

Toowoomba Region Health Industry Environmental Scan



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introduction

A large tree with vibrant purple flowers and green leaves against a blue sky with light clouds. The tree is the central focus, with its branches extending across the frame. The flowers are in full bloom, creating a dense canopy of purple. The leaves are a bright green, and the sky is a clear, light blue with some wispy white clouds. The overall scene is bright and colorful, suggesting a sunny day in a park or garden.

1. Introduction

Health workforce planning has traditionally centred on university-qualified professionals (such as doctors, nurses, physiotherapists and dentists) often overlooking the increasing demand for Vocational Education and Training (VET) qualified workers, especially in allied health and care-related roles. To address current workforce shortages and prepare for future needs, planning efforts must be underpinned by robust data, cross-sector collaboration and meaningful engagement with industry stakeholders. Ensuring greater policy consistency and a shared long-term vision is also critical to aligning the training system with industries evolving requirements.

Service delivery models are also undergoing rapid transformation and disruption. For example, the implementation of the National Disability Insurance Scheme (NDIS) and the recommendations of the Royal Commission into aged care have significantly impacted workforce requirements, particularly in regional, rural and remote areas. In these settings, continuity of care is increasingly reliant on VET-qualified workers and generalist roles where resident health professionals are not always available. This shift requires education and training pathways that support flexible, locally responsive workforce models.

A persistent challenge for the industry is the lack of access to relevant, high-quality training and workforce data to support evidence-based planning. The absence of a single, agreed-upon data source continues to hamper efforts to develop coordinated responses. Without a consistent narrative to inform government policy and investment decisions, the industry remains limited in its ability to clearly communicate workforce needs and effectively plan.

1.1 Grow Your Own Regional Workforce program

The Queensland Government collaborates with industry, business, community and government stakeholders to build a strong, skilled workforce that supports the state's economic prosperity. Given the distinct industry profiles and workforce challenges across Queensland's regions, applying a regional perspective to workforce planning and capability development is essential to address local needs and opportunities.

Jobs Queensland (JQ) is working alongside regional and industry partners to support locally driven workforce planning through its Grow Your Own Regional Workforce Program (GYO). GYO is facilitating the development and implementation of codesigned, place-based workforce strategies. These projects are focussing on locally driven solutions, led by regional stakeholders.

Research by JQ has found that connection to family and community is important to Queensland workers. Having a strong connection to their region often motivates individuals to remain living and working locally. When workers, especially those with families, are established with local services, such as having children enrolled in local schools and partners with employment, they can be hesitant to relocate to a different region.¹ This creates a solid basis for the GYO Regional Workforce Program model, which motivates regions to enhance their local population's skills and abilities to meet the present and future demands of local industries.

¹ Jobs Queensland. (2023). *Supporting individuals in the transition to future work framework*. Ipswich: Queensland Government. https://jobsqueensland.qld.gov.au/_resources/files/pdf/supporting-individual-transition.pdf

1.2 Why a Toowoomba health industry environmental scan

The health sector has been a significant driver of Queensland's economic growth over the past decade, recording average annual growth of around 6.5 per cent. With an ageing population and rising demand for health services, employment opportunities in the sector are projected to continue expanding.² Despite this diversity, the industry faces pervasive workforce shortages across all roles and service settings.

A skilled, sustainable and resilient workforce is critical to maintaining the health, wellbeing and economic prosperity of Queensland's communities and regions. Workforce strategies tailored to specific localities within the health and social assistance sector must acknowledge its essential role, not only in providing vital health and community services, but also in supporting the broader economy. Health and care services facilitate workforce participation by delivering necessary care for children, individuals with disabilities and older adults, enabling more people to engage in employment. Additionally, these services enhance overall workforce wellbeing through preventive care, early intervention and rehabilitation which help reduce absenteeism and boost productivity across industries.

While government-operated services remain significant employers in this sector, the majority of providers consist of small to medium enterprises (SMEs) within the non-government sphere. As of June 2024, Queensland was home to 40,595 registered businesses within the health care and social assistance industry, with nearly 39,000 comprising sole traders, micro-businesses or small enterprises.³ This underscores the pivotal role SMEs play in service delivery and employment statewide.

In the Toowoomba region, the health care sector is a leading economic driver and the largest industry group. Beyond generating substantial regional economic output, high-quality health services enhance the attractiveness of the region to workers from other industries. Comprehensive health services contribute significantly to a region's liveability, sustainability and social cohesion.

This report supports the 'Grow Your Own' Regional Workforce Program by identifying workforce challenges and opportunities in the Toowoomba health industry. This will provide an evidence base to implement action-based, locally focused and workforce-led planning solutions and initiatives.

Specifically, the environmental scan identifies the key drivers for demand for health and social assistance services unique to the Toowoomba region, as well as exploring the current and projected future supply of workers in the health industry.

1.3 Project scope

Toowoomba and Surat Basin Enterprise (TSBE) and JQ have established a partnership to explore the current labour market challenges, skills shortages and opportunities to address future skills needs within the Toowoomba Statistical Area 4 (SA4) region. Through consultation with local health industry representatives, the project identifies the relevant industry and occupational classifications aligned to the region's health workforce, using the Australian and New Zealand Standard Industrial Classification (ANZSIC). This environmental scan provides a foundational evidence base to inform ongoing engagement and the development of a tailored workforce development plan that responds to the region's future health industry needs.

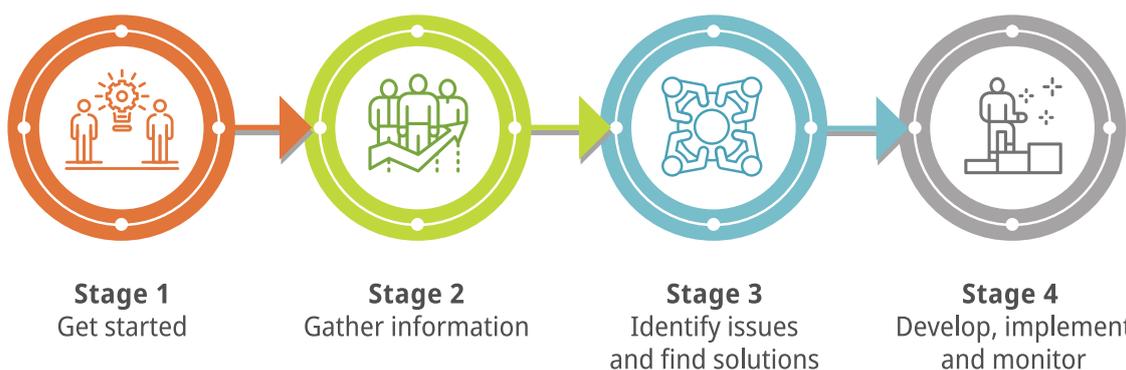
² Queensland Treasury. (2025). *About the Queensland Economy*. Brisbane: Queensland Government. <https://www.treasury.qld.gov.au/queenslands-economy/about-the-queensland-economy/>

³ Australian Bureau of Statistics. (2024). *Counts of Australian Businesses, including Entries and Exits, July 2020 - June 2024*. Canberra: Australian Government. <https://www.abs.gov.au/statistics/economy/business-indicators/counts-australian-businesses-including-entries-and-exits/jul2020-jun2024>

This workforce planning project will:

- identify current gaps in training pipelines
- identify current and future demand for health workforce
- work with industry and consult widely, to develop strategies to address workforce challenges through a 'Grow Your Own Workforce' approach.

Effective workforce planning has four stages:



1.4 Governance and methodology

Stage 1: Get started

An Industry Advisory Group (IAG) has been established to support the delivery of the project. The IAG will collaborate with JQ and TSBE to deliver an improved and sustainable health workforce through the development of an industry-led workforce plan that will provide a blueprint for the region to address current and future workforce challenges.

The primary objective of the IAG is to provide JQ and TSBE with expert advice to guide the project and to ensure industry endorsement of project deliverables that best meet the needs and expectations of the health sector. The IAG will also provide JQ and TSBE with access to their networks to maximise stakeholder engagement and consultation.

The IAG was constituted to provide governance and critical input to the workforce plan and includes representatives from:

- Aboriginal and Torres Strait Islander Community Controlled Health Organisations (ACCHOs)
- Darling Downs Health
- Darling Downs and West Moreton Primary Health Network (DDWMPHN)
- Queensland Department of Trade, Employment and Training
- Southern Queensland Rural Health
- TAFE Queensland – Toowoomba Campus
- University of Southern Queensland
- Allied health sector
- General practice sector.

The IAG endorsed the project scope and continues to work in partnership with JQ and TSBE to ensure the initiative meets the strategic objectives of building a resilient and industry-responsive health workforce.

Stage 2: Gather information

To establish the current demographic and economic profile of the health industry in the Toowoomba SA4 region, a comprehensive methodology was undertaken drawing on both qualitative and quantitative desktop research. Key data sources included the Australian Bureau of Statistics (ABS) as well as relevant government publications, regional health profiles, workforce development reports and industry-specific research.

This approach provided valuable insights into the region's demographic makeup, labour force characteristics and the role of health care and social assistance within the broader economy. Analysis centred on key demographic indicators such as population size, age distribution, income levels and migration patterns, which are critical to understanding demand for health services and workforce planning.

The employment profile of the region was also examined in detail, with a focus on occupations and industries that support or intersect with the health sector. Data from national labour force surveys, ABS census collections and regional economic reports were used to map the structure of the local health workforce.



1.5 Region and industry of focus

The project scope is defined in two areas:

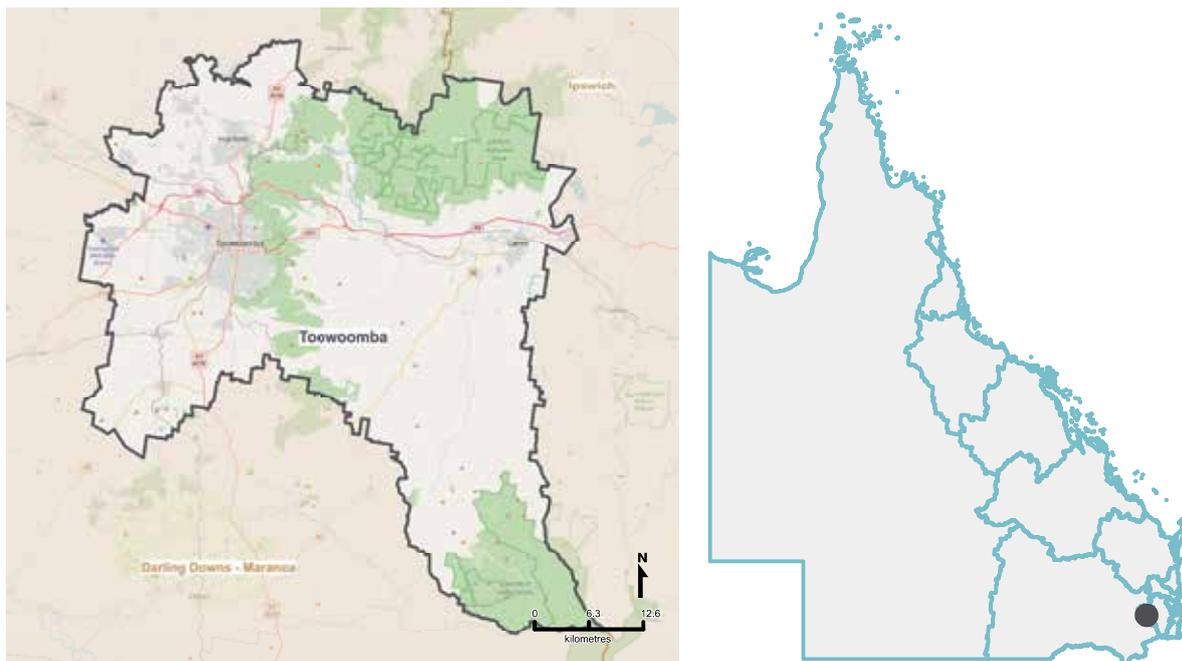
- geographic
- job category.

The geographical scope focuses on the Toowoomba Statistical Area 4 (SA4), as defined by the ABS. This area encompasses the Toowoomba city, including Highfields and Kingsthorpe, as well as the town of Gatton, located within the Lockyer Valley.

Spanning approximately 2258 square kilometres, the Toowoomba SA4 is a major regional centre for health, education and agriculture in Queensland. As of 2024 the estimated resident population of the region was 173,649.⁴

⁴ Australian Bureau of Statistics. (2025). *Regional population*. Canberra: Australian Government. <https://www.abs.gov.au/statistics/people/population/regional-population/latest-release#data-downloads>

Figure 1 The Toowoomba SA4 region



Source: QGSO, *Queensland Statistical Areas, Level 4 (SA4), 2021 - Toowoomba (ASGS Code 317)*

Located in Queensland's Darling Downs region, Toowoomba is Australia's second-largest inland city after Canberra. Known as the 'Garden City' for its extensive parks and public gardens, Toowoomba has evolved from its strong agricultural foundations into a major regional centre for education, health services, retail and infrastructure.

Strategically positioned atop the Great Dividing Range, Toowoomba benefits from excellent connectivity to major urban centres via road and rail, as well as through Toowoomba Wellcamp Airport, which facilitates both domestic travel and international freight operations.

The local economy continues to be anchored by a robust agricultural sector, particularly grain, livestock and horticulture, which makes a substantial contribution to Queensland's overall agribusiness output. The region is also home to two Australian Defence Force bases, located in Oakey and Cabarlah, and supports a significant veteran population, with many choosing Toowoomba as a place to retire.

In recent years, Toowoomba has experienced strong economic diversification. Growth has been particularly evident in sectors such as health care, education, construction and logistics. The presence of major institutions, including the University of Southern Queensland and public and private hospitals, reinforces Toowoomba's role as a key health services hub for southern Queensland and northern New South Wales.

Toowoomba's importance in the health sector was further recognised with the establishment of one of Queensland's first Medicare Urgent Care Clinics in October 2023, enhancing access to timely primary care in the region.

1.6 The health industry ecosystem

This project examines workforce challenges within the health industry, with a focus on specific job category categories defined by the following ANZSIC codes:

Table 1 Health industry workforce scope by ANZSIC job category codes

ANZSIC Code	Job Category
840	Hospitals
851	Medical Services
852	Pathology and Diagnostic Imaging Services
853	Allied Health Services
859	Other Health Care Services
860	Residential Care Services

Source: ABS, *Australian and New Zealand Standard Industrial Classification (ANZSIC), 2006 (Revision 2.0)*

Areas outside Toowoomba SA4 and job types not classified under the specified ANZSIC codes, are considered out of scope. Furthermore, the Grow Your Own approach is not designed to develop recruitment strategies for attracting external health workers to the region. Instead, it aims to build a sustainable workforce from within the local population, including school-leavers, residents, existing health workers and reskilling for health work.



The structure of the health ecosystem

In the Australian health ecosystem, primary care is the first point of contact for health services, often delivered by general practitioners (GP) and other community-based health professionals. Acute hospitals provide specialised, often intensive, treatment for illnesses and injuries, usually for shorter stays. The two systems work together, with primary care often referring patients to acute hospitals for specific needs and acute hospitals referring patients back to primary care for ongoing management and follow-up.

Primary care:

This includes a wide range of services, including GP visits, nursing care, midwifery, pharmacy, dentistry, Aboriginal health services and allied health care. Primary care focuses on preventative care, health promotion and managing chronic conditions. It's often the first point of contact for individuals seeking medical advice.

Acute hospitals:

Acute hospitals provide specialised medical and surgical care for acute conditions, injuries and illnesses that require immediate attention and often longer-term care. They may include specialised units like emergency departments, intensive care units and operating rooms.

Integration of care:

Primary and acute care services are interconnected. Patients are commonly referred from primary care providers to acute hospitals for specialised diagnosis or treatment and subsequently returned to primary care for follow-up and ongoing management. This collaborative relationship is essential for continuity of care.

Determinants of health:

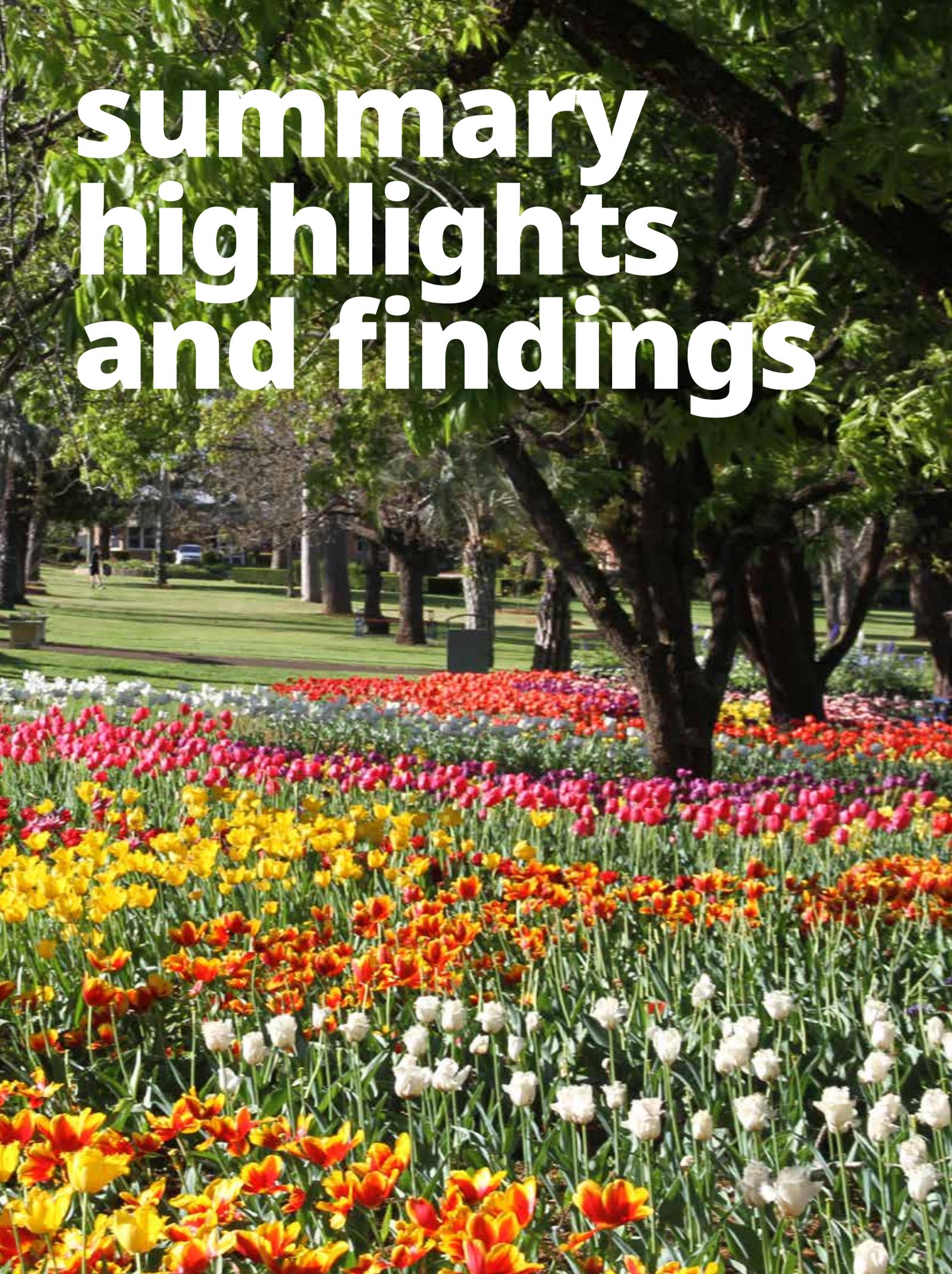
Broader social and economic factors, such as income, education, housing and access to services, play a significant role in shaping health outcomes. These determinants influence both the demand for health services and the ability of individuals to access appropriate care, particularly in regional areas like Toowoomba.

