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Catholic Health Australia – Submission on Jobs & Skills Australia's draft workplan 2025-26

February 2025

Catholic Health Australia

www.cha.org.au

Catholic Health Australia (CHA) is Australia's largest non-government grouping of health, community, and aged care services. CHA Members provide 20 per cent of home care provision, in addition to 12 per cent of all aged care facilities across Australia.

Our members account for over 15 per cent of hospital-based healthcare in Australia and operate hospitals in each Australian state and in the Australian Capital Territory, providing about 30 per cent of private hospital care and 5 per cent of public hospital care in addition to extensive community and residential aged care.

CHA not-for-profit providers are a dedicated voice for the disadvantaged, advocating for an equitable, compassionate, best practice and secure aged care system that is person-centred in its delivery of care.

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Section 1: Executive summary

CHA appreciates the opportunity to provide input into Jobs & Skills Australia's draft workplan 2025-26. Catholic health and aged care providers have a vital interest in working with the Australian Government to ensure the sustainable provision of health and aged care services for Australians that meet community expectations of safe and quality of care.

CHA supports efforts by Government to address workforce challenges impacting the Australian market through the establishment of Jobs and Skills Australia (JSA).

As JSA's *Jobs and Skills Report 2024* outlines, the healthcare and social support sector currently has the highest proportion of employment of any sector nationally. This will continue, according to 2029 and 2034 projections.¹ The largest number of emerging roles have been identified within the Health, Care, and Medical sectors.² The Government should expand the capacity of JSA to increase its focus on health and aged care. Resourcing may be needed to drive change through engagement with education and immigration ministers and their sectors at state and federal levels. CHA has made recommendations to the Department of Employment and Workplace Relations, Department of Education and for the Department of Health and Aged Care as these recommendations fall within the portfolio responsibility of these Departments.

Key observations and issues related to the draft workplan for 2025-26 articulated in our submission include:

1. **Existing projects should include a focus on health and aged care**, given the share of the national workforce this sector occupies and its criticality for health and aged care outcomes. These include:
 - a. The insecure work project ensuring that allied health (including nurses) and aged care personal care workers are priority cohorts and exploring why people may hold multiple jobs;
 - b. The project on improving our understanding of the literacy, numeracy and digital skills of adults also considering cultural factors, which must include the literacy of aged care personal care workers; and
 - c. Ensuring the Jobs and Skills Atlas disaggregate aged and disabled carers to accurately portray each sector.
2. **New projects should be initiated with a health and aged care focus**, such as considering the impact of the ageing workforce, mapping and projecting our volunteer workforce in aged care, and examining health professionals and aged care workers in monthly occupation spotlights on the Internet Vacancy Index.
3. **Dissemination and uptake of research and modelling needs to be improved**. This includes making the Ministerial Board meeting Communiqué more explicit and detailed. It should include a standing section reporting on how the published advice has been/ is being implemented into policy. CHA also recommends JSA or relevant Ministers articulate the outcomes of JSA's work through regular reporting and welcomes plans to disseminate JSA's research outcomes more broadly, including through the media.

¹ [Better Together - The Jobs and Skills Report 2024](#) page 72.

² Ibid page 87.

CHA makes associated recommendations for the Ministers and Departments of Employment and Workplace Relations, Health and Aged Care and of Education below:

4. Recommendations for the Employment and Workplace Relations, Health and Aged Care and Education portfolios

A review needs to be undertaken to ascertain the extent to which the workforce planning system, including JSA's role, is designed to meet Australia's workforce needs. A broader range of student placements should be subsidised by Government to help students in the health and aged care sectors with cost of living pressures. An education plan should be developed complementing and aligning with the National Skills Plan, to help create an education system that will deliver on the education and training needs identified by Jobs and Skills Australia in order for the nation's skills to meet the needs identified.

