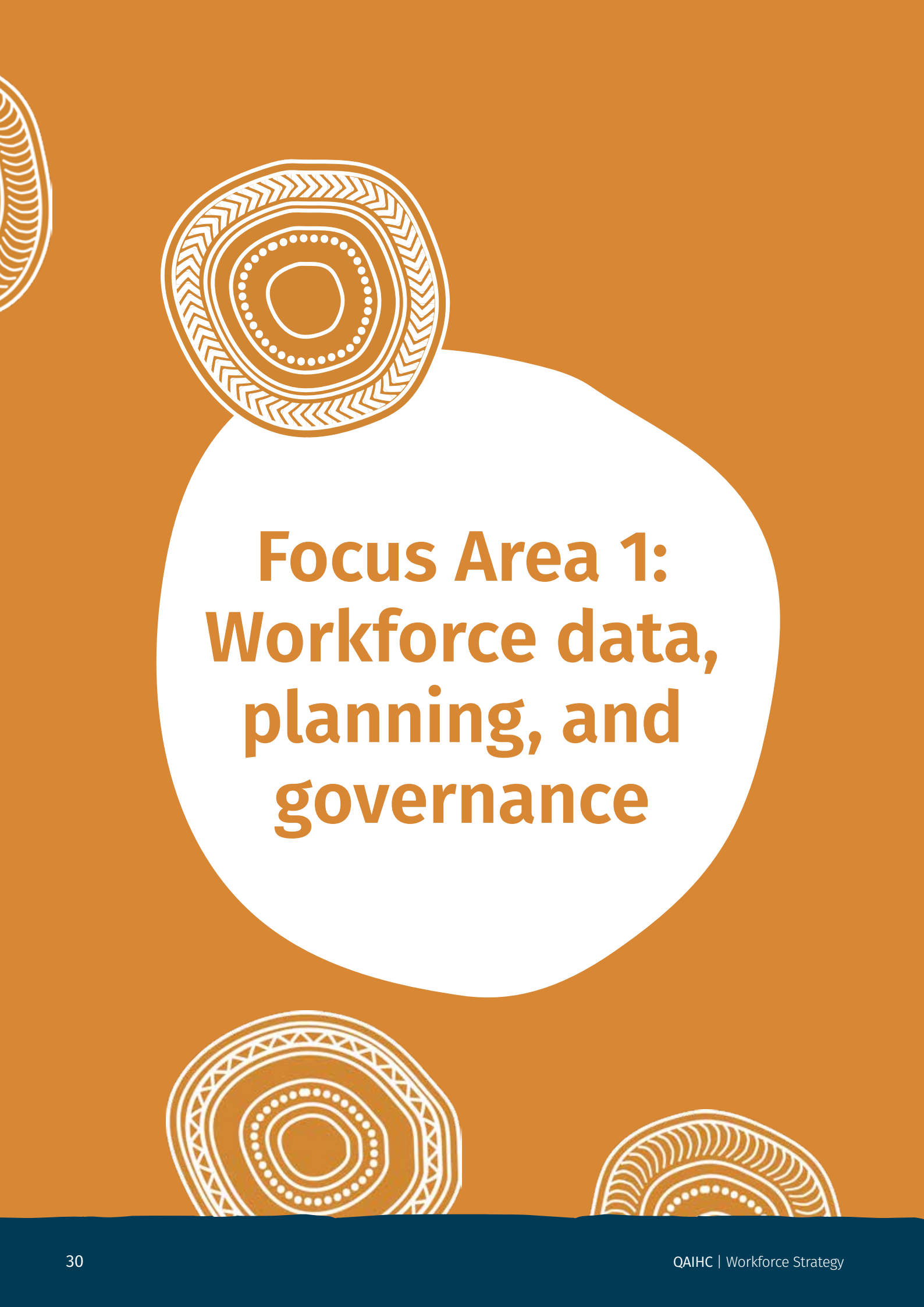
CASE STUDY

Goondir partnership with University of Queensland

AICCHOs and partner collaboration: AICCHOs collaborate with various health system partners to provide holistic, agile care. These partnerships support clinicians in practicing to their full scope and ensure seamless patient transitions between community sectors.

Dental services — Goondir and UQ: Goondir Health Service and the University of Queensland School of Dentistry operate dental clinics in Dalby and St George. They focus on regular check-ups and preventive dentistry. Goondir ensures cultural safety and provides integrated services, investing \$750,000 in setup costs. The School of Dentistry provides fifth-year students, staff, and equipment, investing \$2.5 million in infrastructure. This partnership has increased culturally safe oral health care, reduced waitlists, and provided traineeships.