Figure 2 Australia's health landscape



Source: Australian Government Department of Health and Aged Care, *Australia's health landscape infographic*

summary highlights and findings



2. Summary highlights and findings

Toowoomba region analysis

1. Demographic analysis

- Ageing population driving demand for health services.⁵
- Higher rates of chronic disease and other social determinants driving demand for health services.⁶
- Labour shortages across health industry segments (nursing, allied health, medical) may potentially impact health care options and regional liveability.⁷

2. Workforce and labour market landscape

- The health and social assistance industry is the largest industry in Toowoomba.⁸
- An ageing workforce across nursing, allied health and general practice is expected to place increasing pressure on workforce supply over the next five years.⁹
- First Nations people are underrepresented in the health workforce.¹⁰

3. Business ecosystem and its challenges

- There are currently 1293 (8.9 per cent) registered health care and social assistance businesses in the Toowoomba SA4, employing 15,513 persons.¹¹

4. Dynamics of job vacancies and skills demand

- A high number of advertised vacancies for nurses, midwives and specialist nurses (such as renal nurses) indicate strong demand.¹²
- Allied health professionals advertised vacancies indicate a high demand for physiotherapists, occupational therapist, speech pathologists, podiatrists, psychologists and social workers.¹³

⁵ Australian Bureau of Statistics. (2024). *Regional Population by age and sex*. Canberra: Australian Government. <https://www.abs.gov.au/statistics/people/population/regional-population-age-and-sex/2023>

⁶ Australian Bureau of Statistics. (2021). *Toowoomba 2021 Census Community Profiles: General Community Profile – G20*. Canberra: Australian Government. <https://www.abs.gov.au/census/find-census-data/community-profiles/2021/317>

⁷ Health Workforce Queensland. (2025). *2025 HWNA Survey Findings by PHN Region: Addendum Report*. Brisbane: Health Workforce Queensland. https://www.healthworkforce.com.au/rails/active_storage/blobs/redirect/eyJfcmFpbHMiOnsibWVzc2FnZSI6IkJBaHBBMlhITEE9PSIsimV4cCI6bnVsbCwicHVyIjoYmxvYl9pZCJ9fQ==--27219b31828de7296de1cd413ffee5df0d504076/2025_HWNA%20Addendum%20Report_HWQ%20FINAL%20WEB.pdf?source=bing.com

⁸ Jobs Queensland. (2025). *Toowoomba region workforce insights*. Ipswich: Queensland Government. https://jobsqueensland.qld.gov.au/_data/assets/pdf_file/0015/27123/toowoomba-workforce-insights.pdf

⁹ Ibid.

¹⁰ Australian Institute of Health and Welfare. (2025). *Tier 3 – Health system performance: 3.12 Aboriginal and Torres Strait Islander people in the health workforce*. Canberra: Australian Government. <https://www.indigenoushpf.gov.au/measures/3-12-health-workforce>

¹¹ Jobs Queensland. (2025). *Toowoomba region workforce insights*. Ipswich: Queensland Government. https://jobsqueensland.qld.gov.au/_data/assets/pdf_file/0015/27123/toowoomba-workforce-insights.pdf

¹² Jobs and Skills Australia. (2025). *Internet Vacancies, ANZSCO2 Occupations, GCCSA and SA4 Regions - February 2025*. Canberra: Australian Government. <https://www.jobsandskills.gov.au/data/internet-vacancy-index>

¹³ Ibid.

5. Educational attainment and training focus

- At the time of the 2021 Census, 59.2 per cent of persons within the Toowoomba SA4 had year 11 or 12 (or equivalent) as their highest level of schooling, which is lower than the Queensland average.¹⁴
- The Toowoomba region shows the majority of clinical jobs in the health industry require an undergraduate degree, with enrolled nurses and allied health assistants require a VET qualification.
- The major health employers in Toowoomba offer skills development programs for their employees, including micro-credentialling.
- A pipeline of training opportunities exists in Toowoomba for the workforce to move through the Australian Qualifications Framework (AQF) levels.
- The health workforce with its regulatory framework encourages a commitment to life-long learning.
- Post-graduate training at tertiary institutions is available and utilised in Toowoomba.

6. Vocational education and training trends

- For the year 2023 there was a total of 21,385 VET program enrolments (training package qualifications) in the Toowoomba SA4 region.¹⁵

Strengthening understanding of future skills needs and employment projection data with education providers may support a realignment and enhance workforce entry outcomes.

7. Training and employment pathways

- In the Toowoomba SA4 region, the Gateway to Industry Schools Program (GISP) for health plays a key role in fostering connections between schools and the health sector.¹⁶
- By providing early exposure to career pathways and facilitating seamless transitions into the workforce, the program supports students in exploring and entering health-related professions.
- Several schools in the region are already participating in GISP; however, increased promotion and engagement with local employers could further expand the number of industry partners willing to support this valuable pathway. This is particularly important for the health care and social assistance sectors with strong regional representation, where workforce development is a critical priority.

8. Toowoomba regional development

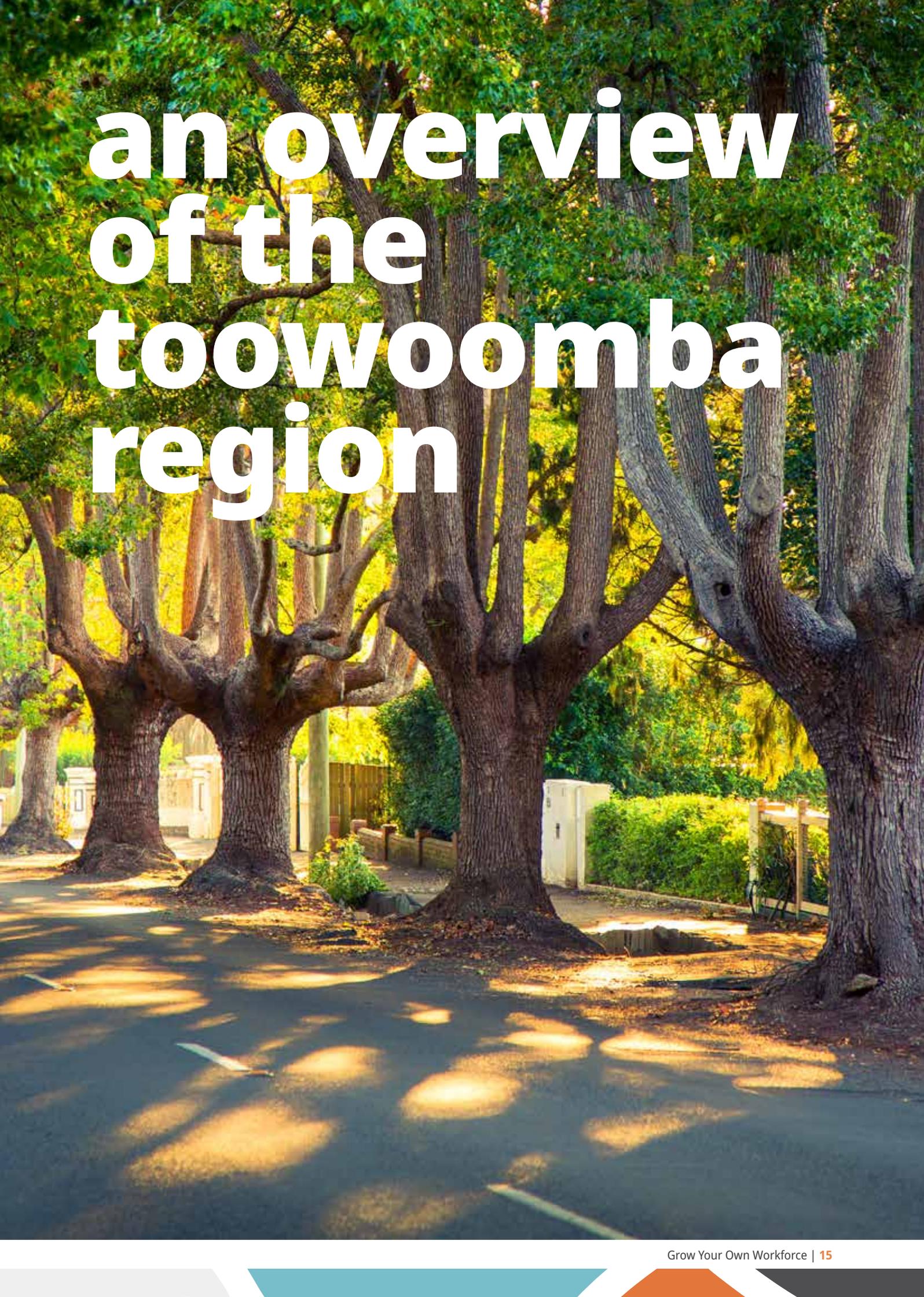
- Flexible training options, including part-time and fee-free TAFE courses, alongside local training programs, offer accessible pathways for those needing non-traditional schedules.
- Exposing students to health career pathways such as through the Aspire2Health program provides an excellent opportunity for future health workforce choices.¹⁷

¹⁴ Australian Bureau of Statistics. (2021). *Toowoomba 2021 Census Community Profiles: General Community Profile – G16*. Canberra: Australian Government. <https://www.abs.gov.au/census/find-census-data/community-profiles/2021/317>

¹⁵ NCVER. (2025). *Atlas of total VET*. Adelaide: National Centre for Vocational Education Research. <https://www.ncver.edu.au/research-and-statistics/visualisation-gallery/atlas-of-total-vet>

¹⁶ CheckUP. (2025). *Industry and workforce development programs: Gateway to Industry Schools Program - Health*. Brisbane: CheckUP. <https://checkup.org.au/what-we-do/industry-workforce-development/gateway-industry-schools-program-health/>

¹⁷ Rural Medical Education Australia. (n.d.) *Aspire2Health*. Toowoomba: Rural Medical Education Australia. <https://ruralmeded.org.au/courses/aspire2health/>



an overview of the toowoomba region

3. An overview of the Toowoomba region

3.1 Population profile

Toowoomba SA4 is characterised by a steadily growing and increasingly diverse population, with notable trends that have significant implications for the local health workforce.

Ageing population

Toowoomba has a comparatively older population profile, with 18.9 per cent of residents aged 65 years and over, compared to 17.2 per cent for Queensland overall.¹⁸

The correlation between increasing age and demand for health services is well documented, particularly in relation to community-based and residential aged care. Toowoomba is a popular retirement destination due to its reputation for high-quality health care and aged care services. The region also attracts older residents from southwest Queensland and northern New South Wales.

Table 2 Estimate resident population by age, Toowoomba SA4 and Queensland, 30 June 2024

Region/State	0-14	15-24	25-44	45-64	65+
Toowoomba SA4 (%)	19	13.3	26.4	22.3	18.9
Toowoomba SA4	33,001	23,067	45,896	38,781	32,904
Queensland (%)	18	12	27.8	24	17.2
Queensland	1,005,953	723,325	1,554,847	1,340,850	958,858

Source: ABS, *Regional population by age and sex, 2024*



¹⁸ Australian Bureau of Statistics (2024). *Regional population by age and sex*. Canberra: Australian Government. <https://www.abs.gov.au/statistics/people/population/regional-population-age-and-sex/latest-release>

Aboriginal peoples and Torres Strait Islander peoples

In the 2021 Census of Population and Housing, 7739 people (or 4.8 per cent of the Toowoomba SA4 population) identified as Aboriginal peoples and/or Torres Strait Islander peoples, slightly above the Queensland average of 4.6 per cent.¹⁹

Despite this, Aboriginal peoples and Torres Strait Islander peoples remain significantly underrepresented in the local health workforce. In 2022, only 1.8 per cent of the Australian health workforce identified as Aboriginal peoples and/or Torres Strait Islander peoples.²⁰

Table 3 Aboriginal and Torres Strait Islander peoples, Toowoomba SA4

Demographic characteristic	Value
Male	48.1%
Female	51.9%
Median age	20 years

Source: ABS, 2021 Census Aboriginal and/or Torres Strait Islander people QuickStats



¹⁹ Australian Bureau of Statistics. (2022). *Census of Population and Housing, 2021, Aboriginal and Torres Strait Islander Peoples profile – 102*. Canberra: Australian Government.

²⁰ National Aboriginal Community Controlled Health Organisation. (2023). *Annual report 2022–2023*. Canberra: National Aboriginal Community Controlled Health Organisation. https://www.naccho.org.au/wp-content/uploads/2024/10/NACCHO_Annual-Report-2022-23.pdf

Culturally and linguistically diverse

According to the 2021 Census, 24,854 persons (or 13.9 per cent) of the Toowoomba SA4 population were born overseas.²¹

Table 4 Top five country of origin for people born overseas living in Toowoomba SA4 as at 2021²²

Country	Per cent of total population	Approx number of residents
England	1.9%	3018
New Zealand	1.5%	2406
India	1.4%	2290
Iraq	1.4%	2211
Philippines	0.9%	1393

Toowoomba has a long-standing commitment to multiculturalism and was declared a Refugee Welcome Zone by Toowoomba Regional Council in 2013 and has been officially recognised as a humanitarian settlement area by the Australian Government.

English language proficiency

Language diversity is increasing across Toowoomba SA4. In 2021, the top five non-English languages spoken at home for the total population of Toowoomba SA4 were:²³

- Indo Aryan languages (2 per cent)
- Chinese languages (1.2 per cent)
- Southeast Asian Austronesian languages (0.8 per cent)
- Arabic (0.6 per cent)
- Malayalam (0.3 per cent).

Approximately 3153 people (or 1.9 per cent) of the region's population reported limited proficiency in spoken English, which may create barriers to accessing health services and employment in the health industry.²⁴



²¹ Australian Bureau of Statistics. (2021). *Toowoomba: 2021 Census Community Profiles – General Community Profile - G01 and G09*. Canberra: Australian Government. <https://www.abs.gov.au/census/find-census-data/community-profiles/2021/317>

²² Ibid.

²³ Australian Bureau of Statistics. (2021). *Toowoomba: 2021 Census Community Profiles – General Community Profile – G13*. Canberra: Australian Government. <https://www.abs.gov.au/census/find-census-data/community-profiles/2021/317>

²⁴ Ibid.

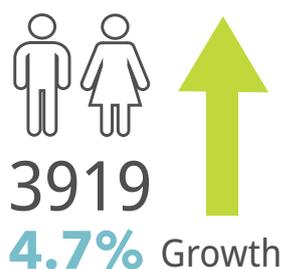
3.2 Workforce and labour market profile

Labour market data for Toowoomba SA4 indicates overall positive trends in employment and participation, reflecting the region's economic resilience and ongoing growth.

- In August 2025, the total labour force in the region was 84,400 people, an increase of 1.9 per cent (approximately 1600 additional employed persons) over the previous 12 months.²⁵
- The unemployment rate increased to 3.8 per cent, an increase of 1.9 per cent from the previous year. This figure is slightly below the Queensland state average of 4 per cent, highlighting Toowoomba's relatively strong labour market performance.²⁶
- The youth unemployment rate, stands at 8.9 per cent (August 2025), reflecting a 0.4 per cent decrease from the previous year.²⁷
- The total number of employed people across the population has increased, marking a 1.9 per cent growth over the year.²⁸
- The labour force participation rate in the region reached 62.1 per cent in August 2025, marking a 0.2 per cent increase over the year.²⁹

Figure 3 Projected job growth and top five growth industries

New jobs by 2027 - 2028



Top 5 Growth Industries

% change in new jobs by 2027 - 2028



Public Administration
and Safety

17.5%



Arts and Recreation
Services

10.7%



Health Care and
Social Assistance

9%



Electricity, Gas, Water
and Waste Services

7%



Education and
Training

6%

Source: Jobs Queensland, *Anticipating future skills, data portal*.

Employment to population rate

The Toowoomba SA4 region has experienced strong employment growth, with a 16.6 per cent increase from May 2024 to May 2025, surpassing the Queensland state average. This growth has been driven by activity in key industries including mining, healthcare and renewable energy, contributing to improved employment to population ratios and economic resilience.³⁰

²⁵ Australian Bureau of Statistics. (2025). *Labour force, Australia, detailed, August 2025*. Canberra: Australian Government.

²⁶ Ibid.

²⁷ Ibid.

²⁸ Australian Bureau of Statistics. (2025). *Labour force, Australia, detailed, August 2025*. Canberra: Australian Government.

²⁹ Ibid.

³⁰ Queensland Government Statistician's Office. (2025). *Regional labour force – Toowoomba SA4, May 2025*. Brisbane: Queensland Government. <https://www.qgso.qld.gov.au/issues/3426/regional-labour-force-202505-toowoomba-sa4.pdf>

The health care and social assistance industry is the largest employer in the region, accounting for 18.7 per cent of the total workforce. This is notably higher than the Queensland average of 16.4 per cent, with a specialisation ratio of 1.22, indicating a strong regional reliance on this industry.³¹

Other industries with above-average specialisation include:³²

- **Education and training** (11 per cent of workforce, specialisation ratio 1.24)
- **Agriculture, forestry and fishing** (4.6 per cent, ratio 1.81)
- **Manufacturing** (6.7 per cent, ratio 1.17).

These specialisations reflect Toowoomba’s mixed economic base, combining traditional strengths in agriculture and manufacturing with growing demand in health, education and emerging industries.

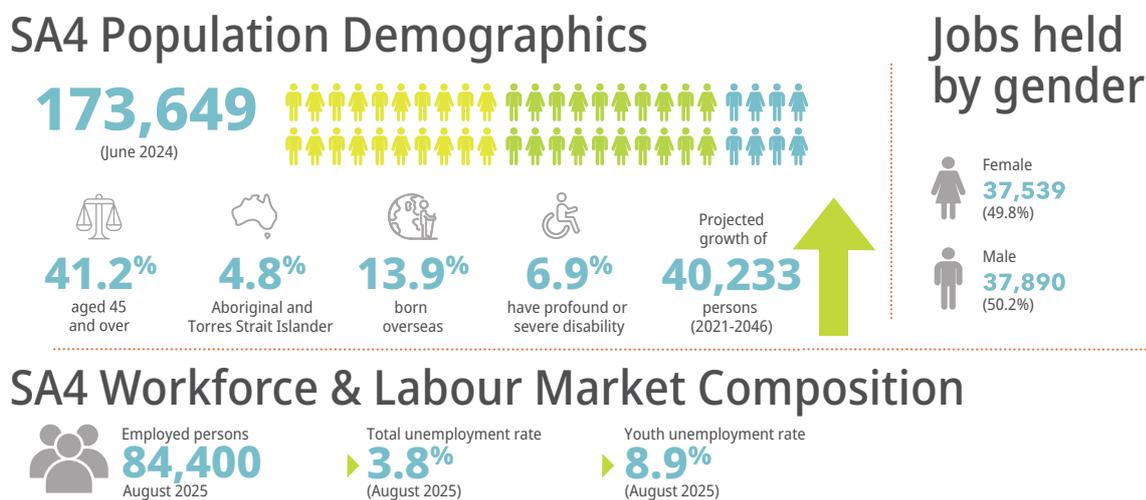
Labour force participation

The labour force participation rate in Toowoomba SA4 rose to 62.1 per cent in August 2025, indicating stronger workforce engagement across the region.³³ Employment grew by 1.9 per cent in August 2025.³⁴ This growth has been supported by major developments in mining, health care infrastructure and renewable energy projects, which have diversified the local economy and created new job opportunities.

Despite these positive trends, challenges remain, particularly for youth employment. In Toowoomba, the youth unemployment rate dropped to 8.9 per cent in August 2025, down 0.4 percentage points from the previous year.³⁵ This improvement underscores the continuing need to connect young people with education, training and employment pathways.

