



Health: A Powerhouse Industry for Queensland

Health Workforce Skills and Development Report 2021/22



CHECKUP



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Contents

Acknowledgement of Traditional Owners	2
About CheckUP	2
Who is the Health Care and Social Assistance Industry?	2
Notes on data used	2
About this report	3
A call to action.	4
Health in industry summary	6
Size of Health Care and Social Assistance Industry in Queensland	6
Size of health training and skills market in Queensland	7
Summary of priority issues raised by industry	7
Industry overview	8
A critical industry for Queensland	8
Workforce sub-sectors	10
A strong economic performer	11
Largest projected employment growth in Queensland	12
Occupational employment growth	13
A critical enabler of regions	14
A female dominated workforce	15
Aboriginal and Torres Strait Islander employment	16
Health business	17
Vocational Education and Training	18
Role of Vocational Education and Training in supporting the health workforce.	18
HLT- Health Training Package activity.	20
Top 10 Qualifications HLT Training Package	20
Challenges impacting on the health industry's workforce	22
COVID-19	22
Population growth	22
Ageing population	23
Ageing health workforce	24
Increased life expectancy and burden of disease	24
Technology	25
Building a skilled and capable workforce	25
Access to quality and relevant training	25
Thin training markets	25
Workforce priorities	26
Rural and remote health workforce	26
Aboriginal and Torres Strait Islander health workforce	27
Mental health, alcohol and other drugs	27
Student placements	28
Workforce demand and supply issues	29
CheckUP workforce programs	30
Appendix A: Key priority areas for Health Industry Skills Advisor for health 2021/22	32

Acknowledgement of Traditional Owners

CheckUP staff and board respectfully acknowledge the Traditional Custodians of the land on which we work and live, and recognise their continuing connection to the land, water, and community. We pay respect to Elders past and present, and future leaders.

About CheckUP

CheckUP is a not-for-profit organisation dedicated to better health for people and communities who need it the most. CheckUP has been engaged by the Department of Employment, Small Business and Training (DESBT) as the Industry Skills Advisor for Health (ISA). As the ISA for Health CheckUP engages with employers, small business, and industry stakeholders to provide high-quality, evidence-based industry advice and intelligence about current and emerging industry directions, regional skill needs, training solutions and employment opportunities.

Who is the Health Care and Social Assistance Industry?

The Health Care and Social Assistance Industry includes a large variety of sectors whose primary goal is to support individual and community wellbeing through a range of care, support, education, welfare, and related services. The industry exists in every community throughout Queensland, providing services across the population, often focussing on meeting the needs of the sick, frail, vulnerable and at-risk members of the community. Below are just some of the sectors that make up the health component of the industry:

- Hospitals
- Primary health
- Oral health
- Allied health
- Mental health
- Community health
- Aboriginal and Torres Strait Islander health
- Alternative and complementary health.

Notes on data used

A number of different data sets are used throughout this report and where applicable these have been referenced.

To enable comparisons with previous years and to allow time series comparisons, the report will use data from the ABS Labour Force Survey for February 2021 and compare it to the corresponding period in 2020.

Additional data, for example Census 2016, NCVER, has also been used in the development of this report.

About this report

The Health Workforce Skills and Development Report 2021/22 provides an overview of trends in the health industry through analysis of industry intelligence and workforce and training data. Through identifying priority areas for workforce skills and development, this report is intended to be used by government and industry as a resource to inform workforce development and skills investment in the health industry.

This report was prepared by CheckUP and was informed by industry consultations undertaken through the ISA for Health program. During the production of this report, the health industry workforce was facing significant impacts as a direct result of the COVID-19 pandemic. This is highlighted in the relevant areas of this report.

This report articulates the central position of the health industry in contributing to the state's economic growth and provides evidence of its resilience during times of labour market downturns, and fiscal impacts and constraints.

While the industry continues to be a powerhouse for employment and economic growth it is still faced with many challenges. Some of the workforce challenges are shared by other industries such as an ageing workforce, increased competition for labour sources, the need for improved use of skills of the existing workforce, and difficulties in attracting and retaining skilled staff. However, many of the challenges faced by health are unique to the industry itself and can be attributed to the growing demand for services, the changing nature of service model delivery and challenges faced by our rural and remote communities.

The health industry is taking steps to enhance its workforce planning and development capacity. Collaboration is required to position the industry to using the significant social and economic contribution it makes to the state's prosperity and the real difference it can make to people's lives and wellbeing.



CheckUP is a not-for-profit organisation dedicated to better health for people and communities who need it the most.

A call to action

The health industry is projected to be one of the largest creators of new jobs in Queensland over the next five years. While jobs in the health industry are expected to grow, there is an increasing demand for health service delivery in an increasingly complex service environment, with continuing workforce shortages across the state.

A strong, sustainable, and resilient workforce is at the core of Queensland's health system and the wellbeing and economic prosperity of our regions. To continue building the foundations necessary to effectively deliver services that meet the needs of Queenslanders, health service providers need to identify and adopt smarter, more contemporary, and innovative workforce planning models to optimise the capability and capacity of their health workforce.

These workforce models need to include a genuine focus on investing in our local communities and providing Queenslanders with genuine training, education, and employment opportunities into the industry, as well as targeting school leavers, displaced workers and those experiencing disadvantage.

How do we support the health industry to continue to grow and deliver?

Through extensive consultation with our stakeholders, CheckUP has identified the following key insights.

Common barriers and concerns affecting the industry's workforce planning and development include:

- A **lack of awareness** about the wide variety of careers and jobs available in health.
- Youth perceived by employers as **not ready for work** and some employers perceived as not being 'youth friendly' or able to provide a **culturally safe** workforce environment.
- **Inadequate workforce planning knowledge** and skills among health providers.
- Education and training programs not delivering relevant curricula for current and emerging careers.
- **Few school to employment pathways**, ranging from limited opportunities to engage with the health sector to learn about careers, to limited opportunities for cadetships, apprenticeships, and traineeships.
- A loss of youth to cities and long-term **retention challenges** in rural and remote locations.
- Fragmented and **uncoordinated efforts** to attract and retain workers.
- **Inequitable access to training providers** in rural and remote locations, limiting opportunities for further education.
- **Low participation** in the health workforce by Aboriginal and Torres Strait Islander peoples.

Approaches that are currently working to successfully grow and support local workforces include:

- School-based education to employment programs involving **partnerships** with organisations that are actively engaged and have genuine employment opportunities/programs that offer real **entry-level job opportunities** and job coaching for progression.
- Programs targeting disadvantaged students and job seekers that provide appropriate **wraparound support**.¹
- Programs that provide work experience opportunities that enable candidates to gain practical skills and **meaningful experience** relevant to the available jobs.
- Programs that are **industry-led, well-resourced**, and do not rely solely on external funding.
- Programs that provide flexible, tailored, and **onsite delivery** of training.
- Regional approaches involving **collaboration** across key industry, community, and government stakeholders with a common social and economic agenda.

What is needed?

Although there is no one-size fits all solution to support the health industry to plan for its future workforce, from an organisational perspective the following elements are critical to success:

- A clear understanding of the **strategic business goals** motivating the need for place-based workforce planning.
- Knowledge and expertise to undertake **evidence-based** strategic workforce planning and development.
- Strong **leadership** support and co-operation.
- **Champions and advocates** at every level of the organisation
- Cooperative and coordinated **collaboration** with stakeholders who share a common agenda.
- Proactive promotion of workforce priorities by industry to ensure **alignment** between training, skill needs, and job availability.
- Allocation of suitable **personnel resources**.
- Tailored, flexible learning options and **appropriate job seeker support** pre and post employment to address the challenges associated with various cohorts.
- Fiscal discipline to ensure **financial sustainability**.
- Effective **data capture and evaluation** to ascertain the return on investment and to inform future programs.

From a broader standpoint, growing a strong health workforce to meet the health and economic needs of Queensland will also require:

- Enhanced understanding of the **benefits** and practicalities of implementing place-based workforce models.
- Improved access to regional labour market **data** to highlight employment opportunities and/or risks.
- Accessible and well-supported education to employment **pathways** and increased entry-level opportunities.
- Vocational Education and Training (VET) funding commensurate with the level of and type of skilling required to build a health workforce that can meet **anticipated growth**.
- Increased awareness of existing **government-funded programs**, many of which can help address the individualised wraparound supports required for some student and job seeker cohorts.
- Coordination and facilitation of regional links and opportunities to create **training cohorts** with employers that have similar workforce and skilling needs.
- A more systemic, connected, and collaborative **cross-government approach** to progress workforce development.

The health industry is projected to be one of the largest creators of new jobs in Queensland over the next five years.



Health Industry Summary

Size of Health Care and Social Assistance Industry in Queensland

- As of February 2021, the Health Care and Social Assistance Industry employed 365,500 persons in Queensland (approximately 15 percent of Queensland's total workforce).²
- Approximately 56.4 percent of the Health Care and Social Assistance Industry are employed in Medical, Hospitals, Allied Health and Other Health Care Services (Health Industry) and 43.6 percent are employed in Residential Care and Social Assistance Services (Community Services Industry).^{3,4}
- Between February 2020 and February 2021, the highest employment growth in the Health Care and Social Assistance was recorded in Brisbane - Inner City (5,500) followed by Moreton Bay - North (2,800), and Mackay - Isaac - Whitsunday (2600). While Cairns (-2,600) fell in employment numbers in Health Care and Social Assistance for the same period.⁵
- In June 2020, there were 29,194 businesses recorded in the Health Care and Social Assistance industry in Queensland, with 97 percent being small. One in three businesses in Health Care and Social Assistance were recorded as General Practice Medical Services.⁶
- In 2019-2020 Health Care and Social Assistance injected \$29.2 Billion (8.1 percent) Gross Value Add to the Queensland economy and was ranked the second highest contributing industry.⁷
- Health Care and Social Assistance is projected to grow to 421,000 persons employed by 2024 and will remain the largest employer in Queensland.⁸
- In 2016, the ABS reported that an estimated 221,400⁹ Aboriginal and Torres Strait Islander persons were living in Queensland. This comprised of 4.6% of the total Queensland population. Queensland's Aboriginal and Torres Strait Islander population is younger, with the median age of the population estimated to be around 22 years.
- According to the 2016 Census, 14.1 percent of Aboriginal and Torres Strait Islander persons aged 15-64 years worked in the Health Care and Social Assistance Industry in Queensland.