Focus Area 1: Workforce data, planning, and governance

Focus Area 1:

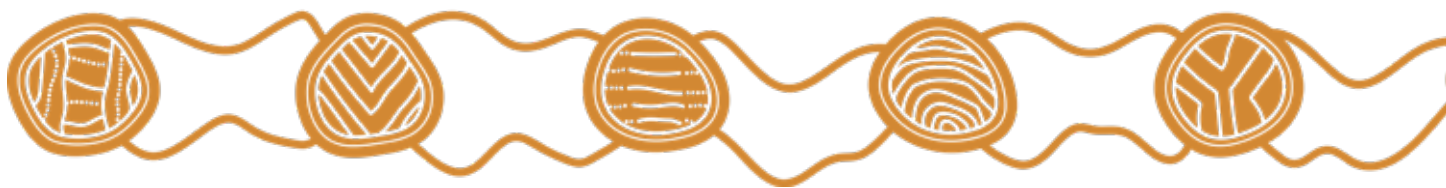
Workforce data, planning, and governance

Aboriginal and Torres Strait Islander governance is essential for the development and sustainability of the sector. Strengthening leadership capabilities and creating pathways for Indigenous staff to move into key roles ensures their voices remain central and influential. This approach not only ensures inclusive leadership but also empowers communities to actively shape the future of the sector.

Access to reliable and consistent data is crucial for effective planning and advocacy. Centralised data enables AICCHOs to identify skills gaps, forecast job needs or service demands, and implement targeted training and support systems. It also enhances their ability to advocate for policies and funding that address workforce challenges and support long-term growth. By using data to facilitate evidence-based decision-making, AICCHOs can maintain control over their sector narrative, uphold their sovereignty, and be recognised as influential leaders, vital to the health and wellbeing of Aboriginal and Torres Strait Islander communities.

Effective workforce development strategies must be grounded in community needs and supported by meaningful data. Establishing robust partnerships between Aboriginal and Torres Strait Islander representatives and government/partner organisations is key to improving data collection, access, and utilisation for shared decision-making. Supporting accountable and culturally appropriate decision-making across both Aboriginal Community Controlled Health Services (AICCHOs) and mainstream health organisations.

Objectives	Link to <i>National Aboriginal and Islander Health Workforce Strategic Framework Strategic Directions:</i>
<ul style="list-style-type: none"> Develop and maintain consistent workforce, health, community and population data, whilst maintaining data sovereignty and ownership, to inform planning. Develop and support AICCHO workforce planning and development models to increase and maintain representation in the sector. Ensure Aboriginal and Torres Strait Islander leadership and governance for the sector continues, is recognised and upheld. <p>Outcome/s</p> <p>Consistent data and metrics to inform workforce planning and advocacy.</p> <p>Sustainable Governance and Leadership Models.</p>	<p>Strategic Direction 1: Aboriginal and Torres Strait Islander people are represented and supported across all health disciplines, roles and functions.</p> <p>Strategic Direction 2: The Aboriginal and Torres Strait Islander health workforce has the necessary skills, capacity and leadership across all health disciplines, roles and functions.</p> <p>Strategic Direction 6: Information and data are provided and shared across systems to assist health workforce planning, policy development, monitoring and evaluation, and continuous quality improvement.</p>