Additionally, as of August 2025, 7180 residents in the Toowoomba SA4 region were receiving Jobseeker Payment or Youth Allowance.³⁶ These figures highlight the need for targeted strategies to support youth employment and address areas of socio-economic disadvantage within the region.

Figure 4 Toowoomba SA4 population demographics



Source: ABS, *Labour force, Australia, detailed, August 2025*

³¹ Australian Bureau of Statistics. (2021). *Toowoomba, 2021 Census Community Profiles, General Community Profile*. Canberra: Australian Government. <https://www.abs.gov.au/census/find-census-data/community-profiles/2021/317>

³² Ibid.

³³ Australian Bureau of Statistics. (2025). *Labour force, Australia, detailed, August 2025*. Canberra: Australian Government.

³⁴ Ibid.

³⁵ Jobs Queensland. (2025). *Toowoomba region workforce insights*. Ipswich: Queensland Government. https://jobsqueensland.qld.gov.au/_data/assets/pdf_file/0015/27123/toowoomba-workforce-insights.pdf

³⁶ Department of Social Services. (2025). *JobSeeker Payment and Youth Allowance – monthly profile – August 2025*. Canberra: Australian Government. <https://data.gov.au/data/dataset/dss-payments-by-statistical-area-2/resource/381e8508-26fe-4656-a88f-69ae15ee69a7>

3.3 Job vacancies

Each month, Jobs and Skills Australia publish regional dashboards outlining labour market conditions, including the number and type of online job advertisements. In March 2025, the top ten advertised occupations for the Darling Downs region (which includes Toowoomba) were:

Table 5 Online job advertisements by top ten occupations, Darling Downs, March 2025

ANZSCO title	Number of online advertisements
General Clerks	72
Sales Assistants	66
Registered Nurses	53
Other miscellaneous labourers	51
Aged and Disability carers	45
Truck Drivers	32
Motor Mechanics	29
Child Carers	28

Source: Jobs and Skills Australia, *Monthly Labour Market Dashboard Darling Downs March 2025*

Note: The document references ANZSIC for industry classification and ANZSCO for occupations. ANZSIC classifies industries, while ANZSCO classifies the occupations within those industries. This distinction is important to ensure clarity when interpreting tables and data.

Occupations in demand

According to the Jobs and Skills Australia 2023 Skills Shortage report, a number of health care and social assistance occupations were identified as being in national shortage.³⁷ These included:

- Physiotherapists
- Occupational Therapists
- Registered Nurses
- Social Workers
- Disability and Aged Care Workers.

The report also noted a strong correlation between gender imbalance and workforce shortages. Occupations with highly gender-skewed workforces, such as registered nurses, allied health professionals and disability and aged care workers, are significantly more likely to experience shortages than those with a more balanced gender profile.³⁸

3.4 Business profile

As of 2024, the Toowoomba SA4 is home to 14,687 registered businesses.³⁹ Collectively these businesses employ approximately 25,701 individuals, underscoring the industry's critical role in Toowoomba's economy and community wellbeing.

³⁷ Jobs and Skills Australia. (2023). *Skills Priority List Key Findings Report 2023*. Canberra: Australian Government. <https://www.jobsandskills.gov.au/publications/skills-priority-list-key-findings-report-2023>

³⁸ Ibid.

³⁹ Australian Bureau of Statistics. (2022). *Counts of Australian Businesses, including Entries and Exits*. Canberra: Australian Government.

Table 6 Registered businesses by employment and size, Toowoomba SA4 and Queensland, 30 June 2024

Region/ State	Non- employing		1-4 employees		5-19 employees		20-199 employees		200+ employees		Total
	number	%	number	%	number	%	number	%	number	%	number
Toowoomba SA4	8967	61.1	3661	24.9	1576	10.7	468	3.2	24	0.2	14,687
Queensland	312,614	61.2	134,743	26.4	48,130	9.4	14,076	2.8	881	0.2	510,444

Source: ABS, *Counts of Australian Businesses, including entries and exits*

3.5 Education level profile

Higher education and vocational training

Educational attainment in the Toowoomba SA4 region trails slightly behind Queensland state averages. In 2021:⁴⁰

- 59.2 per cent of residents completed Year 11 or Year 12 or equivalent, compared to 63.6 per cent across Queensland.
- 59.9 per cent of residents held a non-school qualification (e.g. bachelor's degree, diploma or certificate), compared to 62.5 per cent at the state level.

These figures highlight the importance of targeted education and employment strategies to support local youth and meet growing workforce demands in industries such as healthcare, aged care and allied health.

Table 7 Highest level of schooling completed, Toowoomba SA4 and Queensland, 2021

Region/State	Did not go to school or year 8 or below		Year 9 or 10 or equivalent		Year 11 or 12 or equivalent		Total ^(a)
	number	%	number	%	number	%	number
Toowoomba SA4	8268	6.7	34,630	28	73,294	59.2	123,808
Queensland	178,101	4.4	989,350	24.6	2,554,330	63.6	4,017,211

(a) Includes highest year of schooling not stated.

Source: ABS, *Census of Population and Housing, 2021, General Community Profile – G16*



⁴⁰ Australian Bureau of Statistics. (2021). *Census of Population and Housing, General Community Profile – G16*. Canberra: Australian Government.

Table 8 Non-school qualifications^(a) by level of education Toowoomba SA4 and Queensland, 2021

Region/State	Level of Education						Persons with a Qualification ^(d)	
	Bachelor degree or higher ^(b)		Advanced diploma or diploma		Certificate ^(c)			
	number	%	number	%	number	%	number	%
Toowoomba SA4	26,171	20.1	11,442	8.8	30,416	23.4	78,019	59.9
Queensland	918,468	21.9	395,615	9.4	927,894	22.1	2,618,666	62.5

(a) Includes persons aged 15 years and over with a qualification within the scope of the Australian Standard Classification of Education.

(b) Includes bachelor degree, graduate diploma, graduate certificate and postgraduate degree.

(c) Includes Certificate, I, II, III and IV and Certificates not further defined responses.

(d) Includes inadequately described and not stated level of education responses.

Source: ABS, *Census of Population and Housing 2021, General Community Profile – Table G43 and G49*

3.6 Vocational education and training activity

In 2024, the Darling Downs South West region recorded a total of 22,520 program enrolments (training package qualifications).⁴¹ The figures below represent:

- top five qualifications by enrolments
- completions by qualification
- completions by level of education.

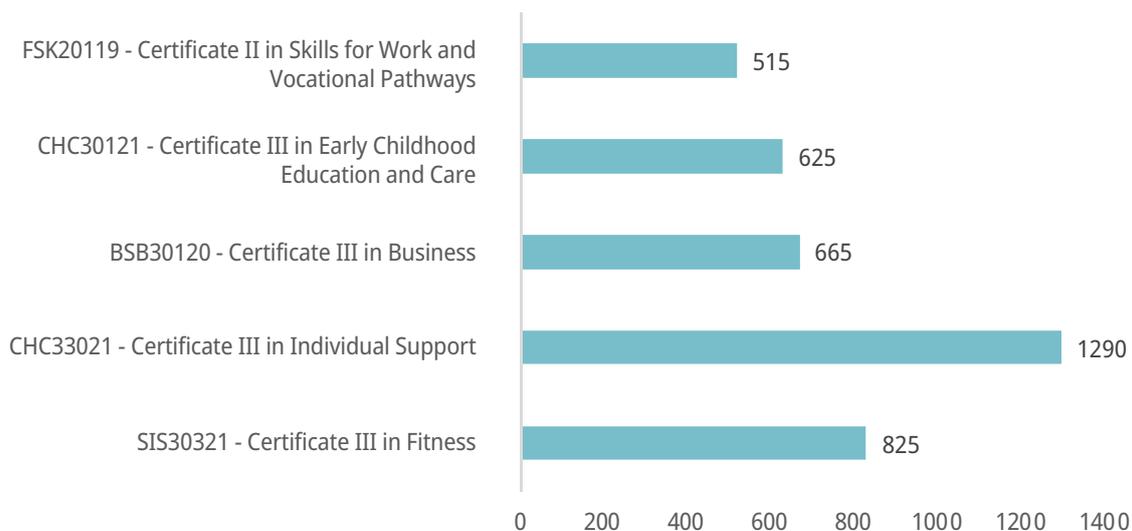
This data reveals a potential misalignment between local training activity and workforce demand, underscoring the need to improved coordination between training providers and industry.

Strengthening the use of skills forecasts and employment projections in education planning could help realign training offerings and improve transitions into employment.



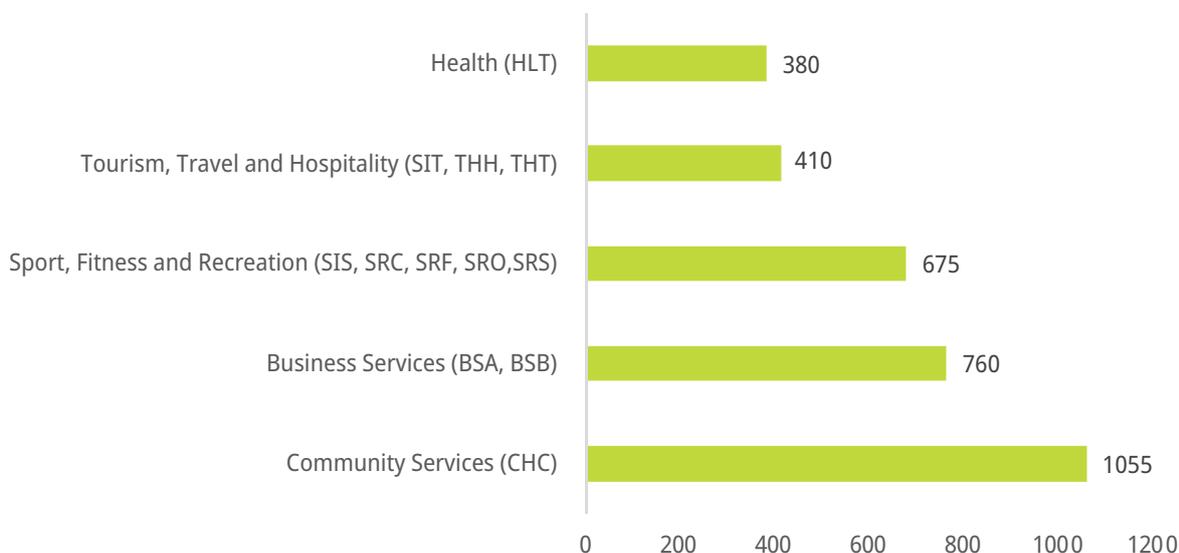
⁴¹ National Centre for Vocational Education Research. (2024). *VOCSTATS database, Total VET students and courses: program enrolments 2024*. Adelaide: National Centre for Vocational Education Research.

Figure 5 Top five VET program enrolments (program name), Toowoomba SA4, 2023-2024



Source: National Centre for Vocational Education Research. (2024). *VOCSTATS database, Total VET students and courses: program enrolments 2024.*

Figure 6 Top five VET program completions (parent training package), Toowoomba SA4 region, 2023



Source: National Centre for Vocational Education Research. (2024). *VOCSTATS database, Total VET students and courses: program completions 2024.*

3.7 VET and employment pathways

The Darling Downs South West region (DDSW), which includes the Toowoomba SA4, experienced modest growth in government-funded VET participation over the past five years:

- 2019–2020: 16,230 participants
- 2023–2024: 18,301 participants
- Growth: +12.8 per cent over five years.

While this growth reflects a stable engagement with vocational training, it lags behind other regions, suggesting that:⁴²

- Access to VET pathways may not be expanding as quickly in regional areas.
- There may be structural or systematic barriers to participation, such as limited local availability, awareness or alignment with industry demand.

Improving regional VET access, increasing industry alignment and enhancing support for students transitioning to employment will be important to maximise the role of VET in supporting the region's future workforce needs.



⁴² Department of Trade, Employment and Training. (2025). *Government-funded VET Participation*. Brisbane: Queensland Government. https://desbt.qld.gov.au/_data/assets/pdf_file/0020/10973/vet-participation-by-region.pdf

an overview of the health industry

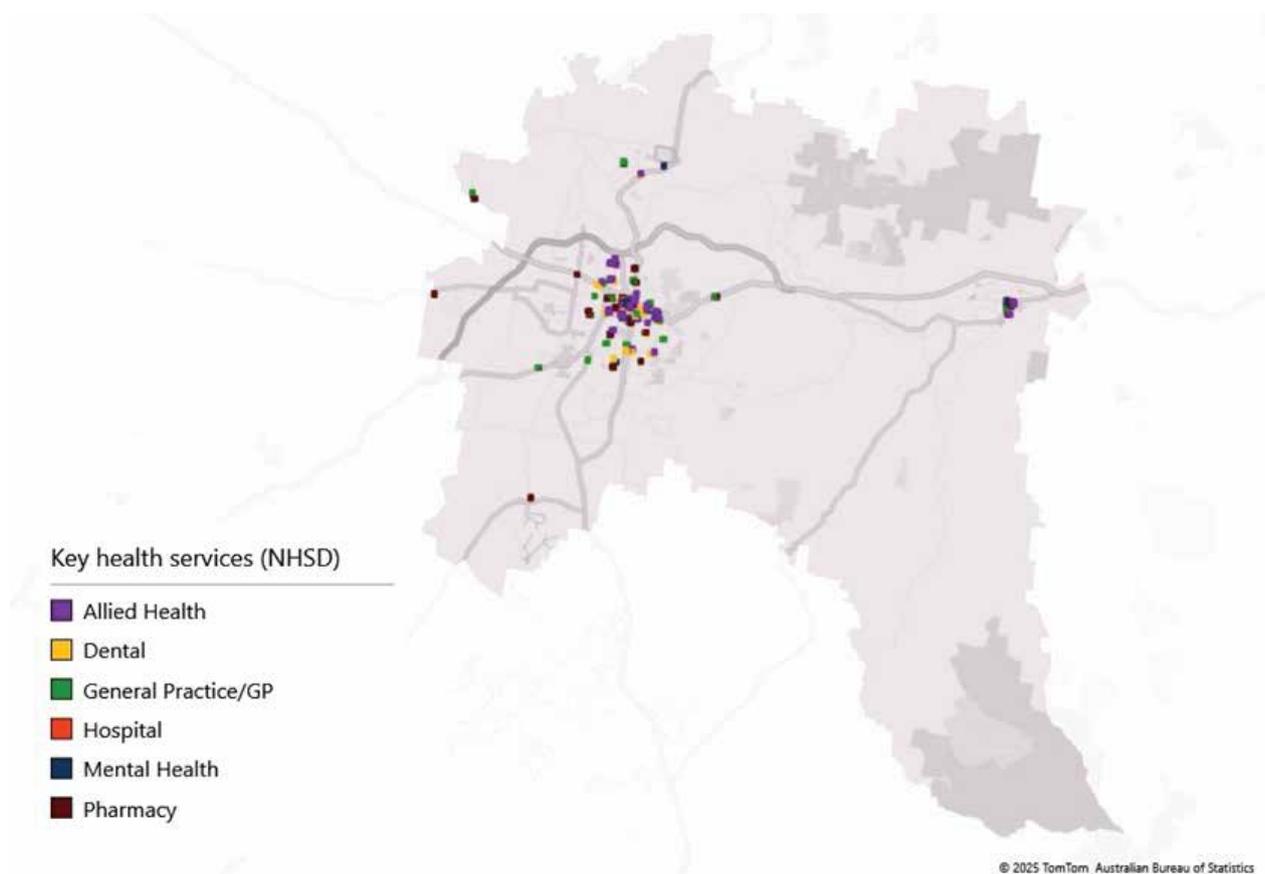


4. An overview of the health industry

4.1 Toowoomba SA4 region health industry: a regional workforce ecosystem

The health industry in the Toowoomba SA4 functions as an integrated network of sectors, stakeholders and service systems. This network brings together a diverse range of components working collaboratively to deliver essential health and social care services to Toowoomba and surrounding rural communities. Services span aged care, hospitals, allied health, mental health and community support, contributing to the wellbeing of residents and supporting regional economic resilience.

Figure 7 Distribution of key health services across the Toowoomba and Lockyer Valley region



Source: Healthdirect Australia, *Healthmap: National Health Services Directory*

National health workforce trends

In 2022, the health workforce represented 5 per cent of the total employed workforce in Australia. During that year, over 688,000 healthcare professionals were actively working in their respective registered professions. Nurses account for 54 per cent of total health industry employed (around 372,000 registered nurses in 2022).⁴³

The Australian Health Practitioner Regulation Agency (Ahpra) is the governing body responsible for managing the National Registration and Accreditation Scheme. This scheme oversees a range of regulated health professions, ensuring practitioners meet required standards for safe and effective care.

⁴³ Australian Institute of Health and Welfare. (2024). *Health Workforce: Health workforce supply*. Canberra: Australian Government. <https://www.aihw.gov.au/reports/workforce/health-workforce>

The current list of registered health professions includes:⁴⁴

- Aboriginal and Torres Strait Islander health practitioners
- chiropractors
- Chinese medicine practitioners
- medical radiation practitioners
- occupational therapists
- optometrists
- osteopaths
- paramedics
- pharmacists
- physiotherapists
- podiatrists
- psychologists
- oral health therapists
- dental hygienists
- dental therapists
- dental prosthetists
- dentists
- nurses
- midwives
- medical practitioners.

To analyse trends in health workforce, health professions are categorised into four profession groups:

- allied health
- dental practitioners
- medical practitioners
- nurses and midwives.

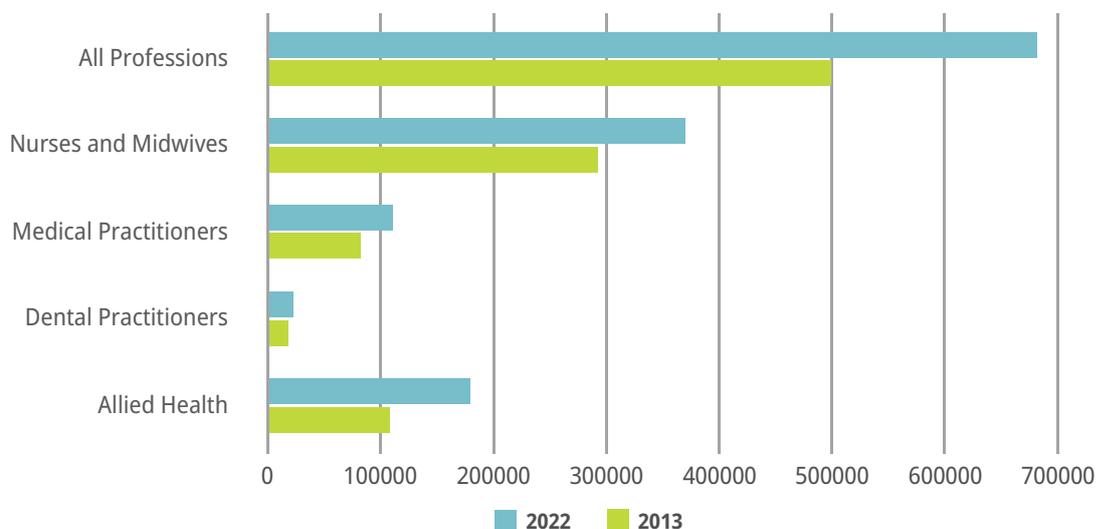
Between 2013 and 2022, the number of registered healthcare professionals actively working in their field in Australia increased by 37 per cent (184,000 professionals). Allied health professions had the highest total growth (67 per cent) followed by medical practitioners (41 per cent), dental practitioners (29 per cent) and nurses and midwives (26 per cent).⁴⁵

⁴⁴ Australian Institute of Health and Welfare. (2024). *Health workforce: The Australian Health Practitioner Regulation Agency*. Canberra: Australian Government. <https://www.aihw.gov.au/reports/workforce/health-workforce>. Note: AIHW estimates the size of the Australian health workforce by referencing data from the Health Workforce Data tool provided by the Australian Department of Health. Health professionals may hold registration in multiple professions with Ahpra. The numbers reported by Ahpra pertain only to registered professionals actively employed in their respective roles in Australia, excluding those not currently in the workforce.