Our list of recommendations

CHA makes the following recommendations to Government for amendments to the draft workplan 2025-26:

1. Recommendations relating to the 5 Outcomes

1. Add the **impact of an ageing workforce** to the work program to understand the demographic shifts that are projected to occur and their impact on the workforce, including in the health and aged care sectors.
2. Add a project to map and project the **volunteering workforce** in sectors like aged care given the importance of volunteering for strengthening communities, supporting good mental health and promoting wellbeing.
3. The project exploring the impacts of **insecure work**:
 - i) needs to ensure that allied health (including nurses) and aged care Personal Care Workers are priority cohorts, given that the Inspector-General of Aged Care has called out the need to address deficits in the aged care workforce, including urgent action to address significant shortages in nurses; and
 - ii) needs to include drivers of why people may hold multiple jobs.
4. The project on improving our understanding of the **literacy, numeracy and digital skills of adults**:
 - i) needs to overlay a consideration of cultural factors, such as understanding the cultural backgrounds and the representation of VET students from refugee backgrounds, so that the project is useful to training organisations; and
 - ii) It also needs to ensure the literacy of aged care Personal Care Workers is included where possible and relevant, noting the high prevalence of people from culturally and linguistically diverse backgrounds working in aged care.
5. Projects investigating **labour market pressures and drivers** needs to consider cost of living barriers to working in particular locations in order to provide an accurate picture of

barriers in particular industries and locations.

6. Undertake a dedicated study about the **drivers of skills shortages in the health and aged care sectors**, including for aged care Personal Care Workers. This would ideally be part of JSA's longitudinal data asset and be undertaken in collaboration with the Department of Health and Aged Care's Workforce; and Aged Care Market and Workforce Divisions.
7. Include health professionals and aged care workers in monthly occupation spotlights on the **Internet Vacancy Index**.
8. The category in the **Jobs and Skills Atlas** of 'Aged and disabled carers' must be disaggregated given their key differences such as a higher rate of casual employment, higher rate of male employment and higher casual or contract rates in the disability sector and the need to target responses to the characteristics of each sector, which may be very different.
9. JSA should work to establish **best practice guidance for data collection nationally**, for example to help understand and plan allied health activity, supply and demand in public and private settings, and across sectors and jurisdictions.
10. The project underway on the implications and opportunities of **generative artificial intelligence** for the labour market and education and training systems needs to include a focus on the health and aged care sector, including the acute health care workforce in nursing and allied health, as a means of enablement and efficiency. This project should undertake consultation with the health and aged care sectors on what aspects are the highest priority for investigation.
11. The **Communiqué** published following each Ministerial Board meeting should be more explicit and detailed and include a standing section reporting on how the published advice has been/ is being implemented into policy, to introduce increased transparency and accountability for the agency and increase clarity about its impact. CHA would also like to see JSA or relevant Ministers articulating the outcomes of JSA's work through **regular reporting**.
12. **Disseminate JSA's research outcomes more widely**, including through the media, from 2025.
13. Add **pathways to work through school-based traineeships** for high school students, responding to a Key Focus Area in the National Skills Plan 2024 of "Strengthening, diversifying, and promoting training pathways from school through to VET and from VET to university, including working with industry to enable more on-the-job training." These could be an employment stream for the health and aged care workforces in a range of VET qualifications, including health services, allied health and dental assistants, aged care lifestyle workers and working in hospitality in aged care.
14. In terms of the current projects underway under Outcome 4:
 - Ensure that the **national skills taxonomy is aligned** with and/or is informed by the National Skills and Capability Framework & Matrix, as proposed in the Unleashing the Potential Report, to improve understanding of health professional skills and capabilities and establish a basis for workforce planning;

- ensure the approach to develop the national skills taxonomy to underpin an integrated tertiary system includes health professionals; aged care Personal Care Workers (PCWs) and allied health professionals working in health and aged care; and engages with international partners in this work; and
- ensure the insights produced relevant to pathways and transitions between VET, higher education and occupations **include PCWs and aged care professionals**, given their skills shortage.

15. Add the role of international relationships and partnerships to facilitate pathways to skilled migration and contribute to the evidence base for the work undertaken.

2. Recommendations for the Department of Employment and Workplace Relations

16. The Department of Employment and Workplace Relations should undertake a review to ascertain the extent to which the workforce planning system, including JSA's role, is designed to meet Australia's workforce needs, or whether something more or different should be done. This will complement Recommendation 10, whereby relevant Ministers should also articulate the outcomes of JSA's work through regular reporting.

17. A broader range of student placements should be subsidised by Government to help students in the health and aged care sectors with cost of living pressures, potentially building on the Commonwealth Prac Payment – Vocational Education and Training that offers Diploma of Nursing students financial support while they undertake mandatory placements.

3. Recommendation for the Department of Health and Aged Care

Recommendation 16 above should be initiated by the Department of Health and Aged Care.