² Source: 6291.0.55.001 Labour Force, Australia, Detailed, February 2021

³ Source: 6291.0.55.001 Labour Force, Australia, Detailed, February 2021

⁴ 6291.0.55.001 - EQ06 - Employed persons by Industry group of main job (ANZSIC), Sex, State and Territory, Accessed March 2021

⁵ Source: 6291.0.55.001 Labour Force, Australia, Detailed, February 2021

⁶ 6165.0 Counts of Australian Businesses, including Entries and Exits, June 2016 to June 2020

⁷ 5220.0 Australian National Accounts: State Accounts

⁸ Source - Department of Employment, Skills, Small and Family Business Projections

⁹ ABS Estimates of Aboriginal and Torres Strait Islander Australians, June 2016 3238.0.55.001



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Approximately

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of the Health Care and Social Assistance Industry are employed in Medical, Hospitals, Allied Health and Other Health Care Services (Health Industry)

43.6%

are employed in Residential Care and Social Assistance Services (Community Services Industry).

Size of health training and skills market in Queensland

- Occupations related to the HLT – Health Training Package make up around a third of the Health Care and Social Assistance workforce.
- Nationally there has been a decline in training activity in HLT qualifications over five years to 2019. In 2019 there were 91,420 enrolments in the HLT training package an approximate decrease of 15 percent from 2015 enrolments of 107,455.
- In Queensland, 2019 enrolments for HLT training package were 22,170.
- Nationally, completion rates for the HLT training package have also experienced a decrease. In 2019, there were 29,140 completions recorded representing a decrease of approximately 10.5 percent from 2015 completions of 32,815.
- In Queensland however, completion rates for HLT qualifications increased in 2019 to 8,080 from 2015 recorded completions of 5,980, an increase of 35 percent.

Summary of priority issues raised by industry

- Rural and remote workforce - The vast distances between communities and services, small local populations with diverse health needs, and comparatively small health workforce in rural and remote locations adds complexities that need to be factored into any workforce development and skilling initiatives.
- Aboriginal and Torres Strait Islander health workforce - There is an imperative to strengthen the Aboriginal and Torres Strait Islander health workforce across all workforce streams in health. Increased participation in the workforce of Aboriginal and Torres Strait Islander people is pivotal to the delivery of culturally safe, accessible, and responsive health care to work towards closing the health gap in health outcomes.
- Mental health, alcohol, and other drugs - Currently there are workforce shortages across all mental health professional groups, with shortages predicted into the future. Poor remuneration, high workloads and short-term employment arising from contractual arrangements contribute to ongoing difficulties in attracting and retaining a suitably qualified workforce to provide services. The absence of career pathways has been identified as a major barrier to retention and recruitment in community mental health.
- Digital literacy - While advances in technology will deliver more efficient services, they will also require those working in the health workforce to undergo training and adapt to new ways of working. Workforce issues such as lack of suitable and accessible training need to be considered in workforce planning.

Priorities areas for action for 2021/22 for the Health ISA, as identified through industry consultations are outlined in Appendix A of this report.

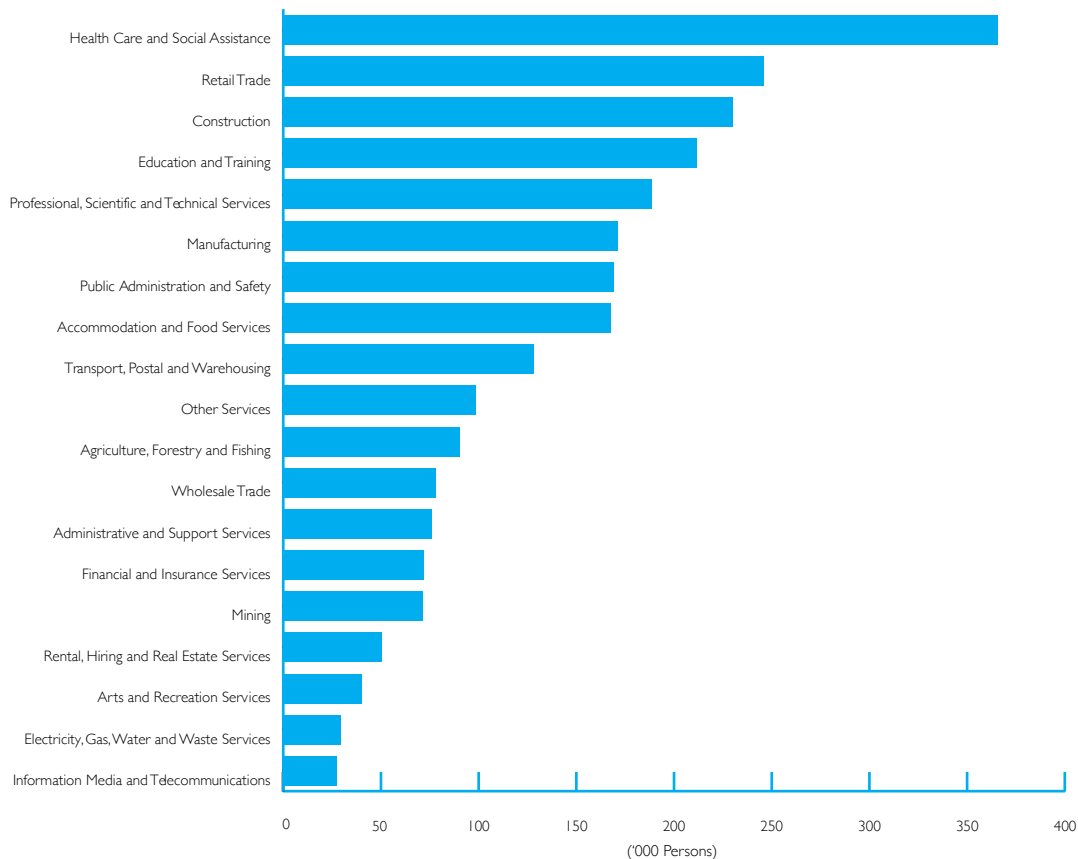
Industry overview



A critical industry for Queensland

The Health Care and Social Assistance Industry continues to be the largest employer in Queensland and represents approximately 15 percent of Queensland's total workforce, with 365,500 persons employed as at the February 2021 quarter. This is followed by Retail Trade (245,800), Construction (229,900), Education and Training (211,300), and Professional, Scientific and Technical Services (188,400).

Total Employment by Industry - Queensland - February Quarter 2021



Source: ABS Labour Force, Australia, Detailed, February 2021 (Cat. No 6291.0.55.001)

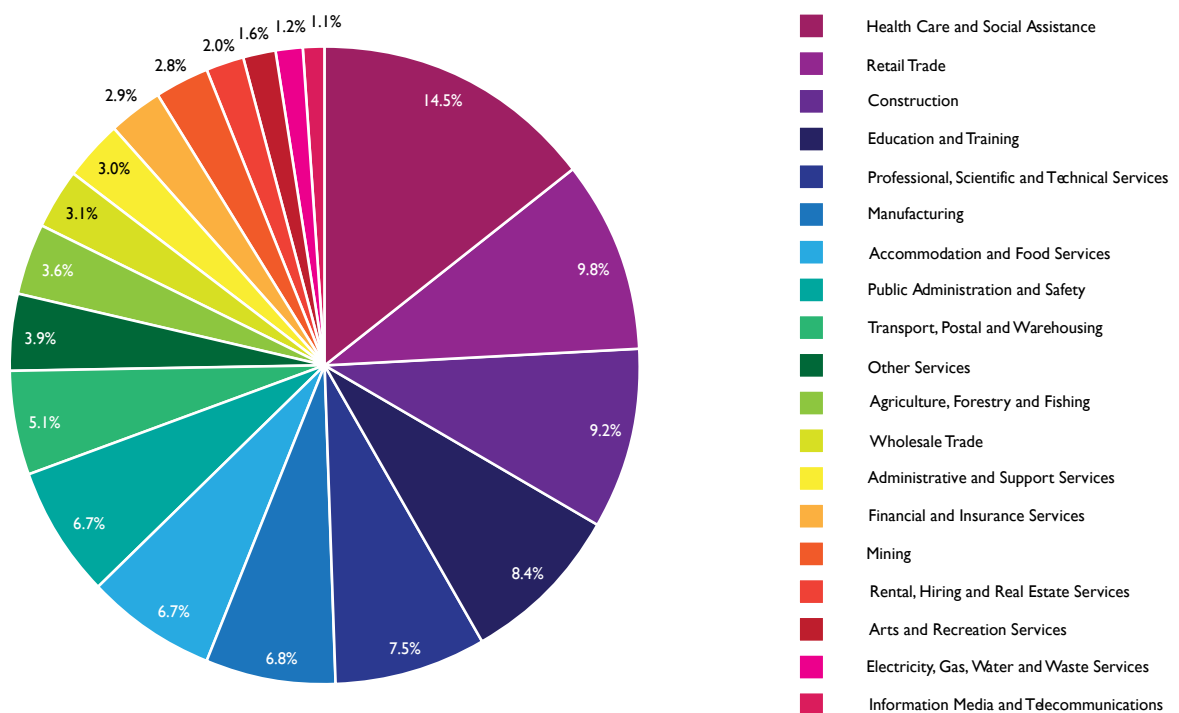
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The health industry workforce during the COVID-19 pandemic has been critical. The workforce covers health services such as hospitals, general practices, dental, ambulance services, nursing, primary health care, aged care, allied health, pharmacy, and Aboriginal and Torres Strait Islander community-controlled health services.