⁴⁵ Australian Institute of Health and Welfare. (2024). *Health Workforce: Health workforce supply*. Canberra: Australian Government. <https://www.aihw.gov.au/reports/workforce/health-workforce>

Figure 8 Health professionals by profession in Australia, 2013 and 2022

Health professionals by profession - 2022 and 2013



Source: Department of Health, Disability and Ageing, *Health workforce data tool*

Major health employers in the Toowoomba SA4 region

The Toowoomba region is a major health service hub, supported by a large public hospital in Toowoomba and a smaller rural hospital in Gatton. The region is also home to two private hospitals, St Vincent's and St Andrew's, which provide a broad spectrum of surgical, medical and specialist services.

Toowoomba Hospital

Toowoomba Hospital, the largest facility in the Darling Downs Hospital and Health Service (DDHHS), provides 320 beds and an extensive range of specialist services. These include ear, nose and throat (ENT) surgery, gynaecology, orthopaedics, urology, obstetrics, oncology, paediatrics, psychiatry and mental health and allied health services.



Table 9 Toowoomba Hospital staffing profile, March 2025

Occupation group	Headcount	Full time equivalent
Doctors	543	447.79
Nurses and Midwives	1870	1373.04
Allied Health	517	436.51

Source: Queensland Health, *Toowoomba Hospital, Facility performance*

Toowoomba is also the administrative centre for DDHHS, which services approximately 300,000 people across 28 locations extending from Chinchilla to the Western Downs, north to Taroom and the South Burnett and south to Goondiwindi and the Southern Downs. DDHHS also provides six residential aged care services, including Mt Lofty Heights Residential in Toowoomba and Multipurpose Health Services in Texas, Millmerran, Jandowae and Inglewood.

Gatton Hospital

Gatton Hospital is a 29-bed rural hospital offering emergency, postnatal care, medical, outpatient, community and allied health services. Key services include:

- 24-hour emergency care
- child, youth and family health
- palliative care
- adult, child and youth mental health (Ipswich Hospital outreach)
- renal services (Ipswich Hospital outreach).



Table 10 Gatton Hospital staffing profile, March 2025

Occupation group	Headcount	Full time equivalent
Doctors	10	7.13
Nurses and Midwives	60	39.50
Allied Health	5	3.26

Source: Queensland Health, *Gatton Hospital, Facility performance*

New Toowoomba Hospital

As part of the Queensland Government's \$18.5 billion Hospital Rescue Plan, a major investment is being made to enhance health infrastructure and deliver high-quality healthcare across the state. Under this plan, the new Toowoomba Hospital will provide expanded and modernised health services to meet the needs of the region's growing population.

The vision for the new health campus builds on Toowoomba's proud history, integrating the heritage-listed Baillie Henderson Hospital buildings into a world-class health and knowledge precinct centred around the new facility.

Once complete, the new Toowoomba Hospital will deliver:

- at least 538 overnight beds, including 118 new beds
- relocation of all existing services and beds to the new facility
- expanded clinical services, including a cardiac catheterisation lab, additional dialysis capacity and a larger emergency department
- implementation of electronic medical records to improve continuity of care
- adaptive reuse of the Baillie Henderson heritage buildings
- a new multi-storey car park for patients, visitors and staff.



Private hospitals

St Vincent's Private Hospital Toowoomba

A 197-bed acute care hospital offering general and specialist surgery (orthopaedic, vascular, ENT, urology, plastics, breast, gynaecology) obstetrics, oncology, diabetes, wound management, cardiology and private emergency services.



Table 11 St Vincent's Hospital activity profile, 2024

Activity	Count
Headcount	847
Inpatient admissions	19,502
Emergency department presentations	17,932
Births	858
Visiting medical specialists	~91

Source: St Vincent's Health Australia, *Annual Report 2024* and St Vincent's Private Hospitals, *Find a Specialist*

St Andrew's Toowoomba Hospital

St Andrew's Toowoomba Hospital is a 154-bed not-for-profit, acute care private hospital located in Rockville, on the north-western side of Toowoomba. St Andrew's offers a comprehensive range of medical and surgical services, including:

- Orthopaedics
- Cardiology)
- Emergency Heart Centre (including the regions only 24/7 heart attack service, with a cath lab and the regions only hybrid theatre)
- Cancer care (In patient and day patient)
- Day infusion centre
- Radiation Oncology
- Psychiatry (in patient and day programs)
- Day rehabilitation
- ICU
- General medical and surgical services
- Dialysis



General practice

During 2023-2024, people in the Darling Downs and West Moreton Primary Health Network accessed the following services:⁴⁶

- 87.3 per cent attended a General Practice at least once during the year
- 39.1 per cent accessed an allied health professional (including optometry and mental health services)
- 39.1 per cent received diagnostic imaging services
- 24.9 per cent attended a specialist service
- 8.4 per cent received care led by a nurse or Aboriginal Health Worker
- 3 per cent were active participants in the National Disability Insurance Scheme.⁴⁷

According to Medicare data, this area has a higher healthcare utilisation rate, with 87.3 per cent of the local population accessing a general practice service compared to 84.4 per cent nationally. Each person receiving around 6.6 general practitioner services per year on average (compared to 6.4 nationally).⁴⁸

One concerning trend is the declining number of GPs providing services to residential aged care facilities. Local aged care providers report a marked decrease over the past five years, with fewer than ten GPs in now making regular visits. This impacts the timely transfer of medically stable older patients from acute hospitals to aged care facilities, contributing to potential bed-block issues in acute care settings.

The GP workforce in Toowoomba is also ageing, with many practitioners nearing retirement age. Anecdotal evidence suggests this presents a significant risk of workforce shortages if a large percentage of older GPs retire within the next five years.

This risk is compounded by ongoing viability challenges facing general practice, including:

- poor remuneration for GP registrars compared to their hospital-based counterparts
- inadequate Medicare rebates
- tensions between delivering quality patient care and maintaining financial stability
- limited continuing professional development (CPD) opportunities
- gaps in business and practice management skills.

In 2023, more than half of all GPs reported concerns about the sustainability of their practice.⁴⁹

⁴⁶ Australian Institute of Health and Welfare. (2025) *Medicare-subsidised GP, allied health and specialist health care across local areas*. Canberra: Australian Government. <https://www.aihw.gov.au/reports/primary-health-care/medicare-subsidised-gp-allied-health-specialist/data>

⁴⁷ National Disability Insurance Scheme (2025) *Explore data*. Canberra: Australian Government. <https://dataresearch.ndis.gov.au/explore-data>

⁴⁸ Australian Institute of Health and Welfare. (2025) *Medicare-subsidised GP, allied health and specialist health care across local areas*. Canberra: Australian Government. <https://www.aihw.gov.au/reports/primary-health-care/medicare-subsidised-gp-allied-health-specialist/data>

⁴⁹ Sturmberg, J. P., Hogan, C. D., & Price, K. L. (2023, March). *A sustainable vision for general practice: Understanding the challenges*. *Australian Journal of General Practice*, 52(3), 143–148. <https://www1.racgp.org.au/ajgp/2023/march/a-sustainable-vision-for-general-practice>

Aged care services

As of 30 June 2024, the Toowoomba SA4 region had 18 aged care service providers, providing a total of 1722 aged care places, in a residential care setting.⁵⁰ Aged care residents require access to a broad range of health services including GP care, nursing, dentistry, allied health (physiotherapy, occupational therapy, speech pathology, podiatry and dietetics) and support workers.

A continuing challenge for aged care services in the Toowoomba SA4 region is the management of patients with dementia who exhibit challenging behaviours. At any given time, several medically stable patients remain in acute hospital settings while awaiting placement in residential aged care. However, due to the complexity of their behaviours, it is often difficult to secure a suitable placement. This results not only in unnecessary occupancy of acute hospital beds but also in patients remaining in an environment that is not appropriate for their long-term care needs. Industry stakeholders have highlighted a skills gap in the aged care workforce, particularly in managing residents with complex behavioural needs.

Recent changes to aged care legislation are set to have a profound impact on the sector, particularly on the health workforce. Reforms such as increased care standards, tighter staffing requirements and enhanced reporting measures aim to improve the quality of aged care services across the board. However, these changes also present challenges, particularly for workforce recruitment and retention. The emphasis on higher qualifications and staffing ratios is likely to create additional pressure in an industry already facing chronic workforce shortages. The region's aged care providers will need to innovate in workforce development, invest in training programs and strengthen partnerships with education providers to meet these legislative demands while continuing to deliver exceptional care to the community's elderly residents.

Table 12 Aged care services, Toowoomba SA4 and Queensland, 30 June 2024

Region/State	Aged care service provider	Home and Community Care (HACC) Providers	Number of operational places by care type		
			Residential	Restorative	Total places
Toowoomba SA4	18	20	1722	52	1774
Queensland	505	527	44,350	1287	45,637

Note: Information on aged care services is provided by the Commonwealth Department of Health. Information is based on the location of the service, rather than the region in which the service is delivered, in some instances, aged care services may have provided the address information of their approved provider in place of the address information of the individual aged care service.

Source: Australian Institute of Health and Welfare, *Aged care service list: 30 June 2024*. GEN Aged Care Data.

As well as residential aged care, service providers in Toowoomba offer practical aged care services designed to help older residents stay in their own homes for as long as possible. These services provide essential support, including help with daily tasks, access to health care and specialised care when needed. By focusing on individual needs and working closely with local health professionals, community organisations and caregivers, these programs ensure that older adults can live safely, maintain independence and stay connected within their community. Key health personnel involved in community-based aged care support include doctors, registered nurses, allied health professionals, diabetes educators and personal support workers.

⁵⁰ Australian Institute of Health and Welfare. (2024). *Aged care service list: 30 June 2024*. GEN Aged Care Data. Canberra: Australian Government. <https://www.gen-agedcaredata.gov.au/resources/access-data/2024/september/aged-care-service-list-30-june-2024>

Allied health services

Allied health professionals in Toowoomba contribute to a wide range of industries including health, education, aged care and disability support. There is increasing competition for professionals in high-demand disciplines such as physiotherapy, occupational therapy, speech pathology, psychology and social work.

A notable development in the industry is the growing role of Allied Health Assistants (AHAs). Working under the supervision of qualified professionals, AHAs play a vital part in supporting the delivery of healthcare services across settings. Their work includes assisting with therapeutic programs, guiding patients through rehabilitation exercises, preparing clinical equipment and conducting basic assessments. By enhancing the capacity of allied health teams, AHAs contribute to better patient outcomes and increased service accessibility, particularly in aged care, disability and rural health settings. Their emergence also supports a more collaborative, team-based approach to care, helping to alleviate the workload of senior practitioners.

Aboriginal and Torres Strait Islander health services



Community-controlled Aboriginal health organisations (ACCHO) are central to the delivery of culturally safe and responsive health care for Aboriginal peoples and Torres Strait Islander peoples. These organisations are governed by local communities and grounded in principles of self-determination, cultural safety and community leadership.

They offer a range of essential services, including preventive care, maternal and child health programs, chronic disease management, mental health support and outreach initiatives. By integrating cultural values and practices, these organisations address the unique health challenges faced by Aboriginal and Torres Strait Islander communities while fostering trust and accessibility.

In the Toowoomba and Gatton regions, three key organisations provide vital health services:

Carbal Medical Services operated across multiple Toowoomba sites and provides a holistic range of programs, including general practice, maternal and child health, young parent support, chronic disease management, addiction services and allied health care.

Goolburri Aboriginal Health Advancement delivers services to both Aboriginal peoples and Torres Strait Islander peoples and non-indigenous communities in Toowoomba and the Darling Downs. Their offerings include dental care, home and community care and child protection services. Their multidisciplinary team includes general practitioners, dentists, allied health professionals, dental assistants and Aboriginal Health Workers.

Kambu Aboriginal and Torres Strait Islander Corporation for Health (Kambu Health) services the Gatton area and delivers culturally safe health care through a clinical workforce that includes Aboriginal Health Practitioners, Aboriginal Health Workers, registered and enrolled nurses, midwives and general practitioners.

Supported care services

Support workers are vital to the delivery of services within the National Disability Insurance Scheme (NDIS) and aged care sectors, providing essential assistance to individuals with disabilities or older adults to maintain their independence and quality of life. Their role encompasses a wide range of duties, including personal care, help with daily activities, transportation, social support and facilitating access to community services.



Qualifications for support workers in these sectors typically include formal education and training that aligns with the specific requirements of the NDIS and aged care frameworks. Common qualifications include Certificate III or Certificate IV in Individual Support, Aged Care or Disability Support, which provide foundational knowledge and practical skills in areas such as person-centred care, safety procedures and communication strategies. Additional training, such as first aid and manual handling certifications, is often required to ensure safety and competence in the role.

As workforce demands grow, ongoing professional development and specialised training will become increasingly important to meet the evolving needs of clients and uphold the quality of services in the NDIS and aged care sectors. The NDIS and aged care sector demand have driven a significant increase in the number of personal care workers across Toowoomba. While this has created a wide range of job opportunities, workers moving into this field may impact the supply of low-skilled workers to the health industry.

4.2 Workforce profile, employment projections and jobs growth

In 2024, the health workforce in the Toowoomba SA4 region numbered 14,531 employees.⁵¹ The age and gender profile of this workforce reflects several key trends that are likely to impact supply into the future.

⁵¹ Jobs Queensland. (2025). Data portal. *Anticipating Future Skills*. Ipswich: Queensland Government. <https://jobsqueensland.qld.gov.au/anticipating-future-skills/portal>

In general practice, the workforce is ageing, with many doctors nearing retirement age.⁵² The profession is also more male-dominated than other health fields.⁵³ This presents a dual challenge: reduced workforce supply as older practitioners retire and limited gender diversity in the pipeline.

The nursing workforce spans a wide range of ages; however, specialised areas such as midwifery and mental health nursing show an older profile.⁵⁴ Registered nursing remains strongly female-dominated, raising questions about gender balance and future workforce resilience.⁵⁵

Allied health professions show a varied age distribution. Physiotherapy, for example, has a younger profile, while occupational therapy, pharmacy and psychology include more practitioners nearing retirement age.⁵⁶ Most allied health professions are also female-dominated to varying degrees.⁵⁷ This variation suggests differing levels of retirement risk across allied health disciplines, which should be factored into workforce planning.

These workforce trends have direct implications for service delivery. An ageing GP and nursing workforce may limit access to timely primary care and specialised services, while variation across allied health professions may affect patient pathways and continuity of care. Addressing these risks is critical to maintaining service quality, safety and equity in the Toowoomba region.

Table 13 Existing health workforce, Toowoomba SA4 2024-2025

Industry	Number employed
Hospitals	4141
Allied Health Services	2086
Residential Care Services	1552
Medical Services	1514
Pathology and Diagnostic Imaging Services	380
Other Health Care Services	310

Source: Jobs Queensland, *Anticipating Future Skills data portal*

Retirement risk zones

Retirement risk is a significant concern for the health workforce in the Toowoomba SA4 region. As many health professionals' approach typical retirement ages, there is potential for a sharp reduction in workforce capacity unless proactive measures are taken.

Key trends and risk factors:

- Ageing General Practice workforce: Nationally, nearly 15 per cent of general practitioners (GPs) are aged 65 or older. As these GPs retire or reduce their hours, gaps in primary care access could widen.⁵⁸

⁵² The Royal Australian College of General Practitioners. (2023) *General practice health of the nation*. RACGP, 2023. <https://www.racgp.org.au/general-practice-health-of-the-nation-2023>

⁵³ Ibid.

⁵⁴ Australian Institute of Health and Welfare. (2024). *Health workforce*. Canberra: Australian Government. <https://www.aihw.gov.au/reports/workforce/health-workforce>

⁵⁵ Ibid.

⁵⁶ Ibid.

⁵⁷ Ibid.

⁵⁸ The Royal Australian College of General Practitioners (2023). *General practice health of the nation*. Melbourne: RACGP. <https://www.racgp.org.au/general-practice-health-of-the-nation-2023>

- High turnover intent among older practitioners: A survey from the Workforce Retention and Attrition Project (Ahpra) found that practitioners over age 60 (or 65 depending on role) are significantly more likely to intend to leave their profession or are uncertain about staying.⁵⁹
- Variation within specialised roles: In specialised nursing (e.g. mental health, midwifery) and certain allied health professions, there tends to be a larger share of practitioners nearing retirement age. These roles often have longer training cycles and more difficult to backfill.⁶⁰
- Impact on retention and service delivery: Retirement of older clinicians not only reduces headcount but also affects knowledge, mentoring, supervision capacity and continuity of care. Also, as older practitioners retire, there can be delays or gaps in patient access, especially in regional areas where replacement supply is slower.

Potential implications for Toowoomba SA4:

- Loss of senior practitioners could strain remaining staff, increasing workloads and risk of burnout.
- Delays or reduced access to specialised or senior-level services (e.g. senior nursing, mental health, allied health specialties) if replacement pipelines are weak.
- Possible decline in service quality or patient safety if supervision, mentorship or handover processes are disrupted.
- Reduced capacity for leadership within local health organisations as experienced staff leave.

Proactive workforce sustainability planning is required to manage these risks. This includes succession planning for senior clinical roles, leadership pipeline development and future workforce modelling to anticipate service demand. Without these measures, the region may experience workforce shortfalls that compromise health service delivery.

Labour shortage vulnerability analysis

There are several critical vulnerability points in the Toowoomba region where essential health services depend on a limited number of health workers:

- **Mental health workforce capacity:** Toowoomba has approximately 0.8 mental health professionals per 1000 people, which aligns with the Queensland average. However, the region reports a higher prevalence of mental health conditions (1.1 per 1000 compared to the state average of 0.9), indicating increased demand and heightened vulnerability to workforce shortages in this area.⁶¹
- **Shortages of medical professionals:** Data from the Internet Vacancy Index highlights ongoing difficulties in filling medical roles. Persistently unfilled vacancies suggest that workforce coverage across certain specialties is thin, leaving services exposed to further shortages.⁶²
- **Small rural general practices:** Around 72 per cent of general practices are located in Toowoomba city, with regional and rural communities typically supported by only one to three practitioners. These smaller practices face particular pressure in managing chronic conditions. Strengthening access to primary care and ongoing monitoring in these communities is essential to reduce demand on hospitals and emergency services.⁶³

⁵⁹ Australian Health Practitioner Regulation Agency. (2025). *Research provides clues to boost health workforce retention*. <https://www.ahpra.gov.au/News/2025-02-12-WRAP-media-release.aspx>

⁶⁰ Australian Institute of Health and Welfare. (2024). *Health workforce*. Canberra: Australian Government. <https://www.aihw.gov.au/reports/workforce/health-workforce>

⁶¹ Department of Health and Aged Care. (2025). *National Health Workforce Dataset (NHWDS) (dataset)*. Canberra: Australian Government. <http://hwd.health.gov.au>; and Queensland Government Statistician's Office. (2024). *Queensland Regional Profiles (Various reports)*. Brisbane: Queensland Government. <https://statistics.qgso.qld.gov.au/qld-regional-profiles>

⁶² Jobs and Skills Australia. (2025). *Internet Vacancy Index, August 2025*. Canberra: Australian Government. <https://www.jobsandskills.gov.au/data/internet-vacancy-index>

⁶³ Healthmap. (2025). *National Health Services Directory*. New South Wales: Healthmap. <https://studio.healthmap.com.au/>

- **Independent allied health professionals:** Approximately 60 per cent of allied health professionals in the region are sole practitioners, either running independent businesses or working independently within group or multidisciplinary settings. This presents risks to service continuity, particularly in communities that rely on a single provider.