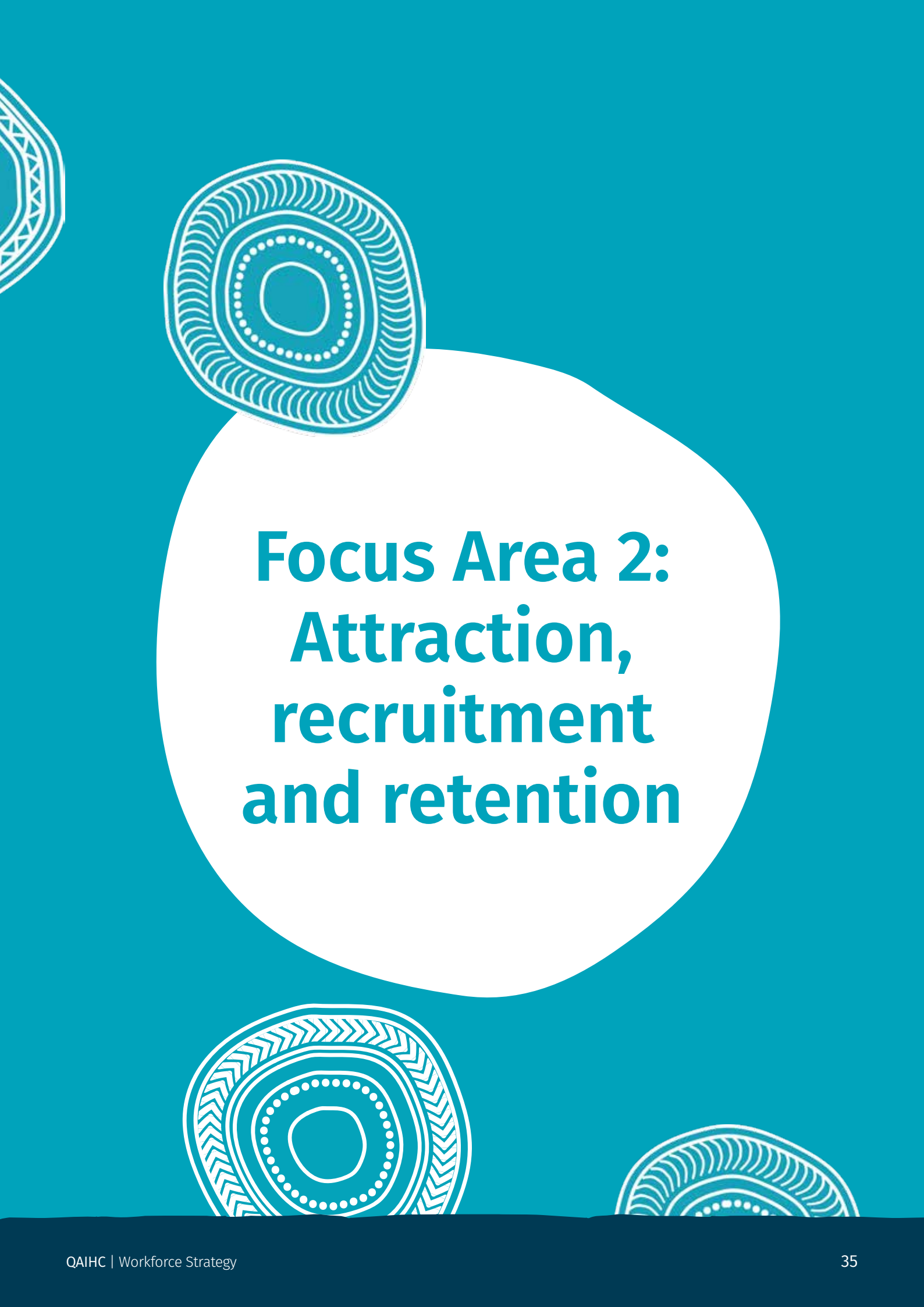


Strategy	Action	Key Lead/s and Partners
Develop systems for improved collection and access to Aboriginal and Torres Strait Islander workforce data and statistics.	<p>Improve access to, and availability of comprehensive Aboriginal and Torres Strait Islander health workforce data to respond to emerging regional, rural and remote health priorities; and support the development of innovative and responsive workforce models.</p> <ul style="list-style-type: none"> Collect and analyse local data, including but not limited to: <ul style="list-style-type: none"> Population Workforce distribution Patient journey Service gaps Capacity for specialist services Retention rates Employment and retention Pay levels and jobs types to track career progression. 	<p>Lead/s: QAIHC/Members</p> <p>Partners: Members</p>
	Investigate connections between acute presentations and primary health care services to align workforce planning, service provision and investment with hospital avoidance strategies.	<p>Lead/s: QAIHC</p> <p>Partners: Members Queensland Health PHNs</p>
	Streamline data management collection processes to allow for consistent data collection across AICCHOs.	<p>Lead/s: QAIHC</p> <p>Partners: Members</p>
	Collaborate with key industry stakeholders in the education and training sector to analyse student and health workforce data, to inform future education and training planning.	<p>Lead/s: QAIHC</p> <p>Partners: DTET NCVER Training providers and education institutions Workforce agencies</p>

Strategy	Action	Key Lead/s and Partners
Develop a monitoring and evaluation framework to measure implementation and impact of the <i>QAIHC Workforce Strategy</i> .	<p>Work with Members, partners and stakeholders to design and implement mechanisms to measure the outcome of the <i>QAIHC Workforce Strategy</i>.</p> <p>Review and update action plans for strategy annually.</p> <p>Align targets and KPIs to key strategic plans and reports, including but not limited to:</p> <ul style="list-style-type: none"> ◉ <i>National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework and Implementation Plan 2021-2032.</i> ◉ <i>National Aboriginal and Torres Strait Islander Health Plan 2021-2031</i> ◉ <i>National Agreement on Closing the Gap</i> ◉ <i>HEALTHQ32 First Nations First Strategy 2032</i> ◉ <i>Queensland's Aboriginal and Torres Strait Islander Health Equity Framework</i> ◉ <i>National Safety and Quality Health Service Standards</i> ◉ <i>QAIHC Model of Care</i> ◉ <i>Strong sector, strong system: QAIHC's Ten Year Blueprint 2024-2034</i> 	<p>Lead/s: QAIHC</p> <p>Partners: Members Qld Health</p>
Develop community led and driven culturally responsive workforce models that encompass a holistic view of health.	<p>Research best practice workforce models around targeted health needs, for potential implementation across AICCHOs.</p> <ul style="list-style-type: none"> ◉ Consider service needs and consumer pathways across each region. ◉ Ensure positions are sufficiently resourced to improve consumer outcomes. ◉ Ensure workforce models value lived experience and embed cultural knowledge, skills and expertise. ◉ Consider cultural protocols in workforce planning (e.g. men's and women's business). 	<p>Lead/s: QAIHC/Members</p> <p>Partners: Members Community members</p>