Pre-COVID, growth in the industry for Queensland was predicted to increase and grow strongly at 17.1 percent by 2024 with more than one in six Queensland workers projected to be employed in the Health Care and Social Assistance Industry¹⁰. Throughout the COVID-19 pandemic the industry has been resilient in terms of employment sustainability and growth. Demand is expected to continue for this industry.

There was an increase of 7,800 new jobs in the Health Care and Social Assistance Industry in Queensland between February 2020 and February 2021.

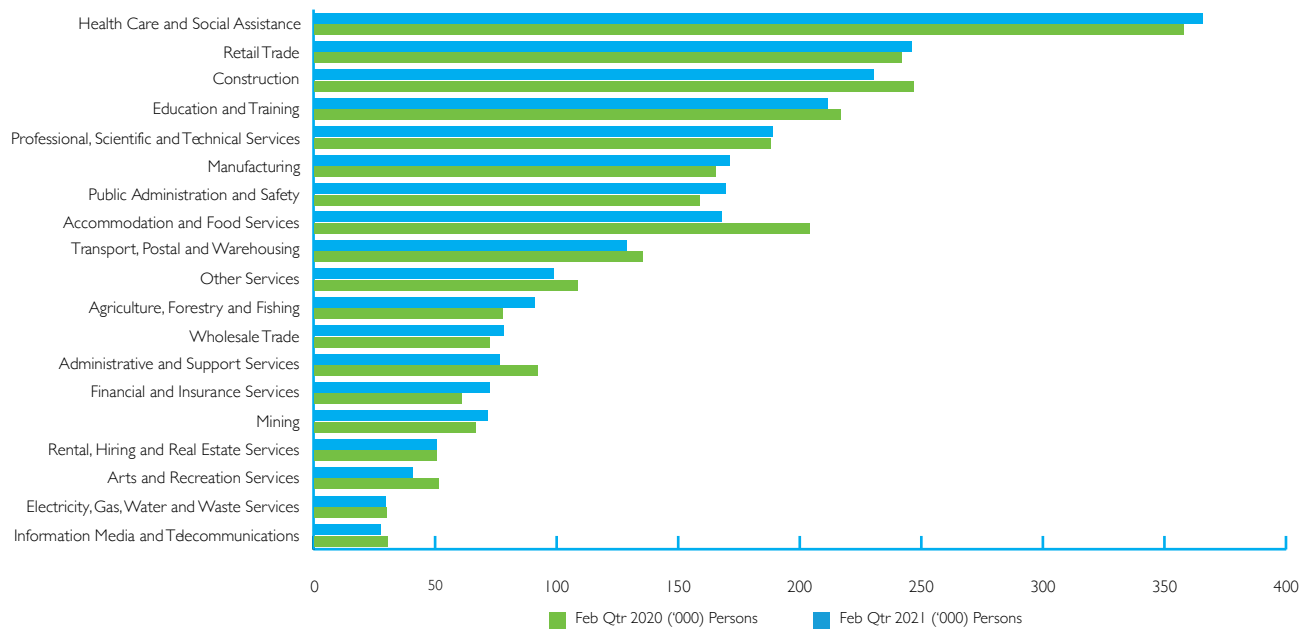
Industry Employment Breakdown (%) - Queensland - February Quarter 2021



Source: ABS Labour Force, Australia, Detailed, February 2021 (Cat. No 6291.0.55.001)

¹⁰ Anticipating Future Skills: Jobs growth in Queensland 2019 – 2024

Total Employment by Industry - Queensland - February Quarter 2020 and February Quarter 2021

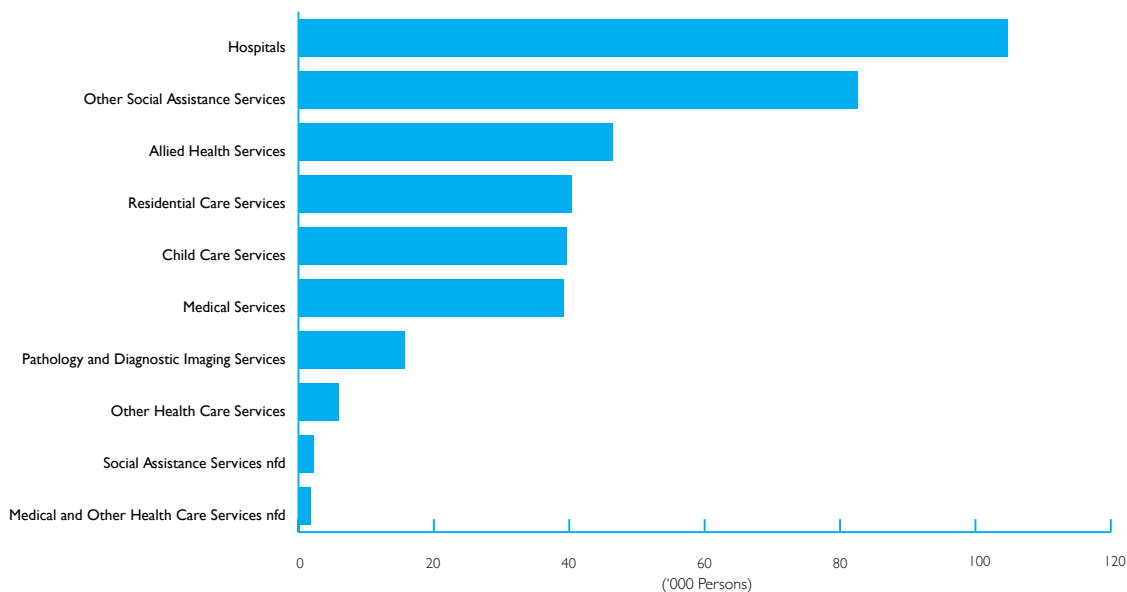


Source: ABS Labour Force, Australia, Detailed, February 2021 (Cat. No. 6291.0.55.001)

Workforce sub-sectors

It is estimated that approximately 56.4 percent of the Health Care and Social Assistance Industry were employed in Medical, Hospitals, Allied Health and Other Health Care Services (Health Industry) and 43.6 percent were employed in Residential Care and Social Assistance Services (Community Services Industry).

Total Employment by Health and Social Assistance Subsectors - Queensland - February Quarter 2021



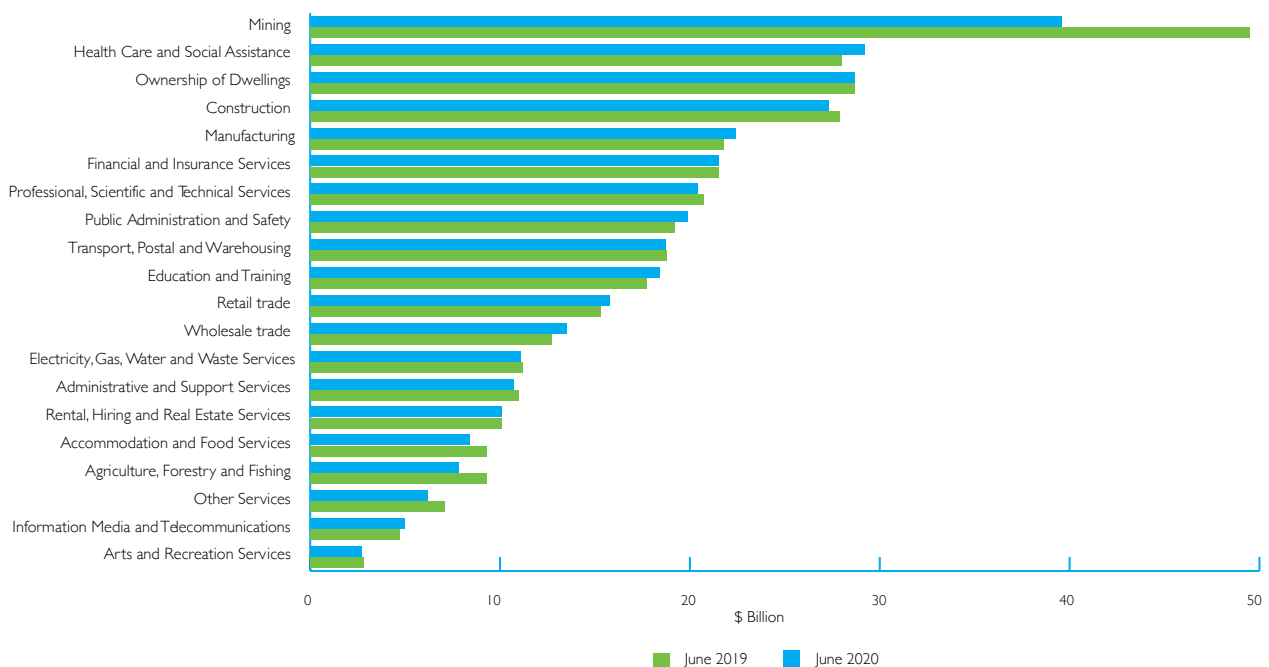
Source: ABS Labour Force, Australia, Detailed, February 2021 (Cat. No. 6291.0.55.001)

Health Care and Social Assistance injected

\$29.2 billionto the Queensland economy
(2019-2020)***A strong economic performer***

In addition to the contribution of employment, there is strong evidence that the industry also contributes to the state's economy. Using Gross Value Add (GVA) calculations, in 2019-2020 Health Care and Social Assistance injected \$29.2 billion (8.1 percent) to the Queensland economy and was ranked the second highest contributing industry. Using GVA provides a true picture of economic contribution as it removes government subsidies and payments.

The Health Care and Social Assistance Industry supports the Queensland Government's economic recovery plans by providing a foundation upon which other industries can build and grow. It provides stability and feeds productivity for other industries in regions. Health Care and Social Assistance services are a critical part of the economy and part of the supply chain to major industries including mining, transport, agriculture, manufacturing, and tourism.