Table 14 Risk profile assessment, labour market shortages

Service	Current practitioner coverage	Vulnerability rating	Timeframe
Mental Health	0.8 per 1000	Very high	Immediate due to prevalence
Rural General Practice	1-3 GPs per community	High	Short term (1-3 years) due to community risks
Allied Health	60% sole practitioners	High	Ongoing
Medical specialists	High and persistent job vacancies	Moderate-High	Medium-term (3-5 years)
Hospital Services	Multiple professionals	Moderate	Although the main employer, risk is limiting diversity of care settings

Source: Department of Health, Disability and Ageing, *Health workforce data tool* and QGSO, *Queensland regional profiles (various reports)*

4.3 Business profile

As the population continues to age, there is growing demand for specialised healthcare, aged care and social support services. This shift is driving the need for a workforce equipped with advanced skills, higher qualifications and specialised expertise to respond to increasingly complex healthcare needs. At the same time, the integration of emerging medical technologies and a stronger emphasis on preventative, community-based primary care is reshaping the scope and structure of health-related roles.

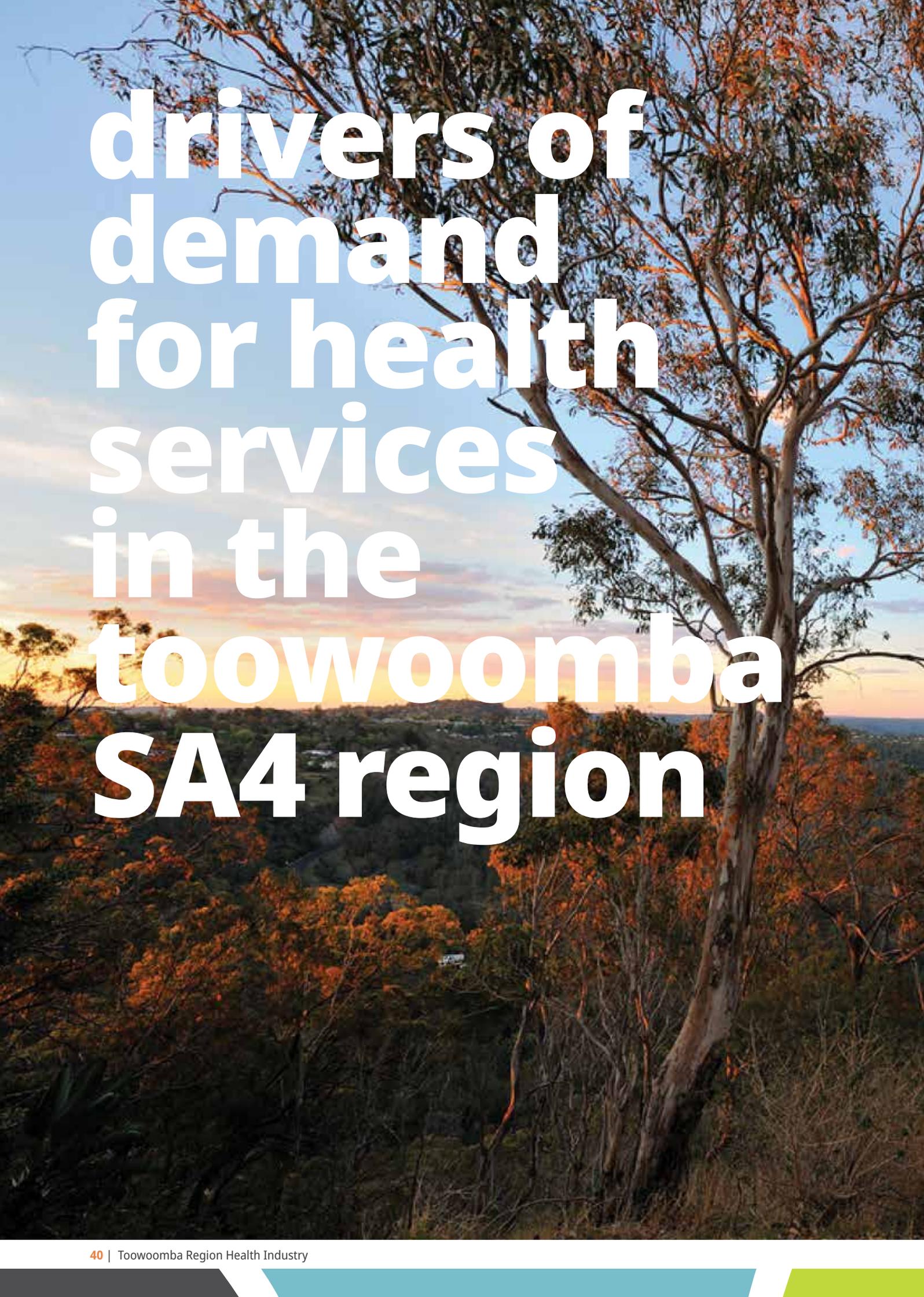
Toowoomba's position as a regional healthcare hub for surrounding rural and remote communities further compounds the need for a diverse and highly skilled health workforce. This includes professionals across allied health, nursing, aged care and social services, who are essential to delivering high-quality, integrated care across the continuum of services.

Currently the Toowoomba SA4 region is home to 1293 registered healthcare and social assistance businesses, representing 8.9 per cent of all businesses in the region.⁶⁴ This is notably higher than the Queensland state average, where 7.5 per cent of registered businesses operate in this industry.⁶⁵ Collectively these businesses employ approximately 15,513 individuals, underscoring the industry's critical role in Toowoomba's economy and community wellbeing.⁶⁶

⁶⁴ Jobs Queensland. (2025). *Toowoomba region workforce insights*. Ipswich: Queensland Government. https://jobsqueensland.qld.gov.au/_data/assets/pdf_file/0015/27123/toowoomba-workforce-insights.pdf

⁶⁵ Ibid.

⁶⁶ Ibid.



drivers of demand for health services in the toowoomba SA4 region

5. Drivers of demand for health services in the Toowoomba SA4 region

5.1 Level of socio-economic disadvantage

Socio-economic disadvantage is more pronounced in Toowoomba compared to the Queensland average, which contributes to higher and more complex health service needs across the region.

The Socio-Economic Indexes for Areas (SEIFA) provide a summary of the social and economic conditions of geographic areas across Australia, developed by the ABS using data from the Census of Population and Housing. SEIFA includes several indexes, one of which is the Index of Relative Socio-economic Disadvantage, released in 2021. This index ranks areas based on indicators such as low income, limited education, high unemployment and lack of access to private transport (e.g. households without a motor vehicle).

Lower SEIFA index values indicate greater socio-economic disadvantage. Based on usual place of residence, 29.3 per cent of the Toowoomba SA4 population were in the most disadvantaged quintile, compared with 20 per cent of the Queensland population overall.⁶⁷ As SEIFA uses a quintile system, 20 per cent is the expected state-wide distribution. Regionality is one of the factors that influences SEIFA scores, so it is not unexpected for a regional area like Toowoomba to have a higher proportion of people in the most disadvantaged quintile. This observation highlights relative disadvantage in the region but does not necessarily indicate a direct need for immediate action; rather, it provides context for understanding regional socio-economic patterns.

Table 15 Population by Index of Relative Socio-Economic Disadvantage Quintiles^(a), Toowoomba SA4 and Queensland, 2021

Region/State	Quintile 1 (most disadvantaged)	Quintile 2	Quintile 3	Quintile 4	Quintile 5 (least disadvantaged)
	Percentage				
Toowoomba SA4	29.3	24	12.4	15.9	18.4
Queensland	20	20	20	20	20

(a) The quintiles are population based and derived at the Queensland level (state based quintiles and not national based quintiles). Source: ABS, *Census of Population and Housing: Socio-Economic Indexes for Areas (SEIFA), Australia, 2021*, (Queensland Treasury derived)

5.2 Social determinants of health

Demand for health services is influenced by a range of social determinants that contribute to poorer health outcomes and inequities in access to appropriate care. In Australia, social determinants of health refer to non-medical factors that significantly impact individual and community health. These include socio-economic status, education, employment, housing, access to healthcare, social and digital inclusion and early life experiences.

Individuals with lower incomes or limited access to education and secure employment often experience greater health challenges. These challenges may arise from increased exposure to stress, unhealthy living conditions and reduced access to quality healthcare and nutritious food.

Geographic location is another important factor. People living in rural and remote areas frequently experience poorer health outcomes due to reduced availability of services and infrastructure. First Nations Australians also face significant health disparities, shaped by systemic disadvantage, the impacts of historical trauma and ongoing social and economic inequities.

⁶⁷ Australian Bureau of Statistics. (2023). *Socio-Economic Indexes for Areas (SEIFA), Australia*. Canberra: Australian Government. <https://www.abs.gov.au/statistics/people/people-and-communities/socio-economic-indexes-areas-seifa-australia/latest-release>

Recognising and addressing these social determinants is critical for understanding demand on the health system, reducing health inequities and improving population health outcomes.

5.3 Developmentally vulnerable children

Toowoomba has a higher proportion of developmentally vulnerable children than the Queensland average, particularly in the domain of physical health and wellbeing. This is a significant factor influencing demand for health services, as these children and their families often require increased access to early intervention and allied health support.

The Australian Early Development Census (AEDC) is a nationwide data collection that assesses how children are developing before they begin school. It captures developmental progress across five key domains, which are strong predictors of future health, education and social outcomes:

- physical health and wellbeing
- social competence
- emotional maturity
- language and cognitive skills
- communication skills and general knowledge.

The AEDC classifies children as ‘on track’, ‘at risk’, or ‘developmentally vulnerable’ in each domain. Children identified as developmentally vulnerable demonstrate significantly lower than average skills in that area.

In 2024, 20.2 per cent of children in the Toowoomba SA4 were developmentally vulnerable in two or more domains, considerably higher than the Queensland average of 13.6 per cent. The highest proportion of vulnerability was in the domain of physical health and wellbeing, affecting 17.4 per cent of children.

These figures highlight the need for targeted early childhood health and development services in the region, including stronger access to allied health professionals such as speech pathologists, occupational therapists and physiotherapists.

Table 16 Developmentally vulnerable children, Toowoomba SA4 and Queensland, 2024

Region/State	Developmentally vulnerable on one or more domains (%)	Developmentally vulnerable on two or more domains (%)	Children assessed
Toowoomba SA4	33.6	20.2	1274
Queensland	25.4	13.6	62,669

Source: Australian Early Development Census, *Community data explorer*

Table 17 Developmentally vulnerable children by domain, Toowoomba SA4 and Queensland, 2024

Region/State	Physical health and wellbeing (%)	Social competence (%)	Emotional maturity (%)	Language and cognitive (%)	Communication skills and general knowledge (%)
Toowoomba SA4	17.4	15.8	14.8	12.7	15.3
Queensland	11.4	11.6	11.5	8.4	8.9

Source: Australian Early Development Census, *Community data explorer*

5.4 Chronic health conditions and service demand

People living in the Toowoomba SA4 region have a greater need for health services than the Queensland average, as reflected in higher rates of long-term health conditions. In 2024, 32 per cent of residents reported having one or more long-term health conditions, compared to 28.8 per cent across Queensland.

In addition, 4 per cent of the Toowoomba SA4 population were living with three or more long-term health conditions, exceeding the state average of 3.3 per cent. This group is likely to require more frequent and complex interactions with the health system.

Residents of Toowoomba SA4 reported higher incidence than the state average for several key conditions, including:

- arthritis
- diabetes (excluding gestational diabetes)
- heart disease (including angina and heart attack)
- kidney disease
- mental health conditions (including depression and anxiety).

These higher rates of chronic illness place sustained pressure on local health services, particularly primary care, specialist care and allied health.

Table 18 Count of selected long term health conditions^(a), Toowoomba SA4 and Queensland, 2021

Region/State	Long-term health condition count				None of the selected conditions	Total Persons ^(b)
	One	Two	Three or more	Total		
Toowoomba SA4 (%)	20.8	7.2	4	32	60.3	100
Toowoomba SA4	33,726	11,597	6,499	51,825	97,671	162,059
Queensland (%)	19.3	6.2	3.3	28.8	62.3	100
Queensland	994,584	319,808	172,226	1,486,620	3,209,952	5,156,138

(a) Measures the number of people who reported that they had been told by a doctor or nurse that they have one or more of the following selected long-term health conditions: arthritis, asthma, cancer (including remission), dementia (including Alzheimer's), diabetes (excluding gestational diabetes), heart disease (including heart attack or angina), kidney disease, lung condition (including COPD or emphysema), mental health condition (including depression or anxiety) and stroke. The count excludes 'any other long-term condition(s)'.
 (b) Includes 'Not stated' responses.

Source: ABS, *Census of Population and Housing, 2021, General Community Profile – G20*

5.5 Regional incidence of disability

Data from the 2021 Census of Population and Housing shows that 6.9 per cent of residents in the Toowoomba SA4 have a profound or severe disability, compared with 6 per cent across Queensland.⁶⁸ This measure is derived from the variable 'Core activity need for assistance', which captures people who require help with one or more core activities—self-care, mobility or communication, due to a long-term health condition (lasting six months or more), disability or old age.⁶⁹

⁶⁸ Australian Bureau of Statistics. (2022). *General Community Profile. 2021 Census Community Profile*. Canberra: Australian Government. <https://www.abs.gov.au/census/find-census-data/search-by-area>

⁶⁹ Australian Bureau of Statistics. (2021). *Core activity need for assistance (ASSNP), Census of Population and Housing: Census dictionary*. Canberra: Australian Government. <https://www.abs.gov.au/census/guide-census-data/census-dictionary/2021/variables-topic/disability-and-carers/core-activity-need-assistance-assnp>

People with profound or severe disability typically have higher and more complex health care needs and may also require ongoing support from the disability and/or aged care sectors. This adds to the competition for in-demand professionals such as medical practitioners, nurses, allied health professionals and support workers across both sectors.



As of June 2025, there were more than 5800 active participants in the National Disability Insurance Scheme (NDIS) living in the Toowoomba SA4 region, representing around 3.3 per cent of the local population.⁷⁰ The total investment in the region for their care was nearly \$300 million, equating to approximately \$36,000 per person in committed support payments.⁷¹

Participants accessed services such as:⁷²

- assistance with daily life
- support for social and community participation
- home modifications
- relationship support
- employment assistance
- coordination of supports.

This growing demand for disability services further intensifies workforce pressure across both the health and disability sectors, particularly in regional areas like Toowoomba where recruitment and retention of skilled professionals is already a challenge.

⁷⁰ National Disability Insurance Scheme. (2025). *Explore data*. Canberra: Australian Government. <https://dataresearch.ndis.gov.au/explore-data>

⁷¹ Ibid.

⁷² National Disability Insurance Scheme. (2025). *Provider datasets*. Canberra: Australian Government. <https://dataresearch.ndis.gov.au/datasets/provider-datasets>

Table 19 Need for assistance with a profound or severe disability, Toowoomba SA4 and Queensland, 2021

Region/State	Need for assistance		No need for assistance		Total ^(a)
	number	%	number	%	number
Toowoomba SA4	11,248	6.9	142,278	87.9	162,059
Queensland	309,366	6	4,513,222	87.5	5,156,138

(a) includes need of assistance not stated.

Source: ABS, *Census of Population and Housing, 2021, General Community Profile – G18*

5.6 Digital inclusion

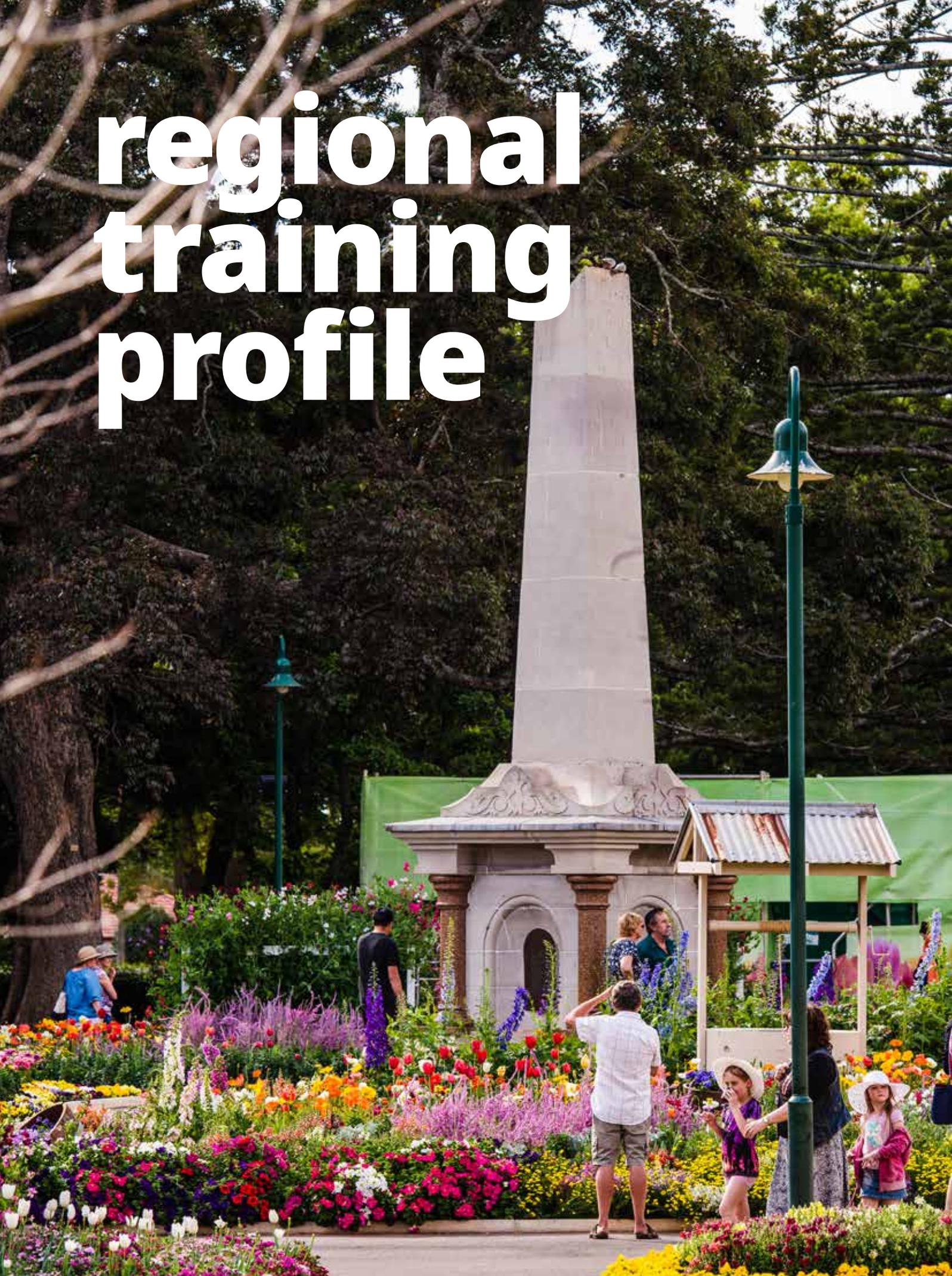
In communities where there are long travel distances and limited workforces, digital health can improve patient care and reduce wait times by providing timely access to services, information and support for decision making.

Digital inclusion is a concept of how well people in a community can access and use digital technologies, indicating their capacity to engage in digital health. The Australian Digital Inclusion Index measures three key dimensions: access, affordability and ability to use technology. These are important, as barriers to using technology can be related to accessing networks, the costs of devices or data, as well as the skills and literacy of the end user. This is relevant to both the health professional and the health consumer.

The index shows a gap in digital inclusion in the Toowoomba region compared to the Queensland average. While access and affordability appear like the Queensland average, the largest gap is with digital ability, which can marginalise people who are experiencing poverty and those aged over 75 years. This suggests that access to a device does not necessarily mean the person is confident in their ability to engage in digital services.



regional training profile



6. Regional training profile

Employee development

As a major health service hub for Southern Queensland, Toowoomba's health industry invests heavily in the ongoing development of both clinical and non-clinical staff across sectors including aged care, hospitals, allied health and community care.