4. Recommendation for the Department of Education

18. An education plan could be developed, complementing and aligning with the National Skills Plan, to help develop an education system that will deliver on the education and training needs identified by Jobs and Skills Australia in order for the nation's skills to meet the needs identified.

5. Recommendation for the Australian Bureau of Statistics

19. The Australian Bureau of Statistics should disaggregate the occupations of Aged and Disabled Carers in its Labour Force census so that resulting data is useful for the aged care sector.

Section 2: Key observations and recommendations

CHA strongly supports the development of its 2025-26 strategic workplan being developed following extensive consultation, including with the health and aged care sectors. The health and social support sector has the highest proportion of employment of any sector nationally, which is projected to continue,³ and the highest proportion of emerging roles.⁴ As well as its size and extent of emerging roles in this sector, unlike some other fields, there are significant health and safety risks if these workforce gaps are not identified and filled expeditiously. There needs to be an increased focus on workforce planning for the health and aged care sector by JSA in order for this to occur.

Feedback in relation to each Outcome is provided below.

Key considerations relating to Outcome One: fostering inclusive participation

CHA considers that the current workplan under Outcome One contains some important projects contributing to this Outcome, but there are significant gaps in analysing the ageing workforce and volunteering; providing greater insights into reasons why some people may choose to hold multiple jobs; and understanding cultural factors as well as literacy levels of people who have undertaken VET training.

Ageing workforce

The impact of an ageing workforce should be added to the work program to understand the demographic shifts that are projected to occur and their impact on the workforce, including in the health and aged care sectors.

Volunteering

A project to map and project our volunteering workforce in such sectors as aged care would also be valuable given the importance of volunteering for strengthening communities, supporting good mental health and promoting wellbeing.⁵

In relation to the work underway in the 2024-25 workplan under Outcome One, CHA considers it is important that:

- The project exploring the **impacts of insecure work** should ensure that allied health (including nurses) and aged care PCWs are priority cohorts, given that the Inspector-General of Aged Care has called out the need to address deficits in the aged care workforce, including urgent action to address significant shortages in nurses.⁶ The Inspector-General of Aged Care is an independent statutory role to provide oversight of the Commonwealth's administration, governance and regulation of aged care to drive greater accountability and transparency of the Commonwealth's administration

³ [Better Together - The Jobs and Skills Report 2024](#) page 72.

⁴ Ibid page 87.

⁵ [Volunteering and Wellbeing - Volunteering Australia.](#)

⁶ Page 116 of [2024 progress report on the implementation of the recommendations of the Royal Commission into Aged Care Quality and Safety](#)

of the aged care system and facilitate positive change for older Australians. The project also needs to include drivers of why people may hold multiple jobs. For example, there is a tax benefit to holding more than one job through salary sacrificing accruing for each organisation an individual is employed by. It is the experience of some CHA members that during COVID, nurses in private hospitals were able to support healthcare teams in public hospitals due to available incentive payments. However, as the pandemic ceased and these incentives were removed, those nurses returned to private hospitals. Ultimately this disrupts two workforces without growing the volume of available nurses.

- The project on improving our understanding of the literacy, numeracy and digital skills of adults will be useful for the health and aged care sector to be able to target training courses that are appropriate to the audience. This project needs to overlay a consideration of cultural factors, such as understanding the cultural backgrounds and the representation of VET students from refugee backgrounds, so that the project is useful to training organisations to tailor their training. It also needs to ensure the literacy of aged care Personal Care Workers is included where possible and relevant, noting the high prevalence of people from culturally and linguistically diverse backgrounds working in aged care.⁷

⁷ The Department of Health's 2020 Aged Care Workforce Census found that 36% of personal care attendants in residential aged care identified as being from a CALD background, increasing to 58% in facilities with a higher proportion of CALD residents (Department of Health 2021). [Older Australians, Culturally and linguistically diverse older people - Australian Institute of Health and Welfare](#)

Recommendations:

1. Add the **impact of an ageing workforce** to the work program to understand the demographic shifts that are projected to occur and their impact on the workforce, including in the health and aged care sectors.
2. Add a project to map and project our **volunteering workforce** in such sectors as health and aged care given the importance of volunteering for strengthening communities, supporting good mental health and promoting wellbeing.
3. The project exploring the impacts of **insecure work**:
 - i) needs to ensure that allied health (including nurses) and aged care Personal Care Workers are priority cohorts, given that the Inspector-General of Aged Care has called out the need to address deficits in the aged care workforce, including urgent action to address significant shortages in nurses; and
 - ii) needs to include drivers of why people may hold multiple jobs.
4. The project on improving our understanding of the **literacy, numeracy and digital skills of adults**:
 - i) needs to overlay a consideration of cultural factors, such as understanding the cultural backgrounds and the representation of VET students from refugee backgrounds, so that the project is useful to training organisations; and
 - ii) It also needs to ensure the literacy of aged care Personal Care Workers is included where possible and relevant, noting the high prevalence of people from culturally and linguistically diverse backgrounds working in aged care.