Strategy	Action	Key Lead/s and Partners
Develop workforce plans within each QAIHC region, aligned to the strategy, and in consultation with AHCCHOs and key stakeholders.	<p>Work with AHCCHOs to support development and implementation of plans.</p> <ul style="list-style-type: none"> Advocate for funding and resources to support workforce initiatives. Identify opportunities for collaboration between AHCCHOs and mainstream health services to address Closing the Gap objectives and Aboriginal and Torres Strait Islander health priorities. 	<p>Lead/s: QAIHC</p> <p>Partners: Members AHCCHOs Community members Education and training providers Queensland Health PHNs.</p>
Increase opportunities for Aboriginal and Torres Strait Islander employees to become leaders for the AHCCHO sector and beyond.	<p>Provide pathways to support career progression, leadership development and succession planning through job shadowing, mentoring and backfilling opportunities.</p> <ul style="list-style-type: none"> Support and facilitate opportunities for Aboriginal and Torres Strait Islander staff to participate in executive leadership programs. 	<p>Lead/s: QAIHC</p> <p>Partners: Members AHCCHOs NACCHO Education and Training Providers.</p>



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Focus Area 2: Attraction, recruitment and retention

Focus Area 2: Attraction, recruitment and retention

Attracting, recruiting, and retaining a strong and culturally competent workforce is essential to the success and sustainability of the AICCHO sector. The goal is to position AICCHOs as employers of choice, recognising and valuing the unique skills, experiences, and cultural knowledge of Aboriginal and Torres Strait Islander peoples. By fostering a supportive environment that nurtures both emerging and current staff, AICCHOs can build a resilient workforce capable of meeting the diverse health and wellbeing needs of the communities they serve.

To achieve this, the AICCHO sector must focus on strategic initiatives that not only attract Aboriginal and Torres Strait Islander staff into current and emerging roles but also ensure these individuals are supported throughout their careers. This includes creating pathways for professional growth and leadership development, which are critical for increasing retention rates across all health professions and related occupations.

The required outcome is a well-staffed and skilled workforce that aligns with community needs and organisational objectives, ensuring that AICCHOs continue to provide their culturally appropriate, community-controlled model of primary healthcare. Achieving this will involve a coordinated effort to improve staffing ratios, support workforce development, and strengthen the sector's capacity to for future growth and demand.

Objectives	Link to <i>National Aboriginal and Islander Health Workforce Strategic Framework Strategic Directions:</i>
<ul style="list-style-type: none">Attract and recruit Aboriginal and Torres Strait Islander people for current and emerging roles.Position the AICCHO sector as a first-choice employer that recognises the value of the skills, experience and cultural knowledge of the workforce.Nurture emerging and current AICCHO staff and future leaders — increasing retention across all health professions and other occupations. <p>Outcome/s: Staffing and occupation ratios meet community and organisational needs (i.e., Model of Care and transition to community control).</p>	<p>Strategic Direction 1: Aboriginal and Torres Strait Islander people are represented and supported across all health disciplines, roles and functions.</p> <p>Strategic Direction 2: The Aboriginal and Torres Strait Islander health workforce has the necessary skills, capacity and leadership across all health disciplines, roles and functions.</p> <p>Strategic Direction 3: Aboriginal and Torres Strait Islander people are employed in culturally safe and responsive workplace environments that are free of racism across health and all related sectors.</p> <p>Strategic Direction 4: Aboriginal and Torres Strait Islander health students have successful transitions into workforce and access clear career pathways options.</p>