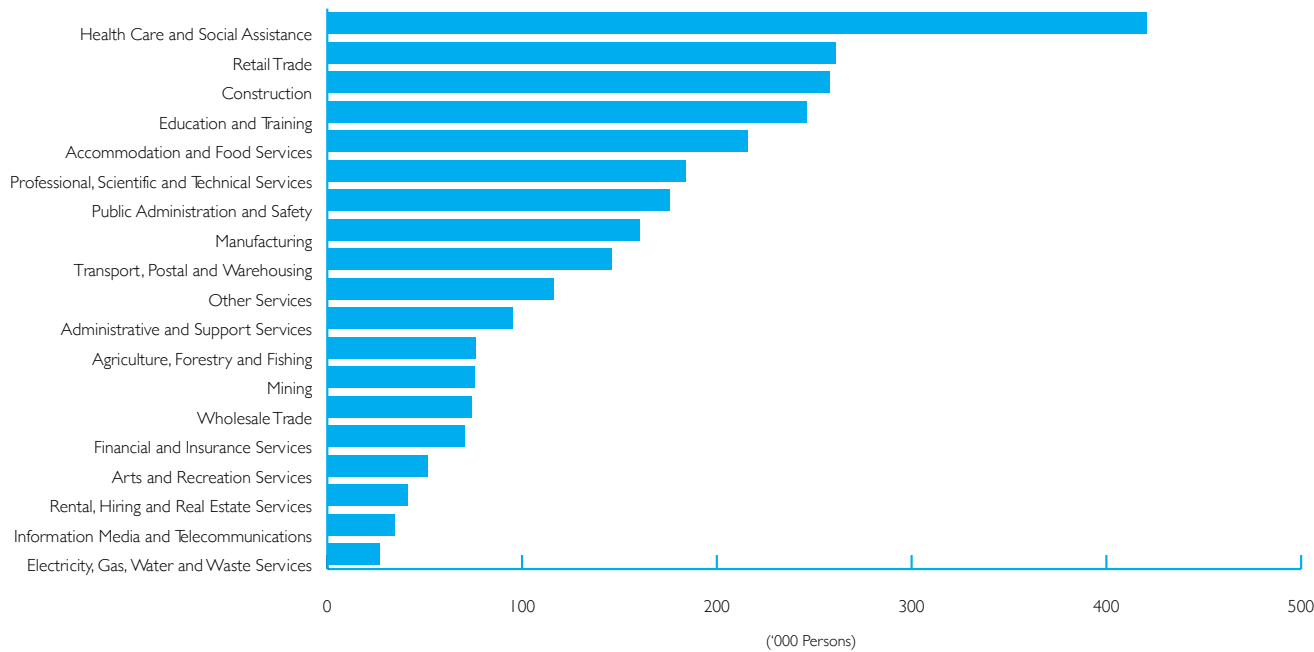
Industry Gross Value Added - Queensland - June 2019 and June 2020

Source: ABS Australian National Accounts: State Accounts, (Cat. No. 5220.0)

Largest projected employment growth in Queensland

Health Care and Social Assistance is projected to grow to 421,000 persons employed by 2024 and will remain the largest employer in Queensland.

Industry by Projected Employment Level - Queensland - Five Years to May 2024



Source: Department of Employment, Skills , Small and Family Business Projections

By 2024, the Gold Coast (13,300) is projected to have the highest employment growth in Health Care and Social Assistance, followed by the Sunshine Coast (6,900), Brisbane-South (5,200), Toowoomba (3,900) and Moreton Bay-South (3,300). Despite this continued growth and presence in our regions, building and maintaining the sustainability of the workforce in some regional, rural, and remote areas presents a range of challenges for industry. The vast distances between communities and services, small local populations with diverse health needs, and comparatively small health workforces in some locations adds complexities that need to be factored in to managing the workforce.

Service demands in rural and remote areas differ to that of metropolitan areas. They include large distances, inconsistent economic conditions, transient health workforce, inequitable access to health professionals, and higher proportions of Aboriginal and Torres Strait Islander health consumers with complex health needs.

As well as challenges and demands on service delivery, attraction and retention into rural, remote, and regional areas is a continuing challenge for the health industry. Access to skilled workers and quality education and training has long been an issue and in some regions is becoming more exacerbated and limited.

Occupational employment growth

As at February 2021, the top ten highest employing occupations in Health Care and Social Assistance were:

1. Registered Nurses (60,500 persons)
2. Aged and Disabled Carers (46,000 persons)
3. Child Carers (32,400 persons)
4. Education Aides (25,000 persons)
5. Nursing Support and Personal Care Workers (17,000 persons)
6. General Practitioners and Resident Medical Officers (13,800 persons)
7. Welfare Support Officers (12,300 persons)
8. Pharmacists (10,000 persons)
9. Welfare, Recreation, and Community Arts Workers (8,900 persons)
10. Enrolled and Mothercraft Nurses (8,400 persons).

Between February 2020 and 2021 the highest occupational employment growth was recorded for:

1. Aged and Disabled Carers (8,900 persons)
2. Registered Nurses (6,300 persons)
3. Social Workers (5,900 persons)
4. Pharmacists (4,700 persons)
5. General Practitioners and Resident Medical Officers (3,700 persons).

In five years to 2024 the highest growth occupations are projected to be¹¹:

1. Registered Nurses (7,134 persons)
2. Aged and Disabled Carers (4,055 persons)
3. Child Carers (2,633 persons)
4. Education Aides (2,609 persons)
5. Nursing Support and Personal Care Workers (2,541 persons)
6. General Practitioners and Resident Medical Officers (1,986 persons)
7. Welfare Support Workers (700 persons)
8. Pharmacists (485 persons)
9. Welfare, Recreation and Community Arts Workers (881 persons)
10. Enrolled and Mothercraft Nurses (492 persons).

While the Health Care and Social Assistance Industry is experiencing extensive growth in employment, this growth is uneven across occupations because of a variety of demand and supply factors. There are a number of occupations in the health industry that are considered to be at risk of unmet demand. This is determined by several factors including workforce numbers required, length of time required to train and develop skills, access to quality training and education, and the availability of an appropriately skilled labour force.

¹¹ *Please note that these projections are indicative and should be treated with caution.

A critical enabler of regions

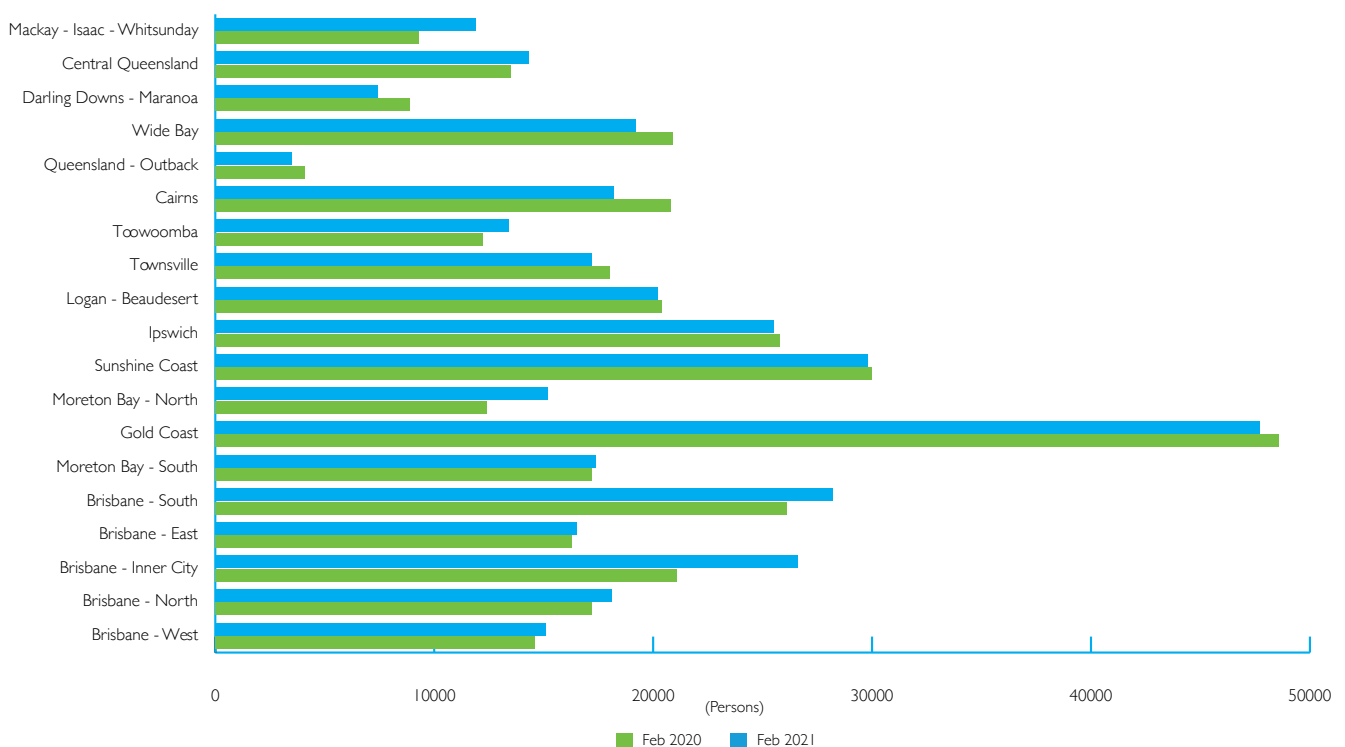
Health and Community Services Industry has strong representation across all regions. The economic and employment contribution of the industry is spread across all communities and this ongoing presence provides stability and sustainability.

Regional presence is important for a number of reasons including, for example, the provision of employment opportunities which encourages retention of the population and encourages new growth. Health workers both working in living in local communities results in wages being spent locally and individuals supporting local communities.

Employers in health are critical players in local supply chains, supporting a range of enterprises. This has the added result of broadening the economic base of regional economies.