Key considerations relating to Outcome Two: Understanding today's workforce

This Outcome needs to adequately address the context in which health and aged care workforce operates in. This is supported by recommendations outlined in the Royal Commission into Aged Care Quality and Safety, which called for long-term workforce modelling on the supply of and demand for health professionals, including allied health professionals, and care workers.⁸ CHA strongly supports ongoing labour market analysis (supply and demand) through annual and quarterly reports, the jobs and skills atlas, introducing regional level data and specifying detail within the cohorts of allied health (including differing professional groups such as physiotherapy, Occupational Therapy, Speech and Language Therapists) and nursing (including Registered Nurses/Enrolled Nurses/Assistants in Nursing/Nurse Practitioners).

Additionally, as many health and aged care workers - including allied health professionals, work in private hospitals - it is essential that JSA considers the financial viability concerns experienced by the private hospital sector. Financial performance has been declining, with operating profits and margins decreasing over recent years. This is due to a variety of reasons, in particular cost inflation and lagging premium increases. Additionally, stringent capital reserve requirements for private health insurers have reduced funding flow to hospitals, and wage increases and unfunded capital expenditures are adding to the financial burden. As CHA members are leaders in a range of health and aged care service provision, they are well-placed to advise on and support coordinated, evidence-based workforce planning to support JSA's work in this area.

CHA has several recommendations under this Outcome:

Firstly, any understanding of labour market pressures and drivers needs to consider cost of living barriers to working in particular locations in order to provide an accurate picture of barriers in particular industries and locations. Outcomes from these research projects (under recommendation 5) could be used to inform policy priorities in other areas, such as the subsidisation of rent for nurses renting in a certain proximity to work, to foster inclusive participation of nurses in addressing workforce challenges.

Case study

ONE OF CHA'S MEMBERS IS NOT ABLE TO RECRUIT AGED CARE WORKERS EASILY BECAUSE THE COST OF HOUSING IN THIS LOCATION IS PROHIBITIVE COMPARED TO THE SALARY OFFERED.

CHA recommends a dedicated study about the drivers of skills shortages in the health and aged care sectors, including for Personal Care Workers. This would ideally be part of JSA's longitudinal data asset and be undertaken in collaboration with the Department of Health and Aged Care's Workforce; and Aged Care Market and Workforce Divisions.

⁸ Aged Care Quality and Safety Commission Recommendation 75(1)(b). [Aged Care Royal Commission Final Report: Recommendations](#)

CHA recommends health professionals and aged care workers be included in monthly occupation spotlights on the Internet Vacancy Index.

The Jobs and Skills Atlas is a very useful and important tool and CHA commends JSA for producing it. However, CHA's members feel strongly that the category of 'Aged and disabled carers' must be disaggregated. While there is some overlap between these workforces, with both having high female participation, and physical and emotional support aspects, they have some key differences such as a higher rate of casual employment, higher rate of male employment and higher casual or contract rates in the disability sector.⁹ They also have different Awards regulating their pay and conditions.¹⁰

Additionally, as part of JSA's work to build an evidence base that informs and addresses current and emerging labour market needs, it is important to consider the differences between private and public health settings impacting data collection processes and data quality. For example, national allied health data, including allied health workforce data, is fragmented and incomplete. CHA members are at the forefront of improving allied health data capture in private settings. JSA should work to establish best practice guidance for data collection nationally. This would help understand and plan allied health activity, supply and demand in public and private settings, and across sectors and jurisdictions. It is the experience of CHA and its members that the Allied health admitted patient care National best practice data set (AHAPC NBPDS) is not readily adopted in the private sector given the cost implications associated with the rollout and retrofitting required for patient administration systems.