In-house training and skill development

- Clinical educators and mentors deliver structured, on-the-job training across hospitals, aged care facilities and allied health services. This includes clinical competency development, mandatory skills updates and practice-based supervision.
- Clinical guidelines inform training in infection control, manual handling, emergency protocols and medication safety.
- Cultural and informal learning is embedded in induction programs, toolbox talks, reflective practice and peer learning sessions focused in person-centred and culturally safe care.

Formal training and upskilling

- Employers can invest in external training for career progression and regulatory compliance (e.g. Ahpra registration requirements).
- Registered training organisations (RTOs) and universities provide a range of training opportunities, including but not limited to:
 - » Certificate III in Individual Support
 - » Diploma of Nursing
 - » Bachelor-level qualifications
 - » Postgraduate specialisations (e.g. mental health, palliative care or leadership).
- Training in telehealth, digital platforms, care planning and trauma-informed practice is in increasing demand.

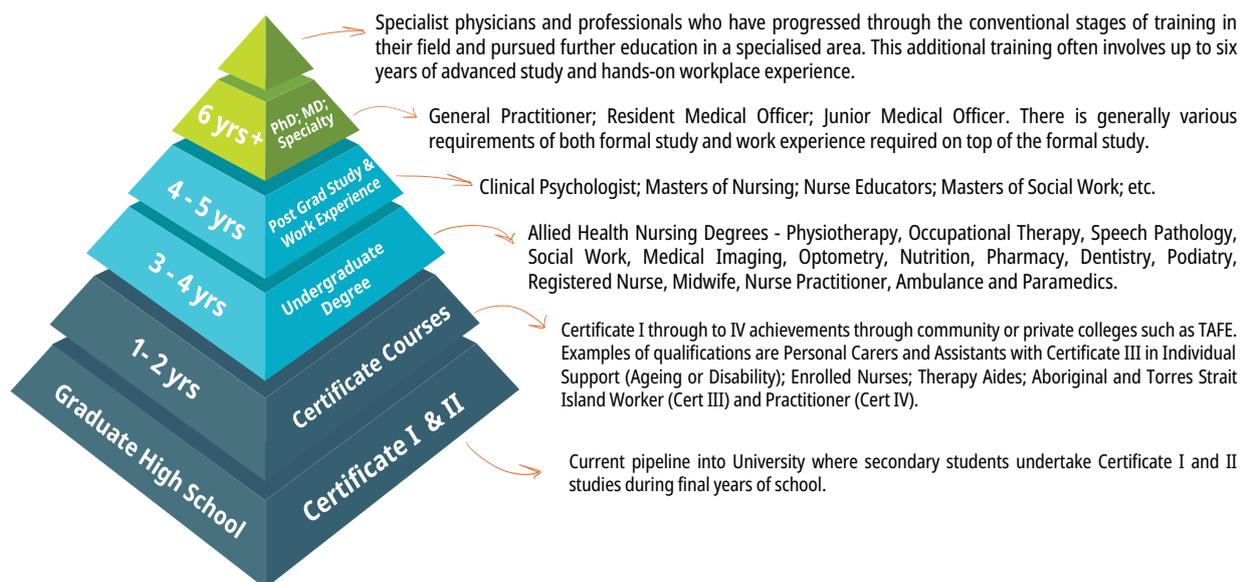


6.1 Training pathways

The training pipelines for health careers in Queensland vary by profession but generally follow a structured path beginning in secondary school and progressing through vocational or university education, followed by registration or accreditation. There are multiple entry points into health careers, through university degrees, VET qualifications or postgraduate study, with opportunities to specialise or upskill throughout a professional's career.

Figure 9 Health occupations training pipeline

Health Occupations Training Pipeline



Source: Adapted from data in the *Australian Qualifications Framework* (Australian Qualifications Framework Council, 2013) and *National Medical Workforce Strategy 2021-2031*, Department Health, Disability, and Ageing, Australian Government, pp 45-47

These pathways are designed to provide the necessary education and practical training to meet the requirements of specific health jobs.⁷³ Below (and summarised in Table 25) is an outline of the common training pipelines for various health careers in Queensland:

Secondary school (years 7–12)

The following guidance relates specifically to students pursuing university study in health-related fields. Students remaining in secondary school can still undertake Certificate II or Certificate III options through vocational education pathways. Additionally, students who have completed up to Year 10 may still enrol in Certificate III programs.

Core requirements for university entry:

- Completion of Year 12 with strong results in English, mathematics, biology, chemistry and health.
- Some professions (e.g. medicine, dentistry) require specific prerequisites such as chemistry and biology.
- Participation in health-related extracurricular activities (e.g. volunteering, health science clubs) can enhance university applications.

⁷³ Australian Qualifications Framework. (n.d.). *The Australian Qualifications Framework, The AQF Second Edition January 2013*. Canberra: Australian Government. <https://www.aqf.edu.au/download/405/aqf-second-edition/3/aqf-second-edition/pdf>; Department of Health, Disability and Ageing. (2022). *National Medical Workforce Strategy 2021-2031*. Canberra: Australian Government. <https://www.health.gov.au/resources/publications/national-medical-workforce-strategy-2021-2031>

University pathways for health professions

Medical practitioners (Doctors)

- University requirements:
 - » Completion of Year 12 with high ATAR above 95 and prerequisites such as chemistry, biology and English.
 - » Undergraduate pathway:
 - Some universities offer a direct entry Bachelor of Medical Science or similar program (e.g. University of Queensland's Bachelor of Science with a focus on health).⁷⁴
 - » Graduate entry pathway (after a relevant undergraduate degree):
 - Graduate medicine programs (e.g. University of Queensland's Doctor of Medicine, Griffith University Doctor of Medicine).⁷⁵
 - Requires the Graduate Medical School Admissions Test (GAMSAT) and interview.
- Postgraduate training: Must complete intern training for registration.



⁷⁴ The University of Queensland. (n.d.). *Entry requirements (MD provisional entry)*. Brisbane: The University of Queensland. <https://study.uq.edu.au/admissions/doctor-medicine/provisional-entry/entry-requirements>

⁷⁵ Griffith University. (n.d.). *Doctor of Medicine*. Brisbane: Griffith University. <https://www.griffith.edu.au/study/degrees/doctor-of-medicine-5099>

Nurses and midwives

- University requirements:
 - » Completion of Year 12 with appropriate ATAR in the 90s, with English and other relevant subjects (note – this is not necessarily an indicator of course difficulty, rather a method to ration access for scarce places).
- University degree:
 - » Bachelor of Nursing or Bachelor of Midwifery (3-4 years).
- Registration:
 - » To practice, nursing graduates must register with the Nursing and Midwifery Board of Australia (NMBA).⁷⁶
- Postgraduate opportunities:
 - » After registration, nurses can specialise in areas such as paediatric, mental health or critical care nursing through further education (e.g. master's programs).⁷⁷

Allied health professionals (physiotherapists, occupational therapists, speech pathologists and podiatrists)⁷⁸

- University requirements:
 - » Completion of Year 12 with high ATAR and science prerequisites (e.g. biology, chemistry or physics).
- University degree:
 - » Bachelor of Physiotherapy (4 years), Bachelor of Occupational Therapy (4 years), Bachelor of Speech Pathology (4 years) or Bachelor of Podiatry (3-4 years).
- Postgraduate opportunities:
 - » Physiotherapists, occupational therapists, speech pathologists and podiatrists can pursue advanced certifications or postgraduate qualifications.

Pharmacists⁷⁹

- University requirements:

Completion of Year 12 with ATAR 75-80, particularly in chemistry and biology.
- University degree:
 - » Bachelor of Pharmacy (4 years).
- Postgraduate requirements:
 - » Internships and registration with the Pharmacy Board of Australia.
 - » Specialisations available in clinical pharmacy, community pharmacy and hospital pharmacy.

Psychologists⁸⁰

- University requirements:
 - » Completion of Year 12 with an ATAR in the range of 75-85, with English as a prerequisite.
- University degree:
 - » Bachelor of Psychological Science (3 years).
- Postgraduate requirements:
 - » Completion of a Master's or Doctorate in Psychology (4-6 years total).
 - » Mandatory internship and supervision for full registration as a psychologist.

⁷⁶ Nursing and Midwifery Board. (n.d.). *Registration standards*. Melbourne: Nursing and Midwifery Board of Australia. <https://www.nursingmidwiferyboard.gov.au/Registration-Standards.aspx>.

⁷⁷ Queensland Tertiary Admissions Centre. (2025). *Course search*. Brisbane; Queensland Tertiary Admissions Centre. <https://www.qtac.edu.au/course-search/>

⁷⁸ Ibid.

⁷⁹ Pharmacy Board. (2025). *Internships*. Melbourne: Pharmacy Board of Australia. <https://www.pharmacyboard.gov.au/registration/internships>

⁸⁰ Psychology Board. (2025). *5+1 internship program*. Australia: Psychology Board of Australia. <https://www.psychologyboard.gov.au/Registration/Provisional/5-1-Internship-Program.aspx>

Medical laboratory scientists⁸¹

- University requirements:
 - » Completion of Year 12, with ATAR score of 72 or above
- University degree:
 - » 3- or 4-year degree in Medical Science, Laboratory Medicine or Medical Laboratory Science accredited with Australian Institute of Medical and Clinical Scientists.

Paramedics⁸²

- University requirements:
 - » Completion of Year 12 with good results in science and English.
- University degree:
 - » Bachelor of Paramedicine (3 years).
- Registration:
 - » After graduation, paramedics must register with the Paramedicine Board of Australia to practice.

Post-graduate education and training

For many health professions, post-graduate study or practical training is required to specialize or advance in a career. Some examples include:

- Medical specialties: additional training in specific medical fields (e.g. surgery, psychiatry) after completing general medical education.
- Nursing specialisation: nurses may pursue further education (e.g. nurse practitioner, clinical nurse educator or midwifery programs).
- Psychology: psychologists may need to complete further practical placements and coursework to specialise in areas such as clinical or forensic psychology.

Health Professions with diploma or vocational education and training pathways

Enrolled nurses⁸³

- Pathway:
 - » Complete Year 12 or equivalent.
 - » Enrol in a Diploma of Nursing (18 months to 2 years) at a TAFE or registered training organisation (RTO).
- Post-diploma:
 - » Enrolled nurses must complete additional supervised practice and may later choose to study a Bachelor of Nursing for full registration.

Dental assistants and dental hygienists⁸⁴

- Dental assistant:
 - » Complete Year 12 (often with a focus on health sciences).
 - » Enrol in a Certificate III in Dental Assisting (1–2 years).
- Dental hygienist:
 - » Complete Year 12 with strong science subjects.
- Dental assistants can pursue further qualifications to become dental hygienists or dental therapists through higher education.

⁸¹ Australian Institute of Medical and Clinical Scientists. (2025). *Careers in Medical Science*. Brisbane: Australian Institute of Medical and Clinical Scientists. <https://www.aims.org.au/Web/Web/AboutUs/Careers-in-Medical-Science.aspx?hkey=fc69b929-ba10-452d-bb79-517cf62206de>

⁸² Paramedicine Board. (2025). *Registration*. Melbourne: Paramedicine Board of Australia. <https://www.paramedicineboard.gov.au/Registration.aspx>

⁸³ TAFE Queensland. (2025). *Diploma of Nursing*. Brisbane: TAFE Queensland. <https://tafeqld.edu.au/course/17/17738/diploma-of-nursing>

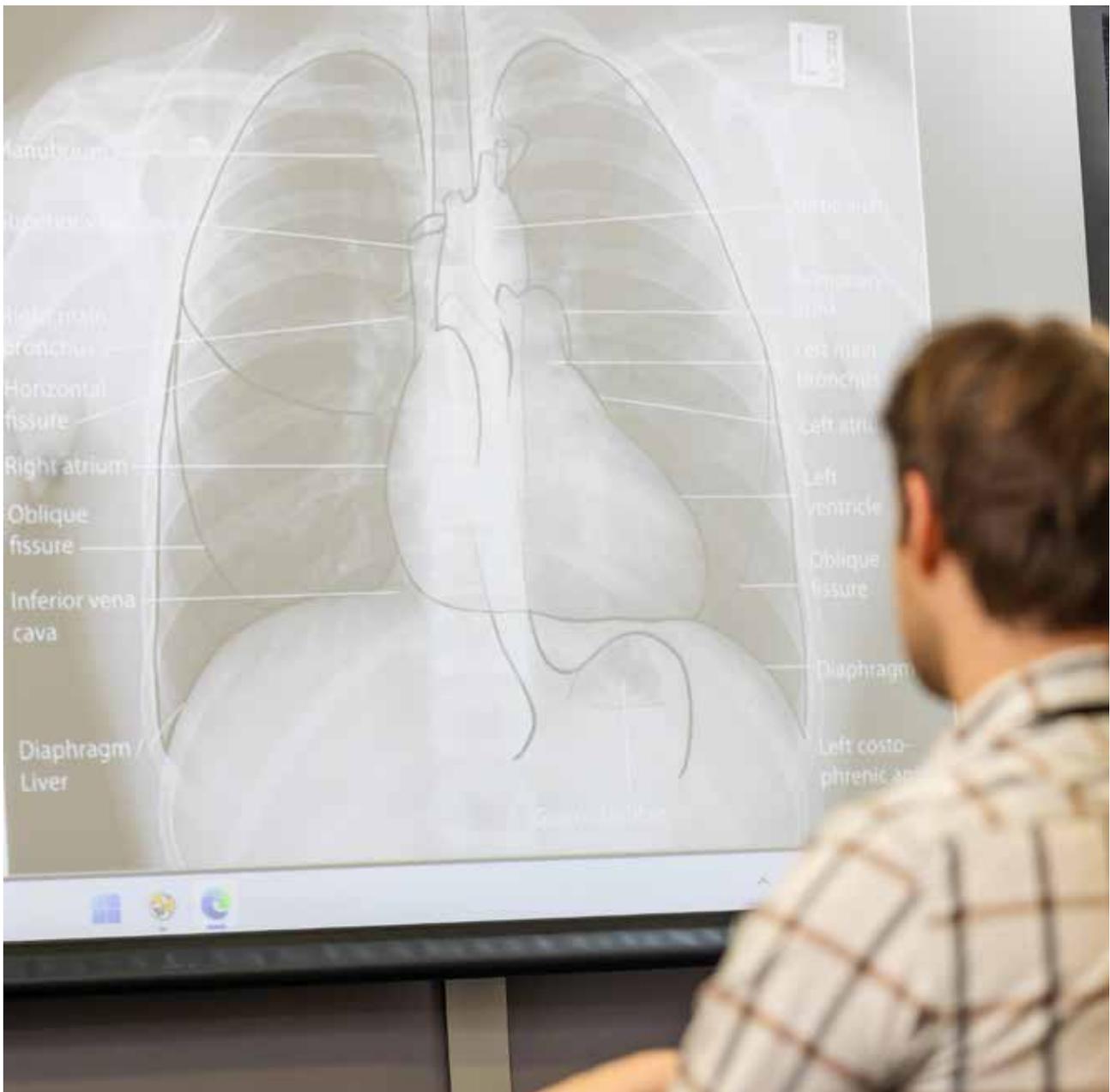
⁸⁴ TAFE Queensland. (2025). *Certificate III in Dental Assisting*. Brisbane: TAFE Queensland. <https://tafeqld.edu.au/course/17/17745/certificate-iii-in-dental-assisting>

Allied health assistants⁸⁵

- Complete Certificate IV in Allied Health Assistance.

Pathology collectors and medical laboratory technicians⁸⁶

- Pathway:
 - » Complete Year 12 with science subjects.
 - » Enrol in a Certificate III or IV in Pathology Collection or Medical Laboratory Science (1–2 years).
- Medical laboratory scientists typically require a university degree, such as a Bachelor of Laboratory Science (3–4 years), followed by registration.



⁸⁵ TAFE Queensland. (2025). *Certificate IV in Allied Health Assistance*. Brisbane: TAFE Queensland. <https://tafeqld.edu.au/course/17/17763/certificate-iv-in-allied-health-assistance>

⁸⁶ TAFE Queensland. (2025). *Certificate III in Pathology Collection*. Brisbane: TAFE Queensland. <https://tafeqld.edu.au/course/17/17794/certificate-iii-in-pathology-collection>

Table 20 Summary of health careers training pathways in Queensland

Health career	Year 12 requirements	Training institution	Qualification level	Duration	Additional requirements
Medical practitioners	High ATAR (95+), chemistry, biology, English	University	Bachelor's/ Graduate entry	4-6 years	Intern training for registration
Nurses	ATAR in 90s, English	University	Bachelor's	3-4 years	NMBA registration required
Enrolled nurses	Year 12 or equivalent	TAFE/RTO	Diploma	18 months - 2 years	Supervised practice required
Midwives	ATAR in 90s, English	University	Bachelor's	3-4 years	NMBA registration required
Physiotherapists	High ATAR, science prerequisites	University	Bachelor's	4 years	Professional registration
Occupational therapists	High ATAR, science prerequisites	University	Bachelor's	4 years	Professional registration
Speech pathologists	High ATAR, science prerequisites	University	Bachelor's	4 years	Professional registration
Podiatrists	High ATAR, Science prerequisites	University	Bachelor's	3-4 years	Professional registration
Pharmacists	ATAR 75-80, chemistry, biology	University	Bachelor's	4 years	Internship + Pharmacy Board registration
Psychologists	ATAR 75-85, English	University	Bachelor's + Master's/ Doctorate	7-9 years total	Internship + supervision for full registration
Medical laboratory scientists	Science subjects	University	Bachelor's	3-4 years	Professional registration
Paramedics	Good results in science, English	University	Bachelor's	3 years	Paramedicine Board registration
Dental assistants	Year 12 (health sciences focus)	TAFE/RTO	Certificate III	1-2 years	-
Dental hygienists	Year 12, strong science subjects	TAFE/ University	Associate degree	2-3 years	-
Allied health assistants	Year 12	TAFE/RTO	Certificate IV	1-2 years	-
Pathology collectors	Year 12, science subjects	TAFE/RTO	Certificate III/IV	1-2 years	-
Medical laboratory technicians	Year 12, science subjects	TAFE/RTO	Certificate III/IV	1-2 years	-

Sources: Australian Qualifications Framework Council; University of Queensland; Griffith University; Queensland Tertiary Admissions Centre; TAFE Queensland; Nursing and Midwifery Board of Australia; Pharmacy Board of Australia; Psychology Board of Australia; Paramedicine Board of Australia; Australian Institute of Medical and Clinical Scientists.

6.2 Vocational training and tertiary education infrastructure in the region

Data from regional VET providers and training authorities (such as VOCSTATS and the National Centre for Vocational Education Research) indicates strong enrolment in health-related qualifications across the Toowoomba SA4 region.

Toowoomba-based learners are engaging with a broad range of training packages spanning clinical care, aged care and social assistance disciplines, reflecting growing interest in and demand for skills aligned to the health and community services sector.



Typical annual enrolments:

- Certificate III in Individual Support (Aged Care, Disability or Home and Community Care): high uptake across residential care and NDIS sectors.
- Diploma of Nursing: a popular entry-to-practice qualification for Enrolled Nurses, with strong completion rates in the region.
- Certificate IV in Allied Health Assistance: supporting physiotherapy, occupational therapy and other allied health services.
- Certificate IV in Mental Health and Alcohol and Other Drugs (AOD): increasing due to service expansion in community mental health.

Approximate breakdown by qualification level (per cent of annual health VET enrolments) shows a weighting toward entry-level Certificate III programs, with progressively fewer learners at higher levels:

- Certificate III: ~55 per cent of
- Certificate IV: ~25 per cent
- Diploma and above: ~20 per cent, particularly in nursing and mental health.