The social contribution of health services is critical to maintaining community health and wellbeing supporting liveable communities. Liveability is a critical element in encouraging population and therefore economic growth. It is said that people will move to regional communities for employment, but they will stay for liveability and will leave when there is a lack of accessible services.

Total Employment by Health and Social Assistance - Queensland SA4 - February Quarter 2020 and February Quarter 2021



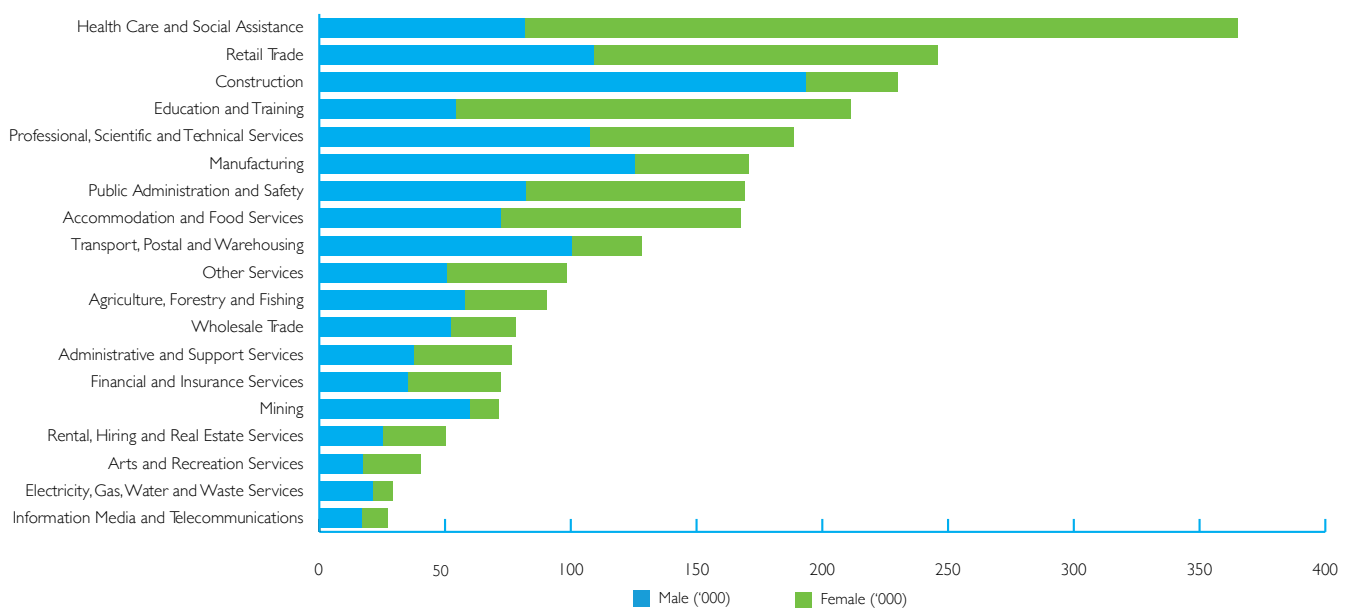
Source: ABS Labour Force, Australia, Detailed, February 2021 (Cat. No. 6291.0.55.001)

Between February 2020 and February 2021, the highest employment growth in the Health Care and Social Assistance was recorded in Brisbane - Inner City (5,500) followed by Moreton Bay - North (2,800), and Mackay - Isaac - Whitsunday (2,600). While Cairns (-2,600) fell in employment numbers in Health Care and Social Assistance for the same period.

A female dominated workforce

Females make up over three-quarters (78 percent) of the Health Care and Social Assistance workforce in Queensland. This pattern of employment has been consistent in previous years and increasing male participation rates in the industry remains important for addressing skills and labour shortages and for supporting structural shifts in the economy (for example, transitioning of labour forces from industries experiencing job losses or economic downturns).

Total Employment by Industry by Gender - Queensland - February Quarter 2021



Source: ABS Labour Force, Australia, Detailed, February 2021 (Cat. No. 6291.0.55.001)



Females make up over three-quarters of the Health Care and Social Assistance workforce in Queensland.

Aboriginal and Torres Strait Islander employment

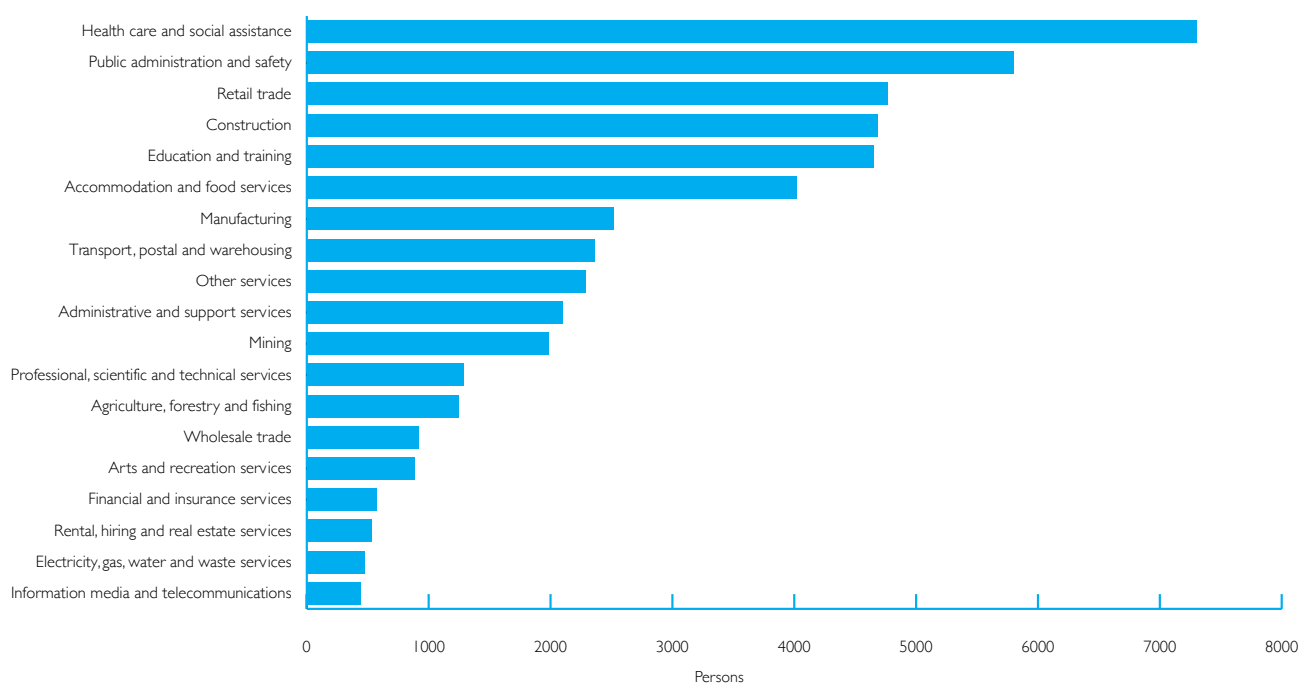
The Health Care and Social Assistance Industry employs more Aboriginal and Torres Strait Islander persons than any other industry in Queensland.

In 2016, the ABS reported that an estimated 221,400¹² Aboriginal and Torres Strait Islander people were living in Queensland. This comprised of 4.6% of the total Queensland population. Queensland's Aboriginal and Torres Strait Islander population is younger, with the median age of the population estimated to be around 22 years.

According to the 2016 Census, 14.1 percent of Aboriginal and Torres Strait Islander persons aged 15-64 years worked in the Health Care and Social Assistance Industry.

While the Health Care and Social Assistance Industry is doing better than other industries, it is acknowledged that there is still progress to be made in employment participation rates to ensure parity and equity with the overall population share. This is particularly important for an industry in which Aboriginal and Torres Strait Islander persons are over-represented in areas of health need demand and underrepresented in service accessibility.

Total Employment by Industry by Indigenous Status - Queensland 2016



Source: ABS Estimates of Aboriginal and Torres Strait Islander Australians, June 2016 (Cat. No. 3238.0.55.001)

¹² ABS Estimates of Aboriginal and Torres Strait Islander Australians, June 2016 3238.0.55.001

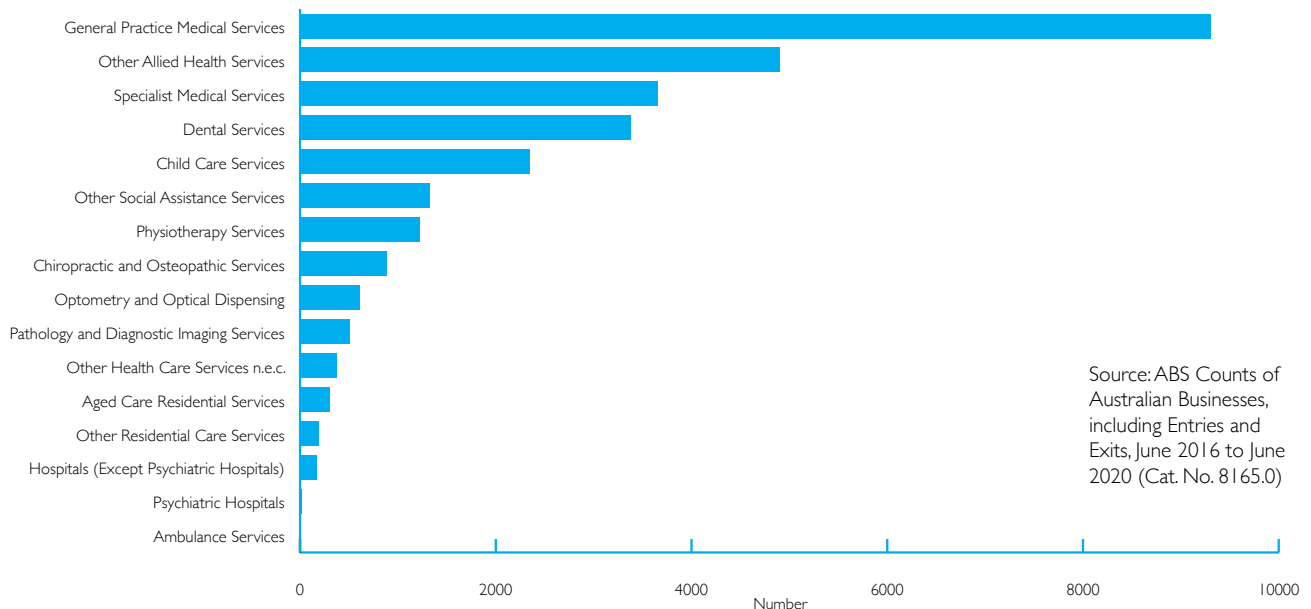
Health business

The Health Care and Social Assistance Industry includes a wide variety of sectors and occupations whose primary goal is to support individual and community wellbeing through a range of care, support, education, welfare, and support services. These sectors exist in every community throughout Queensland, providing services across the population and often focussing on meeting the needs of the sick, frail, vulnerable, and at-risk members of the community. Services in these industries are delivered through government, non-government, and private businesses of all sizes including many sole-traders and small businesses, medium sized businesses, Queensland-wide and national businesses.