Recommendations:

5. Projects investigating labour market pressures and drivers needs to consider cost of living barriers to working in particular locations in order to provide an accurate picture of barriers in particular industries and locations.
6. Undertake a dedicated study about the drivers of skills shortages in the health and aged care sectors, including for aged care Personal Care Workers. This would ideally be part of JSA's longitudinal data asset and be undertaken in collaboration with the Department of Health and Aged Care's Workforce; and Aged Care Market and Workforce Divisions.
7. Include health professionals and aged care workers in monthly occupation spotlights on the Internet Vacancy Index.
8. The category in the Jobs and Skills Atlas of 'Aged and disabled carers' must be disaggregated given their key differences such as a higher rate of casual employment, higher rate of male employment and higher casual or contract rates in the disability sector and the need to target responses to the characteristics of each sector, which may be very different.
9. JSA should work to establish best practice guidance for data collection nationally, for example to help understand and plan allied health activity, supply and demand in public and private settings, and across sectors and jurisdictions.

⁹ [DisabilityWorkforceReport_July17.pdf](#).

¹⁰ [Understanding the disability support and aged care sectors - Fair Work Ombudsman](#).

Key considerations relating to Outcome Three: shaping Australia's future workforce

It is crucial that JSA includes analysis on the changing nature of work through Artificial Intelligence and digital developments and is hence very supportive of the project underway on the implications and opportunities of generative artificial intelligence for the labour market and education and training systems. This is a broad topic area and needs to include a focus on the health and aged care sector, as well as undertaking consultation with these sectors on what aspects are the highest priority for investigation. The project on the implications and opportunities of generative artificial intelligence for the labour market and education and training systems is specifically relevant to supporting the acute health care workforce in nursing and allied health as a means of enablement and efficiency.

Recommendation:

10. The project underway on the implications and opportunities of generative artificial intelligence for the labour market and education and training systems needs to include a focus on the health and aged care sector, including the acute health care workforce in nursing and allied health, as a means of enablement and efficiency. This project should undertake consultation with the health and aged care sectors on what aspects are the highest priority for investigation.

Key considerations relating to Outcome Four: Optimising pathways and systems architecture

CHA and its members support the delivery of reforms to the national skills architecture for cohesion between the education and training sector and the labour market, including for nursing, allied health and the Aboriginal and Torres Strait Islander workforce. However it isn't clear to what extent that the valuable research and evidence that is being developed through Outcomes One to Four are being taken up into policy. There are many examples of workforce shortages in the health and aged care sector, and these can have life-threatening consequences as in the case study about shortages of psychiatrists below. These shortages suggest that the workforce planning system has not yet been able to deliver on the workforce that Australia needs to meet its health and aged care priorities in Australia.

AN EXAMPLE OF THE IMPORTANCE OF ADEQUATE WORKFORCE PLANNING AND RECRUITMENT STRATEGIES (INCLUDING WITH THE TERTIARY SECTOR AND THROUGH SKILLED MIGRATION) IS THE SEVERE LACK OF MENTAL HEALTH PROFESSIONALS, IMPACTING THE NATIONAL SUICIDE RATE. THE AMA HAS NOTED THAT A RANGE OF HEALTH PROFESSIONALS ARE VITAL TO HELPING THOSE AT RISK OF SUICIDE BUT WE ARE FACING SEVERE WORKFORCE SHORTAGES OR INADEQUATE STAFFING IN OUR MENTAL HEALTH SYSTEM. AMA PRESIDENT DANIELLE McMULLEN NOTES THAT “IN PSYCHIATRY ALONE, WE HAVE JUST UNDER 4300 PSYCHIATRISTS WORKING IN AUSTRALIA, WHICH IS NOWHERE NEAR ENOUGH. PSYCHIATRISTS ARE ALSO UNEVENLY DISTRIBUTED ACROSS THE COUNTRY, WITH CLOSE TO 80 PER CENT IN MELBOURNE, SYDNEY AND BRISBANE.” (AMA, NOVEMBER 2024)

ABOUT 3,000 AUSTRALIANS END THEIR LIVES EACH YEAR – ABOUT 8 PEOPLE A DAY. SUICIDE IS THE MAIN CAUSE OF DEATH AMONG PEOPLE AGED 15 TO 49 (ABS, 2024).