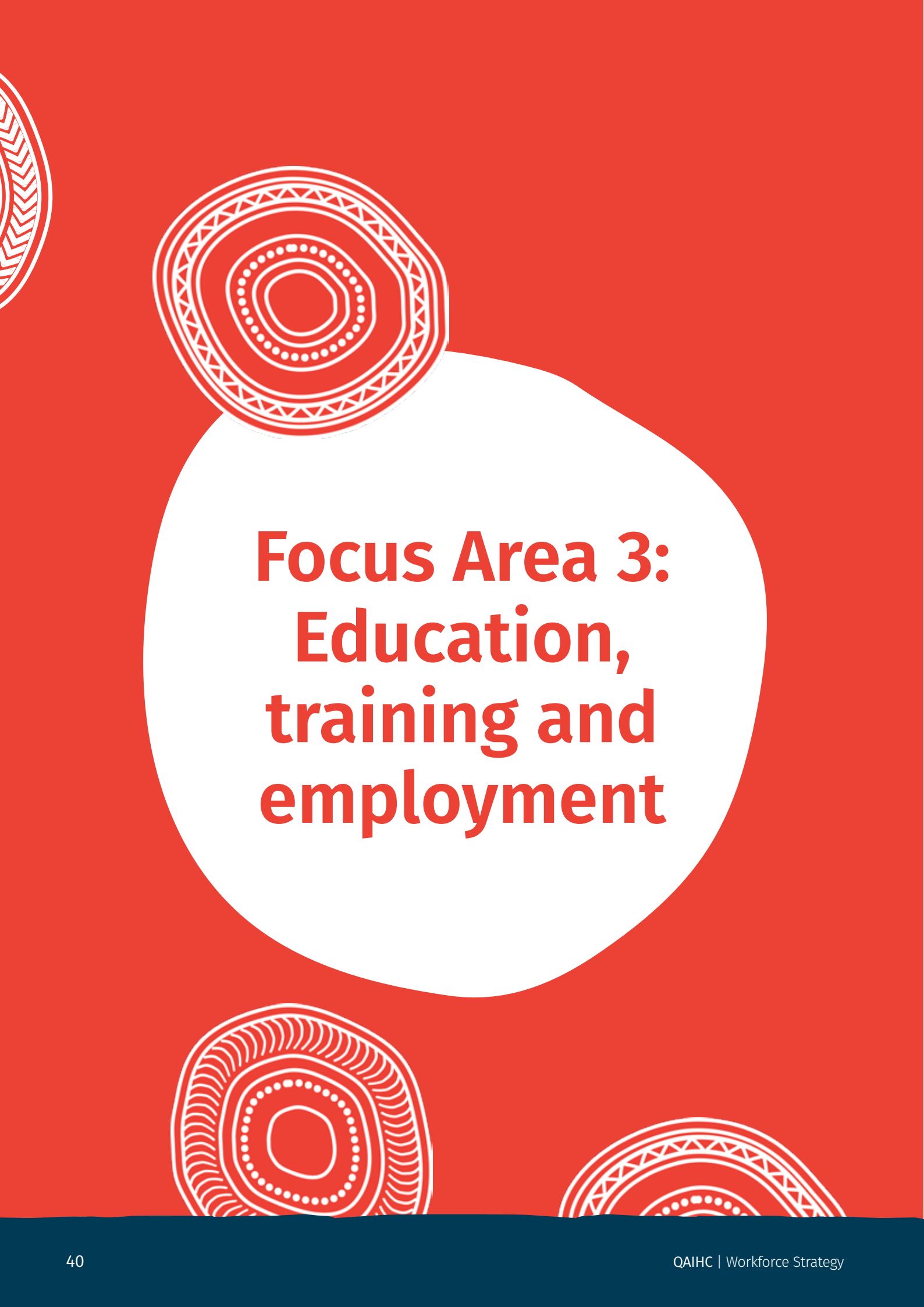


Strategy	Action	Key Lead/s and Partners
Explore and implement innovative strategies to attract Aboriginal and Torres Strait Islander people to enter and thrive within AICCHOs.	Leverage and expand upon existing best practices to create culturally supportive employment opportunities within the AICCHO sector. <ul style="list-style-type: none"> Review and adapt effective training and support programs from both within the AICCHO sector and other successful sectors. 	Lead/s: QAIHC/Members Partners: Members
	Advocate for Commonwealth and Queensland governments to provide additional flexible funding to AICCHOs to address pay parity and training opportunities for their staff in a way that suits the unique needs of their organisation, as well as advocate for, support and strengthen community-controlled health services, in keeping with priority reform two of the <i>National Agreement</i> .	Lead/s: QAIHC Partners: Health System Partners
	Develop community-centred recruitment resources that are accessible in multiple formats and resonate with the values and needs of Aboriginal and Torres Strait Islander communities.	Lead/s: QAIHC Partners: Members
	Strengthen partnerships with local organisations and key stakeholders to support recruitment efforts. <ul style="list-style-type: none"> Community networks Local community and business networks AICCHO health teams and other health organisations Schools and other educational institutions Pathways for mature entry students and career changers Youth engagement Collaboration with other sectors. 	Lead/s: QAIHC Partners: Members Community members
	Showcase AICCHO employees' career journeys, demonstrating the sector's leadership role in professional growth and development across all roles.	Lead/s: QAIHC Partners: Members

Strategy	Action	Key Lead/s and Partners
Strengthen career pathways for the current and future workforce, ensuring alignment with community health needs.	Utilise the Aboriginal and Torres Strait Islander Health Worker role as a core entry point into the AICCHO workforce, with clear pathways to become Aboriginal Health Practitioners and beyond.	Lead/s: QAIHC Members Partners: Registered Training Organisations
	Promote specialised pathways for Aboriginal and Torres Strait Islander Health Practitioners, particularly in chronic disease management, to enhance workforce capacity and health outcomes.	Lead/s: QAIHC Members Partners: Registered Training Organisations Universities Accreditation bodies
	Expand employment opportunities by prioritising recruitment into core and emerging clinical and non-clinical positions for existing and growing service delivery needs (e.g., aged care, disability, oral health, palliative care).	Leads/s: QAIHC Members Partners:



Strategy	Action	Key Lead/s and Partners
Create a comprehensive workforce development program to support entry, training, and career advancement within AICCHO sector.	Implement flexible cadetship and traineeship programs with guaranteed employment upon completion, targeting critical health roles such as Aboriginal Health Practitioners, enrolled nursing, and allied health roles.	Lead/s: QAIHC Members Partners: Queensland Health DEWR DTET NIAA Training and education institutions Workforce and employer agencies
	Foster workforce readiness through early engagement by offering work experience and placement programs, providing foundational exposure and skill development.	Lead/s: QAIHC Members Partners: Training and Education Institutions Workforce and Employer Agencies
	Provide structured placements and employment opportunities that include comprehensive support, education and training scaffolding, as well as tailored incentives to support long-term career growth within the AICCHO sector.	Lead/s: QAIHC Members Partners: Queensland Health DEWR DTET NIAA Training and education institutions Workforce and employer agencies
Provide comprehensive support structures for trainees, graduates and new recruits including mentorship, professional development opportunities, and financial assistance.	Maximise existing funding supports and programs to recruit and retain, including but not limited to: <ul style="list-style-type: none"> Indigenous Health Workforce Traineeship Program (DoHA) First Nations Health Worker Traineeship Program (NACCHO) Queensland Skills Strategy (Qld Govt) Paving the Way (DESBT) Queensland Workforce Strategy (Qld Govt) 	Lead/s: QAIHC Members Partners: DoHA NACCHO DTET Queensland Health Training and education institutions Workforce and employer agencies



Focus Area 3: Education, training and employment

Focus Area 3: Education, training and employment

Building a strong and resilient AICCHO workforce requires a strategic focus on education, training and employment pathways that are culturally appropriate and aligned with the sector's needs. By increasing access to sector-informed and supported education and training opportunities, we can ensure that future and current staff are equipped with the necessary skills and knowledge to succeed in their roles and contribute to their communities' health and wellbeing.

As AICCHOs are the main provider of services for Community in community, education and training pathways that support local “grow your own” responses are a viable approach for workforce models. These models create clear entry pathways, support career progression, and facilitate succession planning, enabling the development of a skilled and culturally competent workforce drawn from within the community. By strengthening the sector's capacity and capability to deliver these models, we can build a workforce that is not only professionally capable but also deeply connected to the communities they serve.

To achieve this, it is crucial the education and training sectors become more responsive to the specific needs

of Aboriginal and Torres Strait Islander learners, their communities and the AICCHO workforce. This requires developing culturally safe and flexible programs that increase participation, support successful completions, and ensure smooth transitions into employment within the sector. By aligning education and training initiatives with the AICCHO sector's requirements, we can empower Aboriginal and Torres Strait Islander peoples to embark on meaningful career pathways, foster long-term career growth, and ultimately strengthen the sector's capacity to deliver high-quality, community-controlled primary healthcare.

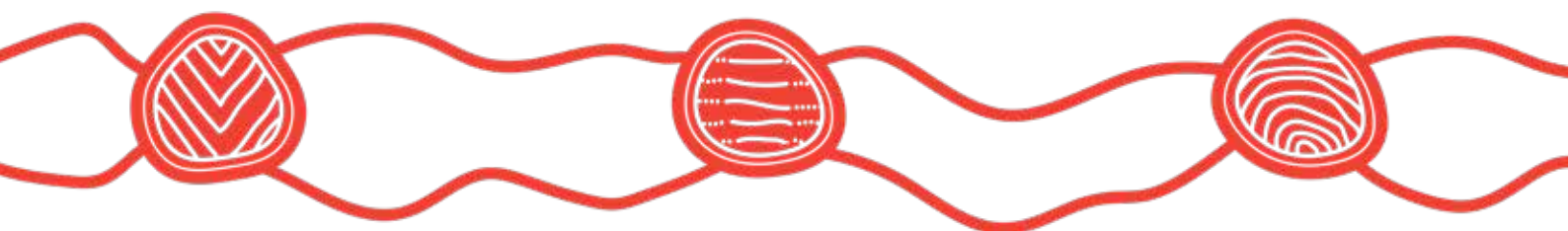
Objectives	Link to <i>National Aboriginal and Islander Health Workforce Strategic Framework Strategic Directions:</i>
<ul style="list-style-type: none">◦ Increase sector informed and supported education and training opportunities that lead to completions and employment within the AICCHO sector◦ Strengthen the capacity and capability of the sector to implement “Grow your Own” models (entry pathways, progression, succession planning).◦ Develop and implement policies that support appropriate career pathway systems, planning and programs, including mentoring and holistic supports. <p>Outcome/s: Future and current staff are provided the right education, training, and professional development to undertake their roles.</p>	<p>Strategic Direction 1: Aboriginal and Torres Strait Islander people are represented and supported across all health disciplines, roles and functions.</p> <p>Strategic Direction 2: The Aboriginal and Torres Strait Islander health workforce has the necessary skills, capacity and leadership across all health disciplines, roles and functions.</p> <p>Strategic Direction 3: Aboriginal and Torres Strait Islander people are employed in culturally safe and responsive workplace environments that are free of racism across health and all related sectors.</p> <p>Strategic Direction 4: There are sufficient numbers of Aboriginal and Torres Strait Islander students studying and completing health qualifications to meet the future health care needs of Aboriginal and Torres Strait Islander peoples.</p>