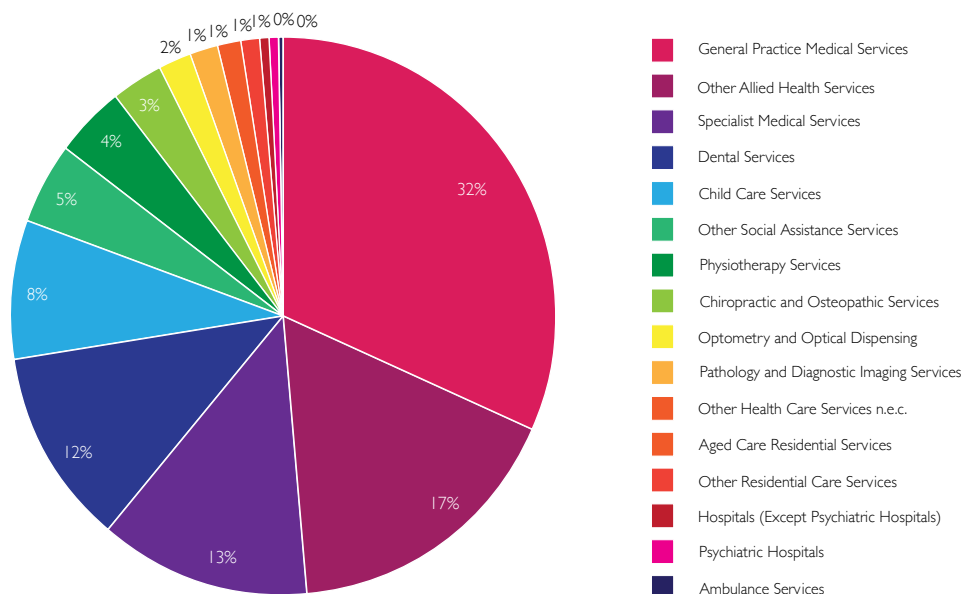
4.5 million Queenslanders access services provided by businesses in the health industry annually. Many of these are essential services and/or services fundamental to the health and wellbeing of the Queensland population and are often judged critical to the liveability of communities across Queensland.

In June 2020, there were 29,194 businesses recorded in Health Care and Social Assistance industry in Queensland. One in three businesses in Health Care and Social Assistance were recorded as General Practice Medical Services.

Health and Social Assistance Business Counts - Queensland 2016 - June 2020



Health and Social Assistance Business Counts - Business Share Breakdown (%) - Queensland - June 2020



Source: ABS Counts of Australian Businesses, including Entries and Exits, June 2016 to June 2020 (Cat. No. 8165.0)



Vocational Education and Training

Vocational Education and Training (VET) is learning that directly relates to getting a job. The VET system delivers education and training services for individuals at every stage of their working life.

Vocational education and training qualifications are available at the following levels:

- Vocational graduate diploma
- Vocational graduate certificate
- Advanced diploma
- Diploma
- Certificate IV
- Certificate III
- Certificate II
- Certificate I.

Role of Vocational Education and Training in supporting the health workforce

There are a range of external factors including technology shifts, rising chronic disease, and an ageing population that are already reshaping the economic landscape for business, government, and communities across the state. This directly impacts upon jobs and the skills workers need.

Skills development must align with real job opportunities and outcomes, and support individuals to adapt, reskill, and upskill as industries, technologies, and job roles evolve. Investment in quality skills pathways must be informed by advice from industry.

The partnership between industry and government is now more important than ever. Stronger partnerships, particularly at the regional level, must be a focus if we are to be prepared for the next wave of change and to continue to actively support both state and regional job creation.



The partnership between industry and government is now more important than ever. Stronger partnerships, particularly at the regional level, must be a focus if we are to be prepared for the next wave of change and to continue to actively support both state and regional job creation.

Prior to COVID-19, Jobs Queensland estimated that over the five years to 2022, employment in Queensland would increase by a total of 7.6 to 9.3 percent. Over 50 percent of new workers were estimated to be employed in just three industry and occupational areas – health care and social assistance; professional, scientific, and technical services; and education and training. This predicted increase also highlighted the changing mix and level of skills that current workers and new entrants would need in the future. Prior to 2020, there was already an identified and growing need for higher level skills, different skills, and a knowledge-based economy.

Health services, education and training providers, and regulation and accreditation bodies, play key roles in the system that educates and supports the development of the health workforce over time¹³. Efforts need to focus on collaboration and the development of contemporary education models and funding arrangements that support integrated and responsive health care.

For the purpose of this report, the VET qualifications will be classified under the following subsectors as this best align with the Industry Skills Advisors indicative coverage areas:

- Aboriginal and Torres Strait Islander health workers
- Ambulance and paramedics
- Complementary health
- Dental
- Direct client care and support
- Enrolled nursing
- Technicians support services.

¹³ Queensland Health (2017), Advancing Health Service delivery through workforce: A strategy for Queensland 2017-2026. Queensland Government.

HLT- Health Training Package activity

Occupations related to the HLT – Health Training Package makeup around a third of the Health Care and Social Assistance workforce¹⁴.

Nationally there has been a decline in training activity in HLT qualifications over five years to 2019. In 2019 there were 91,420 enrolments in the HLT training package an approximate decrease of 15 percent from 2015 enrolments of 107,455. In Queensland, 2019 enrolments for HLT training package were 22,170.

Nationally, completion rates for the HLT training package have also experienced a decrease. In 2019, there were 29,140 completions recorded. This was a decrease of approximately 10.5 percent from 2015 completions of 32,815.

In Queensland however, completion rates for HLT qualifications increased in 2019 to 8,080 from 2015 recorded completions of 5,980, an increase of 35 percent.

Top 10 Qualifications HLT Training Package

HLT - Qualification	Total Number of Enrolments 2019 (Qld)
HLT54115 - Diploma of Nursing	5,925
HLT23215 - Certificate II in Health Support Services	4,075
HLT33115 - Certificate III in Health Services Assistance	1,760
HLT52015 - Diploma of Remedial Massage	1,545
HLT35015 - Certificate III in Dental Assisting	1,500
HLT37215 - Certificate III in Pathology Collection	1,070
HLT43015 - Certificate IV in Allied Health Assistance	985
HLT37315 - Certificate III in Health Administration	580
HLT47315 - Certificate IV in Health Administration	530
HLT45015 - Certificate IV in Dental Assisting	445

Source: NCVER, Total VET students and courses: program completions, 2019

HLT - Qualification	Total Number of Completions 2019 (Qld)
HLT23215 - Certificate II in Health Support Services	2,320
HLT54115 - Diploma of Nursing	1,695
HLT33115 - Certificate III in Health Services Assistance	975
HLT52015 - Diploma of Remedial Massage	555
HLT35015 - Certificate III in Dental Assisting	490
HLT37215 - Certificate III in Pathology Collection	370
HLT43015 - Certificate III in Allied Health Assistance	180
HLT37315 - Certificate IV in Allied Health Assistance	160
HLT47315 - Diploma of Paramedical Science	145
HLT45015 - Certificate III in Health Administration	140

Source: NCVER, Total VET students and courses: program completions, 2019



Challenges impacting on the health industry's workforce



COVID-19

COVID-19's global spread resulted in profound impacts on communities, economies, and health systems internationally, including Australia, that will likely persist for years.¹⁵ The response to COVID-19 has shown how essential our health workforce and providers are in caring for all members of our communities, including our most vulnerable. As the pandemic itself is still yet to subside, the health workforce has already been impacted in different ways. Social distancing restrictions required some industries to close, particularly those in complementary health, while other health services continued to operate and even expand. Nevertheless, all health workers have had to adapt in some form or another.

The rapid rise in telehealth services, for example, presents new opportunities to broaden accessibility, availability, and awareness of mental health services and support in the community. However, these opportunities are not without some challenges. Strong communication skills are required to maximise the effectiveness of remote consultations. Likewise, patients must also be able to effectively understand, navigate, and troubleshoot different digital platforms used for telehealth.¹⁶

Health workforce shortages were prevalent pre-COVID-19; these shortages will not disappear once COVID-19 is under control, more likely, they will be exacerbated. Workforce planning processes for the health industry will need to be reviewed and lessons adopted from the pandemic to better prepare and equip the workforce into the future.

Population growth

Queensland has the third largest population in Australia. In 2018, Queenslanders represented 20 percent (5,011,216) of Australia's population. The Queensland population is projected to grow by 14 percent to 5,720,000 by 2026.¹⁷

While population growth is a key driver of economic growth and provides increased access to skills and labour, it also drives increased need for the services of the health industry.

Rural, regional, and remote areas of Queensland are currently experiencing specific population issues which are of concern. These include declining population growth due to outmigration of youth and environmental and economic challenges. These factors contribute to the ageing of communities and accelerate challenges with respect to workforce and skills shortages, downturns in service and business viability, and equitable access to health care.^{18,19}

¹⁵ Queensland Health. The health of Queenslanders 2020. Report of the Chief Health Officer Queensland. Queensland Government. Brisbane 2020. P2.