In addition, more work is required to increase career mobility for health, aged care and disability care workers to better address workforce shortages. This is particularly important for allied health professionals as they are expected to work across various care sectors and settings. As outlined in the *Unleashing the Potential of our Health Workforce* report (2024), there is a limited understanding of the scope of practice boundaries and range of skills and capabilities that are relevant to a range of health care contexts. This has contributed towards a limited recognition of the transferrable skills and capabilities of the allied health workforce, which further hinders workforce flexibility and agility to meet emerging gaps. Some allied health professions find it challenging to effectively transfer skills from one care sector to another. This produces inefficiencies in recruiting and on-boarding new staff, or re-training staff from a different care sector to address existing workforce gaps, exacerbated by each care sector competing with one another over the shared pool of allied health professionals. CHA recommends that as part of JSA's work on developing National Skills Taxonomy (NST), that the NST is aligned with and/or is informed by the National Skills and Capability Framework & Matrix, as proposed in the *Unleashing the Potential Report*, to improve understanding of health professional skills and capabilities and establish a basis for workforce planning.

A range of enablers are required to ensure that there is a connected skills system to support coordinated delivery of reforms to the national skills architecture. Specific recommendations relating to these enablers have been detailed below.

As a first step, the Communiqué published following each Ministerial Board meeting should be more explicit and detailed and include a standing section reporting on how the published advice has been/ is being implemented into policy, to introduce increased transparency and accountability for the agency and increase clarity about its impact. CHA would also like to see JSA or relevant Ministers articulating the outcomes of JSA's work through regular reporting.

CHA looks forward to seeing JSA's research outcomes being more widely shared, including through the media, from 2025.

A gap in this Outcome is the inclusion of pathways to work through school-based traineeships for high school students. This responds to a Key Focus Area in the National Skills Plan 2024 of “Strengthening, diversifying, and promoting training pathways from

school through to VET and from VET to university, including working with industry to enable more on-the-job training.”¹¹

These could be an employment stream for the health and aged care workforces in a range of VET qualifications, including health services, allied health and dental assistants, aged care lifestyle workers and working in hospitality in aged care.

In terms of the current projects underway, CHA considers it is important to:

- Ensure that the national skills taxonomy is aligned with and/or is informed by the National Skills and Capability Framework & Matrix, as proposed in the Unleashing the Potential Report, to improve understanding of health professional skills and capabilities and establish a basis for workforce planning;
- ensure the approach to develop a national skills taxonomy to underpin an integrated tertiary system includes health professionals; aged care Personal Care Workers (PCWs), allied health professionals working in health and aged care, and that it engages with international partners in this work; and
- ensure the insights produced relevant to pathways and transitions between VET, higher education and occupations include PCWs and aged care professionals, given their skills shortage.

Finally, it is important that JSA regularly consults with relevant teams within the Department of Health and Aged Care to ensure alignment with priority areas. This will prevent effort duplication whilst ensuring resources are optimised for achievement of shared objectives. For example, CHA considers that it is important that JSA collaborates with the work led by the Department of Health and Aged Care’s Aged Care Workforce Committee. There is opportunity for JSA to share lessons learnt from other health-adjacent sectors with such groups to promote efficiency in achievement of shared outcomes.

¹¹ National Skills Plan 2024 page 26.

Recommendations:

11. The Communiqué published following each Ministerial Board meeting should be more explicit and detailed and include a standing section reporting on how the published advice has been/ is being implemented into policy, to introduce increased transparency and accountability for the agency and increase clarity about its impact. CHA would also like to see JSA or relevant Ministers articulating the outcomes of JSA's work through regular reporting.
12. Disseminate JSA's research outcomes more widely, including through the media, from 2025.
13. Add pathways to work through school-based traineeships for high school students, responding to a Key Focus Area in the National Skills Plan 2024 of “Strengthening, diversifying, and promoting training pathways from school through to VET and from VET to university, including working with industry to enable more on-the-job training. These could be an employment stream for the health and aged care workforces in a range of VET qualifications, including health services, allied health and dental assistants, aged care lifestyle workers and working in hospitality in aged care.
14. In terms of the current projects underway:
 - a. Ensure that the national skills taxonomy is aligned with and/or is informed by the National Skills and Capability Framework & Matrix, as proposed in the Unleashing the Potential Report, to improve understanding of health professional skills and capabilities and establish a basis for workforce planning;
 - b. ensure the approach to develop the national skills taxonomy to underpin an integrated tertiary system includes health professionals; aged care Personal Care Workers (PCWs) and allied health professionals working in health and aged care; and engages with international partners in this work; and
 - c. ensure the insights produced relevant to pathways and transitions between VET, higher education and occupations include PCWs and aged care professionals, given their skills shortage.