Strategy	Action	Key Lead/s and Partners
Strengthen culturally appropriate training delivery.	Undertake a comprehensive feasibility study to assess the viability of establishing AICCHO-led RTO/s. This should include an analysis of demand for specific training programs, potential student numbers, required resources (financial, human, and infrastructure), and alignment with community and sector needs.	Lead/s: QAIHC Partners: Members DTET
	Support existing Indigenous RTOs to expand their scope and capacity to deliver a broader range of qualifications, access funding supports, and deliver on-country.	Lead/s: QAIHC Partners: Members RTOs
	Work with mainstream RTOs to enhance the cultural competency of training delivery, ensuring that programs are respectful and inclusive of Aboriginal and Torres Strait Islander cultural values and learning styles.	Lead/s: QAIHC Partners: RTOs
	Collaborate with training providers and universities to develop appropriate and alternative pathways into higher level courses and degrees. These pathways should be designed to reduce barriers to higher education for Aboriginal and Torres Strait Islander students, incorporating community support, cultural safety, and flexibility in delivery.	Lead/s: QAIHC Partners: Members RTOs Universities DTET
	Partner with the education and training sector to deliver professional education programs in local communities, on Country, ensuring that placements and training are accessible and relevant to the needs of the community. These partnerships should also include pathways to ongoing local employment, supporting the retention of trained professionals within the AICCHO sector.	Lead/s: QAIHC Members Partners: TAFE Other RTOs Universities

Strategy	Action	Key Lead/s and Partners
Create specialisation opportunities through Registered Training Organisations (RTOs).	Increase capacity for Queensland-based RTOs to offer specialised training programs that build expertise in areas critical to the AICCHO sector, such as management, leadership, and primary health care. For example, provide access to the Diploma of Aboriginal and Torres Strait Islander Primary Health Care Practice, and other qualifications (e.g. palliative care and oral health), to enhance career progression opportunities.	Lead: QAIHC Partners: DTET RTOs
Implement alternative training models that integrate culture and learning.	Advocate for alternative training models and funding supports that blend on-the-job training with culturally safe tertiary education, focusing on the unique relationship between culture and learning for Aboriginal and Torres Strait Islander peoples. This approach should include mentorship, community-based learning, and flexible delivery methods to accommodate diverse learning needs.	Lead/s: QAIHC Partners: DTET RTOs
	Advocate for more secure sustainable funding to support upskilling and career advancement for AICCHO staff, addressing barriers to career mobility and progression.	Lead/s: QAIHC Partners: Members
	Develop mentoring and succession planning programs that prepare Aboriginal and Torres Strait Islander staff for leadership roles, fostering a strong pipeline of future leaders.	Lead/s: QAIHC Members Partners: Queensland Health Universities RTOs
	Investigate models to support secondment opportunities within and beyond AICCHOs to enhance cross-sector experience and professional growth.	Lead/s: QAIHC Partners: Members Queensland Health

Strategy	Action	Key Lead/s and Partners
Expand the implementation of “grow your own” Workforce Models	<p>Advocate for tailored workforce development models and funding supports that provide clear pathways for Aboriginal and Torres Strait Islander people to enter, progress, and lead within the AICCHO sector. Including:</p> <ul style="list-style-type: none"> Direct funding and program support towards locally driven solutions that are responsive to community needs. Funding programs are flexible and allow for “braiding” of multiple funding sources to support comprehensive, community-led initiatives. Develop community-driven entry programs, supporting career progression through structured training, mentoring, and professional development opportunities. Succession planning strategies to nurture and prepare future leaders from within the community. Align workforce models with local health needs to promote sustainable and culturally competent workforce growth across all roles and levels within the sector. 	<p>Lead/s: QAIHC</p> <p>Partners: Members Government funding departments</p>



Strategy	Action	Key Lead/s and Partners
Advocate for stronger government support and reform for AICCHO workforce development.	<p>Engage with government departments to enhance recognition of the critical role the AICCHO sector.</p> <ul style="list-style-type: none"> Advocate for increased investment in the sector's workforce, emphasising the need for sustainable funding to support training, education, and professional development tailored to the needs of AICCHO staff. Work to remove restrictive eligibility requirements from existing policies and programs that limit the sector's ability to fully access and utilise current funding models for training and education, ensuring they are more inclusive and flexible. Promote policy reform that acknowledges and addresses the unique challenges faced by the AICCHO sector, advocating for funding arrangements that better support workforce development, capacity building, and the delivery of high-quality, community-led health services. 	<p>Lead/s: QAIHC</p> <p>Partners: Members Queensland and Commonwealth Governments</p>



CASE STUDY

ATSICHS Mackay: Growing our own — school based trainees

ATSICHS Mackay partners with local secondary schools and Mas National's apprenticeship services to support Aboriginal and Torres Strait Islander high school students in health service-related traineeships. These school-based traineeships for Years 11 and 12 students involve paid employment and structured training, contributing to their Queensland Certificate of Education, with wages reimbursed by the government.