¹⁶ Impacts of COVID-19 on the Health Industry: National Industry Insights Report Impacts of COVID-19 on the Health Industry: National Industry Insights Report

¹⁷ Queensland Health. The health of Queenslanders 2020. Report of the Chief Health Officer Queensland. Queensland Government. Brisbane 2020. P6.

¹⁸ Queensland Health. The health of Queenslanders 2020. Report of the Chief Health Officer Queensland. Queensland Government. Brisbane 2020. P6.

¹⁹ Statistics in this report are impacted by the COVID-19 pandemic and the resulting Australian Government closure of the international border from 20 March 2020

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The impacts of COVID-19 on industries such as tourism and retail are well documented with regard to employment impacts and business sustainability. COVID-19 impacted the health industry in different ways and the ongoing effects of these impacts on the health workforce, for example skilling and training needs, are not yet fully understood.

Ageing population

Seniors are the fastest growing group in the Queensland population. The population aged 65 years and over has more than doubled since 2000 to reach 832,160 persons in 2020. The average annual growth rate since 2015 for seniors is 3.9 percent, compared with 1.2 percent for the rest of the population.²⁰

While at the same time there is an increase in the population group aged 65 years and over there is a decline in the working age population (15-64 years) with two thirds (54.6 percent) of the Queensland population being recording as at 2020 in the 15-64 years group, slightly lower than the 65.9 percent recorded five years earlier. This represents a slow decline in this population group which has been recorded over the past two decades.²¹

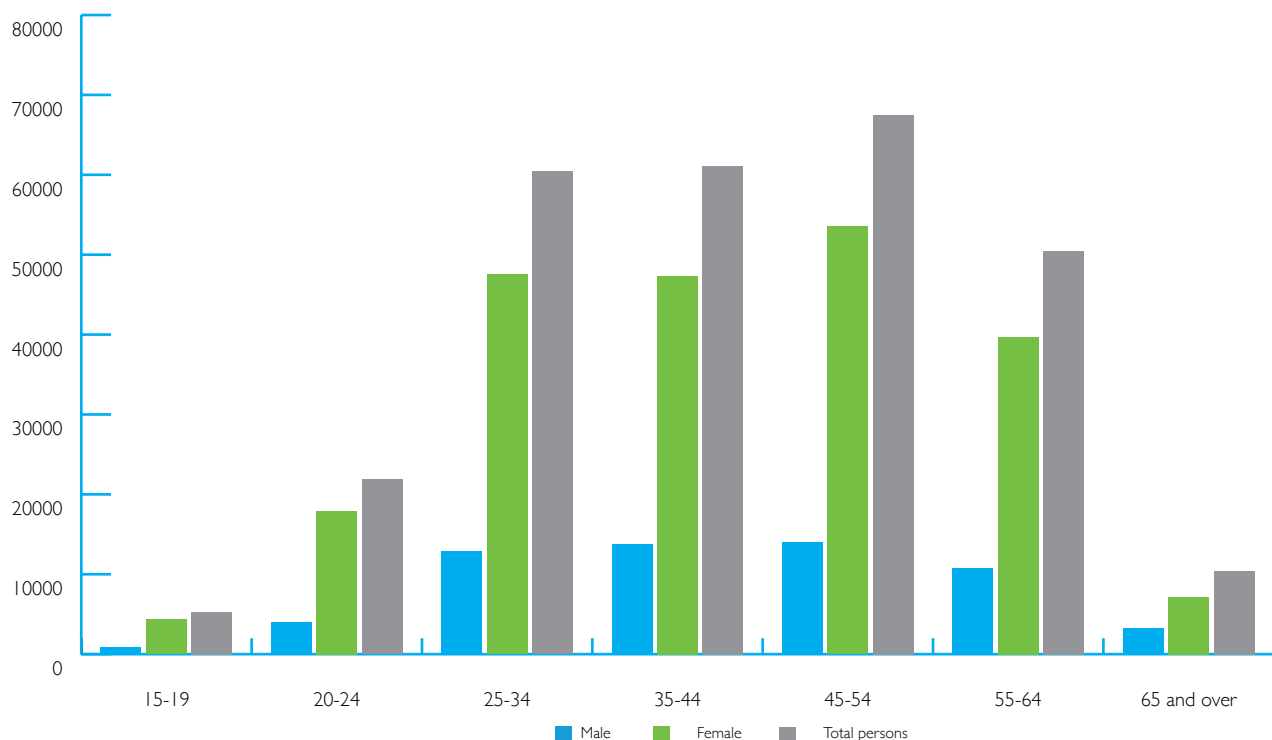


Rapid rise in telehealth services presents new opportunities to broaden accessibility, availability, and awareness of mental health services and support in the community.

²⁰ Population growth highlights and trends, Queensland, 2021 edition

²¹ Population growth highlights and trends, Queensland, 2021 edition

Health and Social Assistance Workforce Age Profile by Gender - Queensland 2016



Source: ABS, Census of Population and Housing, 2016

Ageing health workforce

The health workforce in Queensland is on average older than most other workforces with most workers being aged between 45-54 years old.²²

The ageing workforce of the health industry is of concern when examined in combination with the overall ageing population projections. Given this, the industry may be faced with widespread skills shortages as workers approaching requirement age exit the workforce in the coming years at the same time as demand for services is increasing. There are serious implications for sustainable service delivery and for a loss of skills and experience in the workforce and the supervision and mentoring for future trainees and new graduates.

Increased life expectancy and burden of disease

While Queenslanders are living longer it is anticipated that they will experience slightly longer periods of relatively poor health and comorbidities associated with this increase in longevity. These population and health trends will place increased burden on health industry due to increased numbers of people requiring health services, extending life expectancy, and survival after diagnosis meaning they require services over longer time periods and are likely to require more complex care for multiple conditions overtime.

²² ABS, Census of Population and Housing, 2016, General Community Profile - G51

Technology

New technologies and advances in health care will continue to create rapid changes in the nature and complexity of health services. Technology will be both a solution to service and workforce problems, and a new challenge through requiring new skills and workforce design. The focus of priority for services will continue to move toward the community settings and on preventative and primary health care services.

While advances in technology will deliver more efficient services, they will also require those working in the health workforce to undergo training and adapt to new ways of working. Workforce issues such as lack of suitable and accessible training need to be considered in workforce planning. The digital divide between the workforce that is being deployed using these platforms and those that is not, may impact on the expertise being retained in the workforce. Working in a more electronic and technologically connected environment will require not only system and structural changes but a particular focus on enhancing skills and capability of the workforce.

Building a skilled and capable workforce

Building a skilled and capable workforce to ensure that the workforce has the right skills and experience to consistently deliver high quality care and support is essential. Given the increased focus and recognition of the importance of person-centred care and a holistic approach to health care, this is likely to increase the need for diverse skills mix across a number of sectors and occupations.

Access to quality and relevant training

Training and qualifications play a pivotal role in skilling, upskilling, and ongoing professional development of the health workforce.

There is feedback from stakeholders that training including full qualifications, skill sets, micro-credentials and informal professional development may not be entirely fit for purpose or responsive to industry needs.

Thin training markets

The capacity to provide and access essential services and training in some regional and rural and remote areas in Queensland is limited by thin markets. Thin markets are also prevalent in Queensland in the context of access to and provision of culturally appropriate services and training.

Workforce Priorities



The expansion and skilling of the health workforce should not be seen as a fiscal burden but a critical investment. The Health Care and Social Assistance workforce is Queensland's and Australia's largest. Workforce demand in this industry is expected to increase over the next five years.

To support this growth into the future there is a need for better workforce planning, more equitable workforce distribution, more efficient workforce utilisation, and improved access to quality training and education which meets industry needs (industry-led and informed training). Most importantly there needs to be access to ongoing funding to support these needs.

Rural and remote health workforce

The vast distances between communities and services, small local populations with diverse health needs, and comparatively small health workforces in rural and remote locations adds complexities that need to be factored into any workforce development and skilling initiatives. Service demand drivers in rural and remote areas are different to those in metropolitan areas and include:

- Large distances
- Inconsistent economic conditions
- Transient health workforces
- Inequitable access to health professionals and services, and
- Higher proportions of Aboriginal and/or Torres Strait Islander consumers with complex health needs.

The ongoing relative absence of medical practitioners in remote areas remains an acute issue in terms of service delivery and workforce. Remote health is predominately reliant on the core workforce of Aboriginal and Torres Strait Islander health workers, and practitioners and remote area nurses with support from a range of multi-disciplinary health professions across the fly-in-fly out and drive-in drive-out allied health and medical professions.

Any workforce and skills responses require an agile, sustainable, and culturally appropriate approach. There are specific challenges associated with responding to some priority health needs and the delivery of specialty services in rural and remote centres. Any skilling responses and workforce development initiatives should factor in the uniqueness of areas, including the consideration of local Aboriginal and/or Torres Strait Islander communities.



There is an imperative to strengthen the Aboriginal and Torres Strait Islander health workforce across all workforce streams in health.

Aboriginal and Torres Strait Islander health workforce

There is an imperative to strengthen the Aboriginal and Torres Strait Islander health workforce across all workforce streams in health. Increased participation in the workforce of Aboriginal and Torres Strait Islander people is pivotal to the delivery of culturally-safe, accessible, and responsive health care to work towards closing the health gap in health outcomes. Queensland Health's Aboriginal and Torres Strait Islander Health Workforce Strategic Framework 2016-2026 highlights that there is an intrinsic link between addressing socio-economic issues and underpinning good health. The growth of the Aboriginal and Torres Strait Islander health workforce will assist in addressing this process.²³

There has been significant work undertaken to increase participation in the Aboriginal and Torres Strait Islander health workforce, and in the development of career pathways for individuals to enter the workforce and continue their education to employment pathway. It is anticipated that there will be increases in enrolments for Certificate II in Aboriginal and/or Torres Strait Islander Primary Health Care, Certificate III in Aboriginal and/or Torres Strait Islander Health Care, Certificate IV in Aboriginal and/or Torres Strait Islander Health Care, and Diploma qualifications. Enrolments numbers in recent years for the Primary Health Care Certificate III and IV have consistently trended upwards, with most enrolments in Far North Queensland.