This distribution meets short-term demand for frontline support staff but may constrain the pipeline into higher-skill roles.

Enrolments in units of competency

Standalone unit enrolments (often used for targeted skills or refresher training) are also common in Toowoomba.

Focus areas include:

- manual handling and WHS compliance
- infection prevention and control
- medication assistance and documentation
- cultural awareness and trauma-informed practice
- mental health first aid and de-escalation techniques.

Enrolments in short courses and skill sets are used to:

- meet compliance mandates for aged care and NDIS providers
- enable micro-credentialing of support staff
- provide bridging skills for workforce transitions and career changers.

Use of cross-industry qualifications and training packages

Health employers also utilise a range of non-clinical qualifications to support leadership, administration and operational roles.

- Business Services (BSB) units: applied in areas such as practice management, medical reception and team leadership.
- Community Services (CHC) units: used to deepen skills in case management, peer work and social support.
- Digital and ICT units: for health informatics, data entry and patient record management.
- Transport and Logistics (TLI) units: occasionally relevant for workers involved in patient transport or mobile service delivery.

Toowoomba hosts a diverse range of health education and training infrastructure, supporting pathways from high school through to university, vocational training and clinical practice. These institutions play a key role in addressing regional workforce needs and in training future health professionals locally.

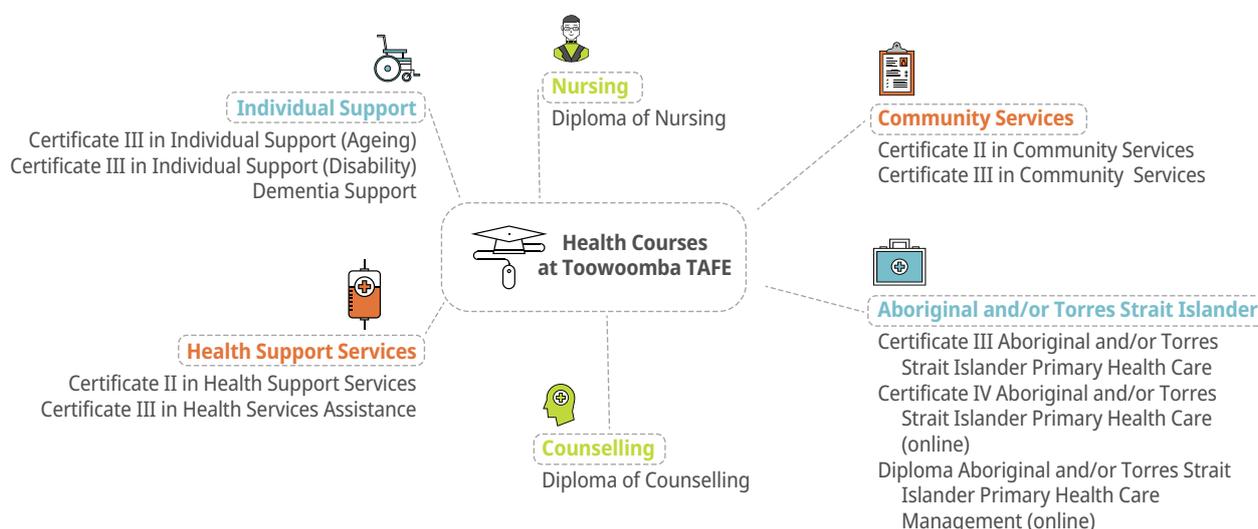


TAFE Queensland – Toowoomba Campus

TAFE Queensland’s Toowoomba campus offers a comprehensive suite of courses in the Health and Science fields, supporting the region’s demand for skilled vocational health workers.

Figure 10 Health related courses at Toowoomba TAFE

Health Courses at Toowoomba TAFE (As at April 2025)



Source: TAFE Queensland

St Vincent’s Health Partnership Program⁸⁷

Through a partnership with St Vincent’s Health Australia, TAFE Queensland delivers the Diploma of Nursing (HLT54121) at St Vincent’s Private Hospital Toowoomba. The 18-month program is delivered on-site, providing students with a unique hands-on learning experience within a leading hospital environment.

Students benefit from an integrated approach that combines equal components of classroom-based education and clinical training, allowing them to gain practical experience and connect with the healthcare industry early in their careers.

University of Southern Queensland (UniSQ)

UniSQ operates across three campuses in Toowoomba, Springfield and Ipswich. A medicine pathway has been established via the Bachelor of Biomedical Sciences, completed through UniSQ with direct entry into the University of Queensland’s (UQ) Doctor of Medicine program, delivered by the UQ Rural Clinical School in Toowoomba.⁸⁸ For the first time, end to end medical training is available in Toowoomba. A previous study by James Cook University showed that students from a rural background were 19 per cent more likely to return to work in a rural community. It is anticipated that providing local training will encourage more graduates to remain in the local Toowoomba area.

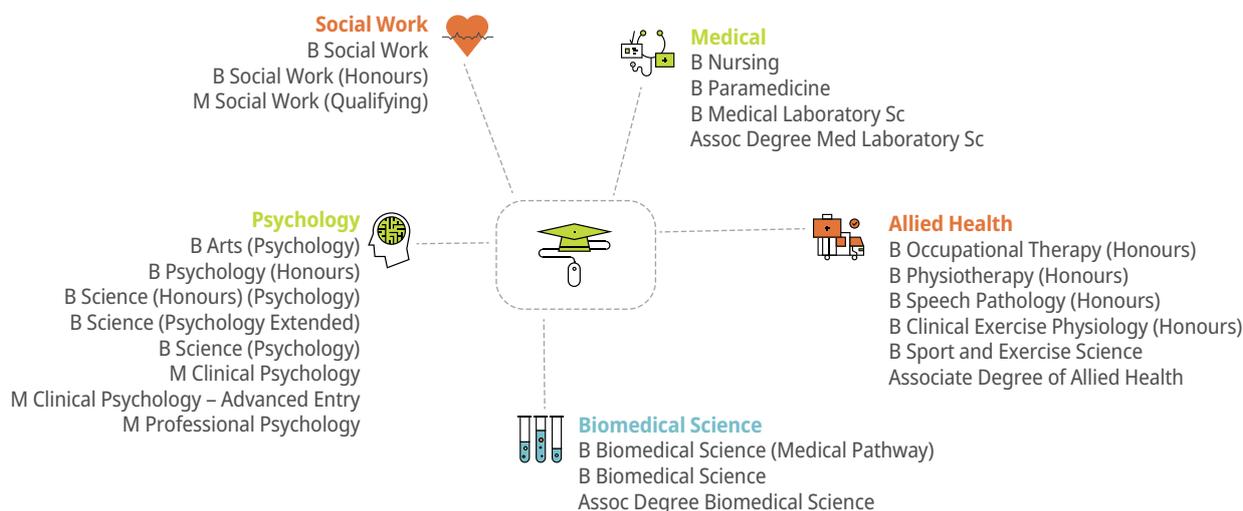
⁸⁷ TAFE Queensland. (n.d.). *St Vincent’s Health Partnership Program*. Brisbane: TAFE Queensland. <https://tafeqld.edu.au/employers/partnerships/nursing/st-vincents-health-australia>

⁸⁸ University of Southern Queensland. (2025). *Bachelor of Biomedical Sciences (Medicine Pathway)*. Toowoomba: University of Southern Queensland. <https://www.unisq.edu.au/study/degrees/bachelor-of-biomedical-sciences-medicine-pathway>

Currently UniSQ does not offer all of its allied health courses at the Toowoomba campus but has plans to do so in the future. Having to attend lectures in Ipswich may be a deterrent for Toowoomba-based students. However, UniSQ does offer an inter-campus shuttle bus which provides regular free travel between all UniSQ campuses for students and staff.

Figure 11 Health related courses available at University of Southern Queensland

UNISQ Health Related Course



Source: University of Southern Queensland

Southern Queensland Rural Health⁸⁹

Southern Queensland Rural Health (SQRH) is a Commonwealth-funded University Department of Rural Health. It is a collaboration between:

- University of Queensland
- University of Southern Queensland
- Darling Downs Health
- South West Hospital and Health Service.

SQRH is focused on improving rural training experiences for allied health, nursing and midwifery students. In 2019, it opened a \$1.3 million clinical training facility at the Baillie Henderson campus in Toowoomba, equipped to support quality clinical placements and interprofessional learning.

University of Queensland’s Rural Clinical School⁹⁰

Program delivery and operations in Toowoomba are based at UQ’s Teaching and Learning Centre, adjacent to the Toowoomba Hospital. The centre includes a clinical skills laboratory and clinical simulation facilities as well as extensive teaching and learning resources.

Medical students enjoy small group teaching and one-on-one learning opportunities. Working within the Toowoomba community, students can develop networks with medical, allied health, nursing and other professionals.

⁸⁹ Southern Queensland Rural Health. (2025). *What is Southern Queensland Rural Health?* Toowoomba: Southern Queensland Rural Health. <https://www.sqrh.com.au/who-we-are>

⁹⁰ The University of Queensland. (n.d.). *Rural Clinical School*. Brisbane: The University of Queensland. <https://rcs.medicine.uq.edu.au/>

Clinical training is delivered through a mix of public and private healthcare providers including:

- Toowoomba Hospital
- St Vincent's Private Hospital
- St Andrew's Hospital
- Private and allied health practices.



Cunningham Centre – Darling Downs Health⁹¹

Darling Downs Health Cunningham Centre is a registered training organisation delivering nationally recognised vocational education and training programs in areas such as sterilisation services and immunisation.

⁹¹ Queensland Health. (2025). *Cunningham Centre*. Brisbane: Queensland Government. <https://www.health.qld.gov.au/cunninghamcentre>

Rural Medical Education Australia⁹²

Rural Medical Education Australia (RuralMedEd) provides a health workforce pipeline in rural communities through training high school students for a health career and a pathway to university, educating Griffith University medical students and rural general practice specialists for the rural health workforce. With headquarters in Toowoomba, RuralMedEd provides a number of Grow Your Own health workforce initiatives including:

- **Aspire2Health:** A high school outreach program targeting rural and First Nations students. Evaluations show the program increases student interest in health careers, particularly through hands-on sessions, meeting professionals and observing emergency scenarios.⁹³
- **LongLook:** In partnership with Griffith University's School of Medicine and Dentistry, this longitudinal integrated clerkship program places medical students in extended rural placements.⁹⁴
- **RuralMedEd Training:** A registered training organisation delivering the Certificate IV in Allied Health Assistance to Year 11 students. Scholarships are available through the Destination Australia program, reducing the costs of studying and living rurally.⁹⁵
- **GPrEP (General Practice Exam Preparation):** A general practice exam preparation course designed to help rural doctors gain fellowship with either the Royal Australian College of General Practitioners (RACGP) or the Australian College of Rural and Remote Medicine (ACRRM).⁹⁶



⁹² Rural Medical Education Australia. (n.d.). *Growing Future Rural Health Professionals in Rural Australia*. Toowoomba: Rural Medical Education Australia. <https://ruralmeded.org.au/>

⁹³ Rural Medical Education Australia. (n.d.). *Aspire2Health*. Toowoomba: Rural Medical Education Australia. <https://ruralmeded.org.au/aspire2health/>

⁹⁴ Rural Medical Education Australia. (n.d.). *Griffith University Medical Students*. Toowoomba: Rural Medical Education Australia. <https://ruralmeded.org.au/griffith-university-medical-students/>

⁹⁵ Rural Medical Education Australia. (n.d.). *Job-Ready Health Training*. Toowoomba: Rural Medical Education Australia. <https://ruralmeded.org.au/courses/>

⁹⁶ Rural Medical Education Australia. (n.d.). *How to Prepare for GP Fellowship Exams*. Toowoomba: Rural Medical Education Australia. <https://ruralmeded.org.au/how-to-prepare-for-gp-fellowship-exams/>

employment projections and job growth



7. Employment projections and job growth

7.1 Future health workforce needs

In addition to current widespread shortages across the health care and social assistance sector outlined previously, the Toowoomba SA4 region is facing significant challenges in its health workforce over the next five years – primarily due to growth in demand for health services and attrition rates in the current workforce due to retirement.⁹⁷

The challenge faced in the Toowoomba SA4 region is not simply about keeping up with expected growth, it must also ensure the workforce can meet the growing healthcare needs of the community (with the prevalence of chronic disease more than 3 per cent higher than the Queensland average).⁹⁸

Table 21 Health workforce estimate numbers

5-year health workforce scenarios	Health care and social assistance industry
2024-2025 workforce estimate	9983
2027-2028 workforce projection	10,879
Additional jobs projected	858

Source: Jobs Queensland, *Anticipating Future Skills data portal*

Potentially, part of this predicted workforce shortage could be addressed by drawing on the existing workforce of registered healthcare professionals who are currently working outside of their profession.

7.2 Projected job growth

The combination of the predicted growth in health and social assistance employment and predicted workforce shortfall in Toowoomba by 2027 have substantial implications on education and workforce planning strategies. Meeting this challenge will require:

- targeted VET and higher education pathways
- workforce planning which addresses both clinical and support roles
- youth engagement strategies to build local capacity
- employer partnerships to expand clinical placement and training opportunities.

Queensland Health's Workforce Strategy to 2032 outlines the following trends on health service demand:⁹⁹

- Queensland is experiencing net migration from other Australian states and overseas resulting in population growth
- the over-70 demographic is expected to surge at a rate of 3.8 per cent per year, driving up demand on health services
- hospital activity is anticipated to grow across the board by 4.9 per cent annually for the next five years driven by population growth, ageing population and increasing patient complexity due to chronic disease incidence.

⁹⁷ Jobs and Skills Australia. (2023). *Skills Priority List Key Findings Report 2023*. Canberra: Australian Government. <https://www.jobsandskills.gov.au/publications/skills-priority-list-key-findings-report-2023>

⁹⁸ Darling Downs and West Moreton PHN. (2025). *Preventing and Managing Chronic Conditions*. accessed April 2025. Available at <https://www.ddwmhna.com.au/preventing-and-managing-chronic-conditions>; Queensland Government Statistician's Office. (2024). *Queensland Regional Profiles*. Brisbane: Queensland Government. <https://statistics.qgso.qld.gov.au/qld-regional-profiles>

⁹⁹ Queensland Health. (2024). *Health Workforce Strategy for Queensland to 2032*. Brisbane: Queensland Government. https://www.health.qld.gov.au/_data/assets/pdf_file/0039/1339995/Health-Workforce-Strategy_Digital.pdf



Trends in health worker supply include:

- increased competition for health workers from the aged care and disability sectors
- evolving skill requirements e.g. digital health, use of artificial intelligence, genomics
- changing health consumer expectations
- demand for health care closer to home.

Figure 12 New Toowoomba Hospital extended capacity



Expanded overnight bed capacity
Increasing the overnight bed capacity by 118



Fully digital facility



23 additional ED treatment spaces



Expanded cardiac care



Construction Stage 1 complete late 2027

Source: Darling Downs Health, *New Toowoomba Hospital project: Fact sheet*

Selected employment in the region is forecast to reach 17,434 roles in health and social assistance-related occupations by 2027–2028. This represents a 9 per cent increase, adding 1434 new jobs from the 2023–2024 baseline. This growth outpaces the state average (Queensland’s growth is 5.4 per cent), highlighting Toowoomba as a key emerging hub in healthcare and social services.¹⁰⁰

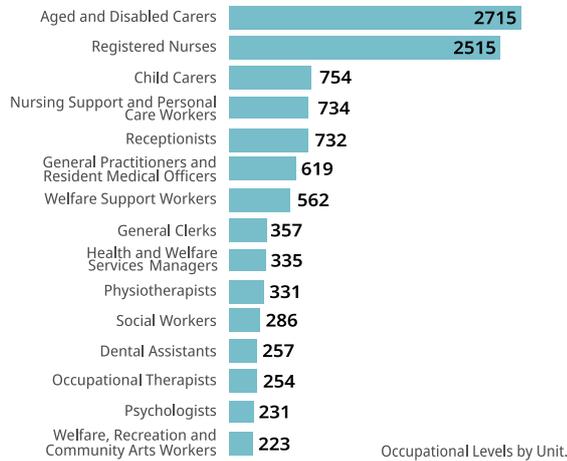
This underscores the region’s increasing reliance on a skilled health and community care workforce. Driven by factors such as population ageing, healthcare infrastructure growth and Toowoomba’s role as a regional service centre.

¹⁰⁰ Jobs Queensland. (2025). Data portal. *Anticipating Future Skills*. Ipswich: Queensland Government. <https://jobsqueensland.qld.gov.au/anticipating-future-skills/portal>

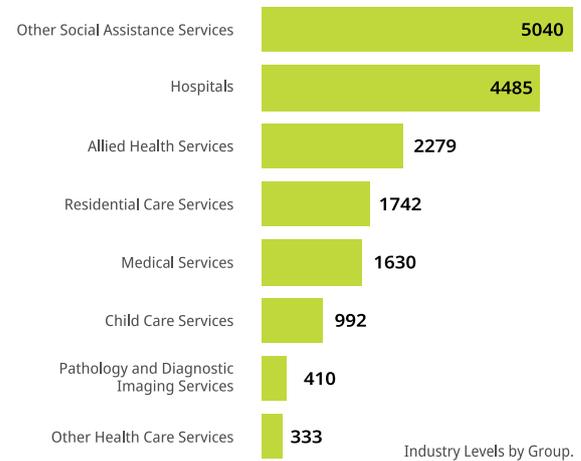
Figure 13 Employment profile for health and social assistance occupations in Toowoomba region by occupation type and industry sector by 2027

Selected Employment	16911	Selected Change	9.0%	Net Additional Jobs	1398
Qld Employment	3049919	Qld Change from 2023-24	5.4%	Qld Additional Jobs	156240

Selected Occupation - Employment



Employment by Industry - Size



Source: Jobs Queensland, *Data portal*

High-demand occupations

Top occupations driving employment as projected to 2027-2028 include:

- Aged and Disabled Carers (2710 jobs)
- Registered Nurses (2515 jobs).

Other significant roles: Child Carers, Nursing Support Workers, General Practitioners, Welfare Workers and Allied Health Professionals.

Implication:

Training programs and workforce planning should prioritise these occupations. The demand for aged care and nursing roles reflects demographic shifts and chronic disease patterns in the region.

Key employing industries

The largest employing sectors are:

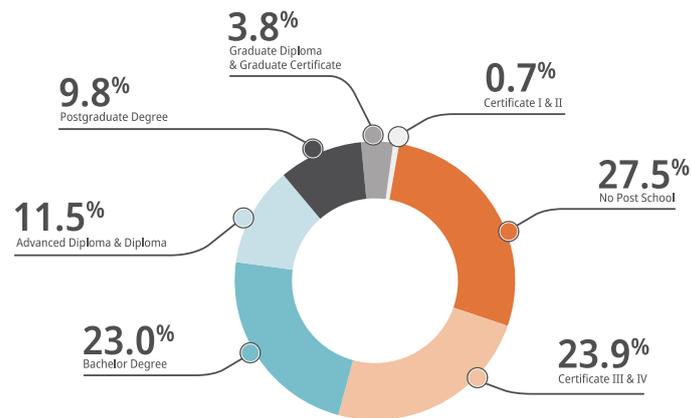
- Other Social Assistance Services (5040 jobs)
- Hospitals (4485 jobs).
- Allied Health Services and Residential Care Services also feature prominently.

Implication:

There is a strong ecosystem of employment across both acute (hospitals) and community-based care (social assistance, aged care), requiring a diverse health workforce with both clinical and support capabilities.