Program details:

- ATSICHS Mackay offers both clinical and non-clinical traineeships.
- Trainees work one day a week during school term and more during holidays.
- Work placement increases to 15 hours per week if the trainee is 18 or no longer at school before completion.

Support and training:

- ATSICHS Mackay provides guidance, supervision, and assists with training blocks and RTO support, including group Zoom sessions.

- Trainees might travel to Townsville or Cairns for block training if not available locally.
- Central Queensland University offers Certificate IV in Aboriginal and/or Torres Strait Islander Primary Health Care in Mackay.

Post-qualification:

- ATSICHS Mackay may offer ongoing employment and supports further qualifications upon trainees' completion.
- Enables trainees to gain experience and secure career pathways while contributing to culturally safe health services.

Success stories:

- A young woman completed an IT traineeship and now provides desktop support for ATSICHS Mackay staff.
- A school-based trainee completed Cert III in Aboriginal and/or Torres Strait Islander Primary Health Care, now an AHPRA-registered enrolled nurse, aspiring to become a nurse practitioner.

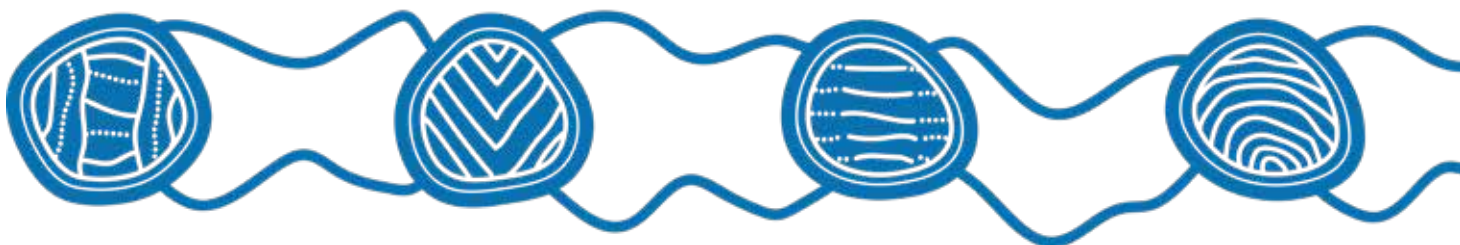


The page features a solid blue background. In the center, there is a large, irregular white shape. The word "Glossary" is written in a bold, blue, sans-serif font within this white shape. There are three decorative circular patterns in white lines: one in the top left corner, one in the bottom left corner, and one in the bottom right corner. These patterns consist of concentric circles with various internal designs like dots, chevrons, and zig-zags.

Glossary

Glossary

Term	Definition
AICCHO	Aboriginal and Islander Community Controlled Health Organisation. Community-based health organisations that provide culturally appropriate healthcare services to Aboriginal and Torres Strait Islander peoples, guided by principles of self-determination and community control.
Closing the Gap	Refers to the National Agreement on Closing the Gap, a national initiative aimed at reducing health, education, and employment disparities between Aboriginal and Torres Strait Islander peoples and non-Indigenous Australians.
FIFO	Fly-In Fly-Out A type of employment arrangement where workers fly to a work site, typically in remote areas, for a set period before returning home, often used in healthcare to fill skill shortages in remote communities.
Health equity	The attainment of the highest level of health for all people by addressing inequalities, including those experienced by Aboriginal and Torres Strait Islander peoples.
Model of Care	A framework that outlines the structure of healthcare delivery, integrating cultural values and comprehensive primary care tailored to the needs of Aboriginal and Torres Strait Islander communities.
NACCHO	National Aboriginal Community Controlled Health Organisation The national peak body representing Aboriginal and Islander community controlled health organisations across Australia, advocating for the rights and wellbeing of Aboriginal and Torres Strait Islander peoples.



Term	Definition
NDIS	National Disability Insurance Scheme A support scheme for Australians with a disability, including services and supports to help them live a fulfilling life.
QAIHC	Queensland Aboriginal and Islander Health Council The peak body representing AICCHOs in Queensland, advocating for the community-controlled health sector and providing policy guidance and support.
RTO	Registered Training Organisation Institutions accredited to deliver vocational education and training (VET), offering qualifications and courses relevant to various industries, including healthcare.
SEWB	Social and Emotional Wellbeing A holistic view of health that includes mental health and the interconnectedness of physical, social, emotional, cultural, and spiritual factors.
Skills Assured Suppliers	A recognition given to RTOs that meet certain standards, enabling them to deliver government subsidised training programs.
VET	Vocational Education and Training Educational courses that provide job-specific skills and qualifications, crucial for workforce development in various sectors, including healthcare.









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