Currently there are a limited number of Registered Training Organisations with scope to deliver identified mandatory qualifications in Queensland. Access to quality training, culturally appropriate, and affordable training in regional and rural and remote areas is also an ongoing issue, this is exacerbated in areas which are considered 'thin' markets, where the number of learners may be too small to attract training providers.

Addressing workforce and skills shortages within the Aboriginal and Torres Strait Islander health workforce is based widely on an acknowledged premise that economic participation is a key socio-economic determinant of health. Therefore, training and upskilling of Aboriginal and Torres Strait Islander people in the full range of health workforce streams and qualifications will not only strengthen the health workforce but will also improve health outcomes.

Mental health, alcohol, and other drugs

Currently there are workforce shortages across all mental health professional groups, with shortages predicted into the future. Poor remuneration, high workloads, and short-term employment arising from contractual arrangements contribute to ongoing difficulties in attracting and retaining a suitably qualified workforce to provide services. The absence of career pathways has been identified as a major barrier to retention and recruitment in community mental health. Supply of staff in rural areas is highly problematic and service providers have reported difficulty in recruiting staff with appropriate qualifications. Research suggests that people in rural areas experience substantial inequality of service provision and use, and difficulty and disproportionate expense in accessing services.

²³ Queensland Health, Aboriginal and Torres Strait Islander Health Workforce Strategic Framework 2016-2026, Queensland Government, p 12, Queensland Government.

Student placements

Feedback received through stakeholder consultations regarding student placements, has highlighted concerns that the availability and quality of work placements for students both for stipulated work placement and traineeships is a hindrance in providing quality training and experience for students. This may be attributed to several factors including:

- Limited staffing resources within organisations to provide adequate supervision for VET students.
- A lack of understanding from industry regarding the return on investment in providing training placements for VET students.
- Previous 'negative' experiences with RTOs and students' placements (quality of training, accessibility of VET trainers, etc).
- Concerns regarding workplace health and safety, patient confidentiality etc are other issues raised by employers.

Limited availability of student placements to support training is a potential blockage in developing the future health workforce.



Workforce demand and supply issues

Key barriers to successful health services workforce have been identified as:

Investment in the health workforce

- Limited knowledge of the size, diversity, economic contribution, and predicted growth of the industry in economic and regional planning.
- Lack of resources and skills to engage in strategic workforce planning and development.
- Workforce planning not currently considered essential to the delivery of essential services.
- Inadequate recognition of the contribution industry workers make to wellbeing and community cohesion.

Difficulty in attracting and retaining workers

- Poor understanding of the industry and the types of jobs available.
- Increasing complexity of work roles and rapid changes in expectation of service delivery.
- Lack of infrastructure to support workers and their families (housing, health, and education) in some rural and regional areas.
- Low remuneration for some occupations compared to other sectors.
- Limited capacity of training systems to adapt quickly to provide skills pathways in response to industry reforms and new and emerging job roles.
- Historical underinvestment in leadership and management development.
- Skills shortages already impacting in some health sectors, creation a cycle of inability to support/resource staff attraction and development due to shortages, along with high staff turnover and a lack of job-ready graduates.

Vocational Education and Training

- Limited industry input into VET training products which are program driven rather than responsive to current industry need.
- Rapid changes in service, policy and practice making it difficult for trainers to maintain currency over time.
- Limited capacity of industry to support student placements and to effectively negotiate training outcomes.
- Poor integration of student placement/on the job learning.

A wide range of strategies over time will be required to address these concerns. It is emphasised that there is a shared responsibility between the health industry and the VET sector to address training quality issues, and therefore focus on improved communication, collaboration, and partnerships as the best solutions.

CheckUP workforce programs



In recognising the workforce and skilling issues that the health industry is facing, CheckUP has made a concerted effort to build our workforce planning and workforce development capability and reach within the industry.

CheckUP's suite of health workforce programs, including Choose Your Own Health Career, Grow Your Own Health Workforce, Gateway to Industry Schools Program and ISA for Health program are being implemented across Queensland in collaboration with industry.

These programs acknowledge that as the health industry is facing growing demand, an increasingly complex service environment, and workforce shortages, the industry needs to attract and develop a future workforce by providing industry-backed resources and adapting more contemporary and innovative workforce planning models.

Health Industry Skills Advisor

CheckUP has been engaged by the DESBT as the Industry Skills Advisor (ISA) for the health sector. As the ISA for Health CheckUP engages with employers, small business, and industry stakeholders to provide high-quality, evidence-based industry advice and intelligence about current and emerging industry directions, regional skill needs, training solutions, and employment opportunities.

Priority areas for the ISA for 2021/22 are listed in Appendix A.

Health Gateway to Industry Schools Program - www.gateway2health.com.au

The Health Gateway to Industry Schools Program is an initiative being implemented in partnership with DESBT. The initiative aims to develop Queensland's school students' practical knowledge in, awareness of, and access to the wide array of opportunities in the health sector and enable them to contribute to the state's growing health workforce.

The program will:

- Provide experiential learning opportunities for students through demonstrations, workplace trials, and work sampling projects in the health industry.
- Provide professional development and learning opportunities for teachers involved in health education and related programs.
- Create VET opportunities for high school students with an interest in a future health care career.
- Prepare students for and define pathways to further education and employment in health, with an aim to meeting local workforce demands.

Choose Your Own Health Career - www.cyohealthcareer.com.au

Choose Your Own (CYO) Health Career is an online resource developed by CheckUP in partnership with Queensland Health and industry leaders to provide guidance for students that may be considering a career in health but are not sure where to start.

The CYO website has been designed for high school students, VET coordinators, career advisors, guidance officers and parents. It illustrates a range of study and job opportunities which are available within the health sector that can be achieved through a VET pathway – from entry level roles to more senior positions.

The website also includes personal stories profiling individuals who have commenced their health careers via a vocational education pathway. Illustrations of patient journeys also demonstrate some of the different roles involved in a patient's care. Additional information in the form of statistics, infographics, promotional resources, and links to relevant resources are also included on the website.

Grow Your Own Health Workforce - www.gyoworkforce.com.au

As part of a collaborative partnership between CheckUP and Queensland Health's Workforce Strategy Branch, the Grow Your Own (GYO) Workforce resource hub is an exciting resource that has been developed in consultation with industry experts to support health providers to attract, recruit and develop their own local workforce.

GYO is a term used to describe a place-based workforce model that focuses on attracting, developing, supporting, and retaining local residents, at any level and in any discipline, in an effort to create a sustainable pipeline of workers. With health services facing growing demand, an increasingly complex service environment and workforce shortages, the sector needs to attract and develop a future workforce by adopting more contemporary and innovative workforce planning models.

Designed to be a one-stop shop, the online resource hub provides employers with easy access to a range of practical information, tools, resources, and best practice case studies to support the implementation of sustainable place-based workforce solutions.

Appendix A: Key Priority Areas for ISA for Health 2021/22

ISA KPIs	Industry Priority Area	Actions for 2021/22
Stakeholder Engagement	Regional engagement and place-based skilling responses	<ul style="list-style-type: none"> Continue to roll out the ISA regional engagement framework and model across regions e.g., FNQ, NQ, CQ, Darling Downs South-West or as directed by the IRG.
	Rural and remote health workforce	<ul style="list-style-type: none"> Focus on assistant and VET qualified workforce to support outreach services / locum workforces. Accessibility to quality and appropriate training – RTO/Universities.
	Aboriginal and Torres Strait Islander health workforce	<ul style="list-style-type: none"> Develop business case for additional resources to develop targeted ISA strategies
	Engagement strategy for small to medium health businesses	<ul style="list-style-type: none"> Continue to expand stakeholder network and build awareness of training and small business funding supports.
Investment Settings	Queensland Priority Skills List (PSL)	<ul style="list-style-type: none"> Implement processes to ensure ongoing advice and intelligence is collected to ensure relevant qualifications and skill sets are included on the PSL. Support industry to submit business cases for qualifications and skill sets to be added to PSL
	Rural and remote health	<ul style="list-style-type: none"> Work with industry to identify strategies and industry proposals utilising Queensland Government funding programs to address VET accessibility and quality issues.
	Aboriginal and Torres Strait Islander health workforce	<ul style="list-style-type: none"> Develop proposals and recommendations to address the current thin market existing in the training sector:
Queensland Vet Quality Framework	Vocational placements	<ul style="list-style-type: none"> ISA to consult with industry and RTOs to further investigate the barriers to quality and availability of student placements.
	Thin markets	<ul style="list-style-type: none"> Work with industry to develop recommendations and industry proposals to address the issue of thin markets in the training sector; with a high priority on Aboriginal and/or Torres Strait Islander health workforce and rural and remote workforces.
	Quality of training	<ul style="list-style-type: none"> Support industry to provide more input into VET training products to ensure training is industry driven and responsive to needs.
National Training Products	Communication strategy for National Training Products reviews	<ul style="list-style-type: none"> ISA to continue monitoring and advising industry of relevant training product reviews Where appropriate, Health ISA to facilitate workshops and consultation sessions. ISA to provide input into training products reviews in line with industry advice and intelligence.
Promotion	Investment in the health workforce	<ul style="list-style-type: none"> Health ISA to develop a Health Industry Workforce and Skills Development Report
	Health Industry Skills Advisor Industry Reference Group	<ul style="list-style-type: none"> Map existing working groups/collaboratives that ISA could leverage off and /or contribute to.
	Regional engagement	<ul style="list-style-type: none"> Industry forums Continue to refine the Health ISA Engagement Framework





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