Required qualification levels

The qualification breakdown shows:



Source: Jobs Queensland, *Data portal*

Implication:

There is a dual demand for university-educated professionals (nurses, doctors, allied health) and VET-qualified workers (aged care, disability support, allied health and dental assistants). This calls for aligned investment in both tertiary and vocational training pipelines in the Toowoomba SA4 region.

New models of care will need to be developed that include a skill mix of tertiary trained health professionals and vocationally trained health workers to enable maximised use of scarce skills. Occupations such as Allied Health Assistants and administrative skills such as rostering, coding and resource scheduling will be in higher demand.

Whilst tertiary education providers in the Toowoomba region offer allied health and medicine undergraduate courses, some subjects are only delivered at campuses in Ipswich and Brisbane, limiting the ability of Toowoomba based students to participate.

Toowoomba TAFE offers limited health courses, and comprehensive consultation with the region's major health employers should be undertaken to identify emerging training and skilling needs.

The major area of need is for better coordination between industry stakeholders such as health employers, schools, training bodies and professional associations. There is currently no clear coordination to identify skill gaps, understand the employment landscape and recruit appropriate local candidates for training.





strategic framework for future ready workforce development

Strategic framework for future-ready workforce development

Prioritising skills and training in the Toowoomba region health industry

Integrated care and workforce expansion

- Clinical and allied health skills development
 - » Building capacity in areas such as nursing, physiotherapy, occupational therapy and mental health support to meet increasing service demands.
 - » Innovative new models of healthcare delivery through workforce development of allied health assistants.
 - » Increasing student clinical placements to enable higher enrolment numbers in nursing, midwifery, allied health courses.
 - » Develop regional training positions for medical specialities.
- Health support and aged care services
 - » Upskilling for roles in aged care, disability support and home-based services, especially for enrolled nurses, support workers and personal care assistants.
- Attracting and training youth and new entrants
 - » Targeted outreach to school-leavers and career changers with programs aligned to VET and tertiary pathways in health.

Health equity and cultural competency

- Indigenous health and cultural safety
 - » Training in culturally appropriate care, community engagement and partnership with ACCHOs and First Nations leaders.
- Bicultural workforce development
 - » Promoting diverse hiring and inclusive practices across hospitals and community health settings.

First Nations workforce capacity building

- First Nations health worker training
 - » Expanding career pathways through accredited training in primary care, mental health, maternal health and allied roles.
- Sustainable health careers post-resource industry
 - » Supporting skills transfer and health career transition planning in regions affected by mining or agricultural downturns.

Lifelong learning and professional expertise

- Clinical excellence and specialist training
 - » Advanced credentials for high-demand areas such as emergency care, chronic disease, mental health and paediatrics.
- Digital health and telecare skills
 - » Equipping workers with skills in electronic health records, virtual care platforms and digital patient monitoring.
- Community and preventative health engagement
 - » Upskilling in community outreach, health promotion and behavioural health support.
- Aged care specialisations
 - » Training in dementia care, palliative care and age-friendly practice models.

Health innovation, technology and systems

- Medical device and health tech proficiency
 - » Building capability in using diagnostics, digital imaging and assistive technologies in frontline care.
- Data literacy and health analytics

- » Training in health informatics, outcomes monitoring and data-driven decision-making for service improvement.
- Integrated care planning and coordination
 - » Skills in care navigation, multidisciplinary team planning and cross-sector collaboration.
- Sustainability in healthcare systems
 - » Applying principles of environmental sustainability, waste reduction and circular health economy in care environments.

Public engagement and sector branding

- Health sector advocacy and awareness
 - » Championing the sector's role in community wellbeing, rural resilience and career opportunities.
- Workplace culture and retention strategies
 - » Developing strong employee value propositions, flexible work models and wellbeing programs.
- Health-specific marketing and communications
 - » Professional skills in public health campaigns, community education and industry promotion.



Education, training and workforce partnerships

- Trainers and assessors in health settings
 - » Supporting health professionals to obtain Cert IV TAE and deliver in-house or sector-based training.
- School-based engagement and pathway programs
 - » Strengthening partnerships through Gateway to Industry Schools Program (GISP), VET in Schools (VETiS) and health career tasters.
- Supervisory and clinical placement coordination
 - » Enhancing skills for mentoring, supervising students and supporting trainees in real-world health environments.
 - » Investing in workplace clinical trainers and mentors.

Current GYO workforce initiatives in Toowoomba SA4 region

A number of organisations are already undertaking GYO workforce initiatives in the Toowoomba region.

These include:

CheckUP Australia

CheckUP is a not-for-profit organisation that focuses on creating healthier communities and reducing health inequities. A significant component of their work is growing the health workforce, particularly in rural and under-serviced area. A number of Grow Your Own health workforce programs are offered in Toowoomba, including:

- Industry Skills and Jobs Advisor – Health
- Industry Workforce Advisor – Health and Community Services
- Industry Workforce Advisor – First Nations Health and Social Assistance
- Gateway to Industry Schools Program – Health. CheckUP is currently working with St Saviour's College, St Joseph's College and the Industry School in Toowoomba.
- NDIS Business Connect
- Micro-credentials: Going all OUT for Outreach
- Micro-credentials: Disability Friendly Business Basics.

These programs respond to growing service demand, increasing system complexity and persistent workforce shortages. They provide industry with practical, evidence-based tools and strategies to build a future-ready workforce through providing industry-backed resources and adapting innovative, contemporary workforce planning models and approaches.

Since 2018, CheckUP has been engaged by Queensland Health to develop and maintain two key online resources to assist industry, employers, government and educators to strengthen key stakeholders' efforts to develop a capable and sustainable local health workforce, and to highlight the many job opportunities available within the industry that can be achieved through vocational education and training pathways.

These two resources, the *Outside-in guide* and *Choose Your Own Health Career*, have been designed on the premise that education and training are the foundation of all effective workforce development.¹⁰¹

Southern Queensland Rural Health

As a University Department of Rural Health, SQRH provides nursing, midwifery and allied health students with immersive clinical placements, education and training opportunities within their own communities. This approach not only enhances students' practical skills but also strengthens their connections to the region, increasing the likelihood of them remaining in or returning to those areas to work.

Grow Rural (Health Workforce Queensland)

Health Workforce Queensland's Grow Rural program is designed to support the development and retention of a skilled healthcare workforce in rural and remote communities across Queensland. The program focuses on addressing workforce shortages by attracting, training and retaining health professionals in these underserved areas. It provides tailored support to healthcare workers, including scholarships, training and professional development opportunities, as well as fostering strong connections between health professionals and rural communities. By offering these incentives and resources, Grow Rural aims to create sustainable and effective healthcare delivery in regional and remote Queensland, ultimately improving access to high-quality care for people in these regions.

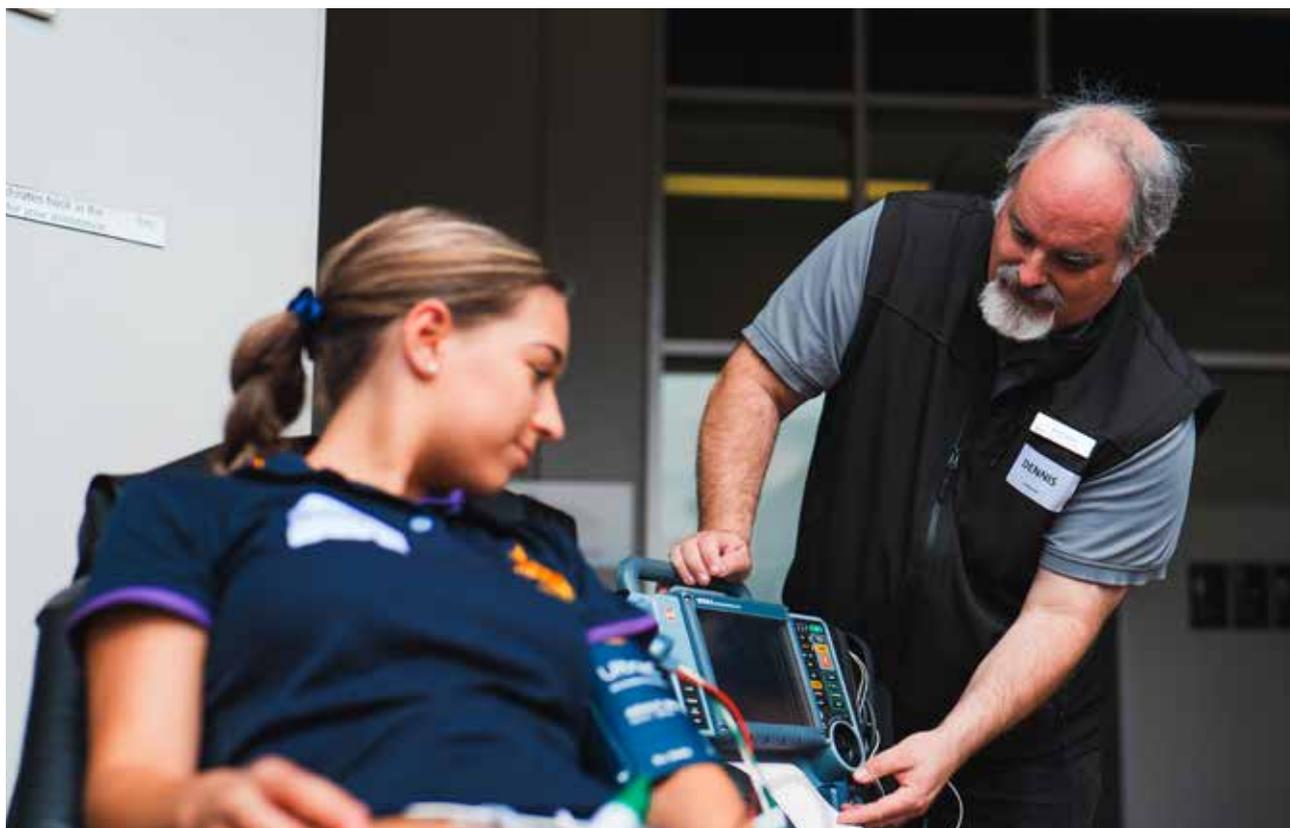
¹⁰¹ Grow Your Own Workforce. (n.d.). *outside-in guide*. Brisbane: Grow Your Own Workforce. <https://www.gyoworkforce.com.au/outside-in-guide/>; CYO. (n.d.). *Choose your own Health Career*. Brisbane: Choose Your Own Health Career. <https://www.cyohealthcareer.com.au/>

Fairholme College Health Hub

Fairholme College has partnered with Mater Hospital Brisbane to deliver Certificate III in Health Services Assistance to students through their on-campus Health Hub. The Health Hub provides diverse practical, hands-on hospital, nursing, allied health and medical placement opportunities for students.

As an advanced pathway program, it is run from the on-campus Health Hub, a 3-bed simulated hospital ward with allied health station. The program ensures that health, allied health and medical students can train in Toowoomba, as well as Brisbane, while still accessing the high-quality training opportunity Mater Education delivers out of the Mater Hospital in Brisbane.

Fairholme College has also developed local relationships with the two private hospitals St Vincent's and St Andrew's, as well as LifeFlight, Southern Queensland Rural Health and Rural Medical Education Australia.



Darling Downs Health

Darling Downs Health undertakes several GYO workforce initiatives including:

- Administration of the statewide John Flynn Prevocational Doctor Program, a key initiative of Queensland Health aimed at enhancing rural medical training. The program provides early-career doctors (postgraduate year 1-5) with opportunities to undertake rotations in rural primary care settings, thereby increasing exposure to and experience in rural medicine, including general practice, emergency departments and residential aged care.
- The Cunningham Centre – a registered training organisation that provides upskilling to health personnel.
- Annual career expo participation.
- Programs with local schools for students and parents to promote health careers, including medicine.

A rural landscape at sunset. A large, gnarled tree stands on the left. In the foreground, a metal gate is closed across a wire fence. The ground is covered in dry grass and dirt. The sky is a mix of purple, orange, and yellow, indicating the time is either dawn or dusk. The overall scene is peaceful and evokes a sense of the Australian outback.

stakeholders in health workforce development in australia

Stakeholders in health workforce development in Australia

The health workforce in Australia is shaped by a complex web of stakeholders across government, industry, education and the community. Key stakeholders include:

1. Federal Government

- » Department of Health and Aged Care: oversees national health workforce policy, funding for training programs (like medical placements) and initiatives to address workforce shortages.
- » Australian Health Practitioner Regulation Agency (Ahpra): regulates health professions and enforces national standards through professional boards (e.g. Medical Board, Nursing and Midwifery Board).

2. State and Territory Governments

- » Manage public health services (hospitals, community health) and workforce deployment.
- » Implement local workforce strategies, particularly in regional and rural areas.

3. Professional Bodies and Colleges

- » Develop standards for education, certification and professional development.
- » Advocate for workforce needs, scope of practice expansions and funding.

4. Educational institutions

- » Universities and TAFE deliver accredited health courses (medicine, nursing, allied health).
- » Responsible for curriculum development in line with regulatory and workforce requirements.

5. Healthcare employers

- » Hospitals, private practices, aged care providers and community services influence workforce demand and job roles.
- » Involved in clinical placements, internships and ongoing training.

6. Community and consumers

- » Through advocacy groups and feedback mechanisms, they influence health service delivery expectations (e.g. calls for culturally safe services for Indigenous Australians).

7. Private sector and workforce agencies

- » Recruitment agencies, telehealth providers and private hospitals impact the workforce by creating demand for flexible and non-traditional employment models.

A photograph of a modern building with large glass windows reflecting a vibrant sunset. The foreground features a landscaped garden with various green plants and mulch. The text 'policy settings shaping the health workforce' is overlaid in large white font on the left side of the image.

policy settings shaping the health workforce

Policy settings shaping the health workforce

Australian Government

The Australian Government defines policy settings for the provision of health care services and funds major components of the health care system including:

- Medicare Benefits Scheme
- Pharmaceutical Benefits Scheme
- National Health Reform Agreement – contributions to Public Hospitals
- Private health insurance rebates
- Health workforce and training programs.

Key policy areas impacting health workforce:

1. Workforce planning and distribution
 - » Policies focus on addressing shortages, especially in rural and remote areas (e.g. Rural Health Multidisciplinary Training Program).
 - » Incentives like relocation grants and loan forgiveness schemes for rural work.
2. Education and training reforms
 - » Emphasis on expanding interprofessional education and work-integrated learning
 - » Funding new medical schools (especially in rural areas) and nurse practitioner programs.
3. Immigration and international recruitment
 - » Australia relies on overseas-trained doctors and nurses to fill gaps.
 - » Policies set pathways for assessment, registration and support for internationally qualified health professionals.
4. Workforce diversity and inclusion
 - » Targeted policies to increase the number of Aboriginal and Torres Strait Islander health workers.
 - » Programs promoting gender equity, mental health support and flexible working arrangements.
5. Technology and innovation
 - » Telehealth expansion (accelerated during COVID-19) requires new workforce models and digital health competencies.
 - » Investment in health informatics and AI tools in healthcare delivery.
6. Scope of practice changes
 - » Policies supporting expanded roles for nurses, midwives, pharmacists and allied health professionals to ease pressure on doctors. Example: allowing pharmacists to prescribe certain medications in pilot programs.
7. Health workforce sustainability
 - » Strategic frameworks such as the National Medical Workforce Strategy (2021-2031) address long-term issues like burnout, career pathways and leadership development.



case study: rural generalist pathway - queensland's experience

Case study: rural generalist pathway – Queensland’s experience

Background

Australia’s rural and remote areas have long faced health workforce shortages, especially in general practice, emergency care and procedural specialties (like anaesthetics and obstetrics). To tackle this, Queensland pioneered the Rural Generalist Pathway (RGP) in 2007 — a structured career pathway designed to train doctors with a broad skill set suited to rural practice.



How the RGP works:

- Early identification: medical students in Queensland can apply for the RGP early, during or at the end of medical school.
- Specialised training:
 - » Doctors undergo internship and residency in rural and regional hospitals.
 - » Additional skills training (Advanced Skills Training) is provided in critical rural needs like emergency medicine, anaesthetics, mental health or obstetrics.
- Career structure and recognition:
 - » 'Rural Generalist Medicine' is formally recognised as a distinct career in Queensland.
 - » Rural generalists are employed on contracts that recognise their advanced skill sets with better pay and career progression

Key achievements:

- Retention improvements:
 - » More doctors are choosing to stay longer in rural placements because they feel properly supported and trained.
- Workforce expansion:
 - » Other states like New South Wales, Western Australia, Victoria and Tasmania have since adopted or adapted their own Rural Generalist programs based on the Queensland model.
- Health outcomes:
 - » Rural hospitals can now offer more comprehensive services locally, reducing the need for patients to travel long distances for basic surgery, childbirth or emergency care.

Stakeholders involved:

- Queensland Health: lead agency implementing the program across the state's public hospitals.
- Australian College of Rural and Remote Medicine (ACRRM) and Royal Australian College of General Practitioners (RACGP): developed specific rural generalist training curricula and assessments.
- Medical schools (e.g. James Cook University, University of Queensland, Griffith University): partnered to embed rural training experiences in their programs.
- Rural communities: provided critical support and mentorship to doctors, helping integrate them into rural life and practice.

Challenges still faced:

- Workload pressures: rural generalists often still manage very high workloads with limited support.
- Sustainability: need for ongoing incentives (financial and professional) to retain staff beyond their training years.
- Coordination across states: different rural generalist programs across Australia are not always perfectly aligned, which can complicate workforce mobility.

Summary:

The Queensland Rural Generalist Pathway is often cited as a successful innovation in addressing rural healthcare shortages. It highlights how early career support, formal recognition, specialised training and local engagement can strengthen rural health services and build a sustainable workforce.

National rural generalist pathway

Background

Building on the success of Queensland's Rural Generalist Pathway, the National Rural Generalist Pathway (NRGP) was announced by the Australian Government in 2016.

It aims to scale the rural generalist model nationwide to systematically address rural healthcare shortages across all states and territories. Key features of the national pathway:

1. National coordination
 - » Led by the National Rural Health Commissioner (first appointed in 2017).
 - » Works closely with state health departments, medical colleges (ACRRM and RACGP) and rural health organisations.
2. Standardised recognition
 - » Rural generalist medicine is being formally recognised across Australia as a specific scope of practice.
 - » A clear definition of a 'rural generalist' doctor now exists nationally.
3. Flexible, tailored training
 - » Pathways allow trainees to specialise in a wide range of advanced skills (e.g. anaesthetics, emergency, mental health, paediatrics, obstetrics).
 - » Training pathways can start as early as medical school and be tailored depending on the needs of specific rural communities.
4. Support and incentives
 - » Financial incentives, rural loadings, scholarships and bonus payments for doctors on rural generalist tracks.
 - » Support for career progression, mentoring and easier access to ongoing professional development.
5. Partnerships across jurisdictions
 - » Each state and territory is setting up its own Rural Generalist Coordination Units (e.g. NSW Rural Generalist Medical Training Program, Rural Generalist Pathway WA).

Recent developments (2024-2025):

- ACRRM and RACGP's Rural Generalist Fellowship are now key accredited programs delivering rural generalist training.
- Expanded funding: the federal government recently boosted funding for rural generalist posts, including more rural internships and registrar positions.
- Telehealth training is becoming a standard part of rural generalist skill sets, recognising the growing importance of digital healthcare in remote areas.

How the national pathway connects back to Queensland:

- Queensland's Rural Generalist Pathway is considered the 'blueprint' for the national model.
- Many of the same principles (early identification, comprehensive rural training, advanced skills development and strong community links) are being replicated nationally.
- Queensland Health leaders and training programs have been heavily involved in advising and shaping the national pathway.

Big picture impact:

- More rural health services can now safely offer surgery, obstetrics, anaesthesia, emergency care without needing metropolitan specialists.
- Young doctors have a clear, supported career path if they want to live and work rurally
- Communities benefit from more stable, continuous care — improving trust, preventive care and local health outcomes.