Key considerations relating to Outcome Five: Activating an informed dialogue

CHA supports the continuation of the JSA work program towards an assessment of the national skills system and Australia's current, emerging and future skills needs, including with reference to nursing, allied health and the Aboriginal and Torres Strait Islander workforce.

Recommendation 11 above is relevant to this Outcome. In addition, international relationships and partnerships are important to facilitate pathways for skilled migration. The role of international partnerships is absent from this workplan and needs to be considered.

Recommendation:

15. Add the role of international relationships and partnerships to facilitate pathways to skilled migration and contribute to the evidence base for the work undertaken.

Key considerations for the Department of Employment and Workplace relations, the Department of Education, the Department of Health and Aged Care and the Australian Bureau of Statistics

CHA has some important recommendations for Ministers and Australian Government departments to complement our suggestions on JSA's 2025-26 workplan.

Firstly, the Department of Employment and Workplace Relations should undertake a review to ascertain the extent to which the workforce planning system, including JSA's role, is designed to meet Australia's workforce needs, or whether something more or different should be done. It is important that the evidence that JSA is compiling and disseminating is targeted to what is useful, which this 2025-26 workplan consultation will address. This proposed review will ascertain the extent to which the workforce planning architecture is working seamlessly, including whether JSA's reports are being taken up in workforce and training policy. As noted in Recommendation 11, relevant Ministers should also articulate the outcomes of JSA's work through regular reporting.

CHA's members also consider that it would be beneficial for the benefit of both students and aged care providers for a broader range of student placements to be subsidised by Government. This would help students with cost of living pressures, which are of great concern to many Australians, and address the current problem whereby when an aged care staff member undertakes a placement that is compulsory for their qualification, they lose their income for this period. This could build on the *Commonwealth Prac Payment – Vocational Education and Training* that offers Diploma of Nursing students financial support while they undertake mandatory placements.¹²

CHA considers it is important for an education plan to be developed, aligned with the National Skills Plan,¹³ National Skills Taxonomy, the Unleashing the Potential of our Health Workforce Scope of Practice Review¹⁴ and other relevant reviews. The National Skills Plan and National Skills Taxonomy alone will not deliver on the skills to meet the needs of the health sector, many of whom, such as medical practitioners and allied health practitioners, are tertiary-qualified. There needs to be a strategic focus on developing an education system that will help deliver on the education and training needs identified by Jobs and Skills Australia in order for the nation's skills to meet the needs identified.

CHA members support the development and implementation of the draft National Nursing Workforce Strategy and the draft National Allied Health Workforce Strategy to support and grow the nursing and allied health professions, including the many new nurses who have

¹² [Commonwealth Prac Payment – Vocational Education and Training - Department of Employment and Workplace Relations, Australian Government](#)

¹³ [Building a skilled Australia through vocational education and training - Department of Employment and Workplace Relations, Australian Government](#)

¹⁴ [Unleashing the Potential of our Health Workforce – Scope of Practice Review | Australian Government Department of Health and Aged Care.](#)

joined the health and aged care sector, both domestically and from overseas, since the COVID pandemic.

Finally, CHA and its members note that to disaggregate the occupations of Aged and Disabled Carers (recommendation 8) may require the Australian Bureau of Statistics disaggregating this occupation in its Labour Force census. This should occur as needed, so that the resulting data is useful to the aged care sector.

Recommendations:

16. The Department of Employment and Workplace Relations should undertake a review to ascertain the extent to which the workforce planning system, including JSA's role, is designed to meet Australia's workforce needs, or whether something more or different should be done. This will complement Recommendation 11, whereby relevant Ministers should also articulate the outcomes of JSA's work through regular reporting.
17. A broader range of student placements should be subsidised by Government to help students in the health and aged care sectors with cost of living pressures, potentially building on the *Commonwealth Prac Payment – Vocational Education and Training* that offers Diploma of Nursing students financial support while they undertake mandatory placements.
18. An education plan could be developed, complementing and aligning with the National Skills Plan, to help develop an education system that will deliver on the education and training needs identified by Jobs and Skills Australia in order for the nation's skills to meet the needs identified.
19. The Australian Bureau of Statistics should disaggregate the occupations of Aged and Disabled Carers in its Labour Force census so that resulting data is useful for the aged care sector.