

Health Workforce Queensland

Strategic Plan 2024-28



Health Workforce
Queensland

Our vision

To ensure an optimal health workforce to enhance the health of Queensland communities.

Our purpose

To create sustainable health workforce solutions that meet the needs of remote, rural, regional and Aboriginal and Torres Strait Islander communities by providing access to highly skilled health professionals when and where they need them, now and into the future.

2026-28

Short-term objectives

Placement and supervision capacity grows, priority vacancies are filled faster, retention supports strengthen, fragile services begin stabilising, and workforce intelligence is consolidated to better target priority places and cohorts.

2030 & beyond

Long-term objectives

A sustained and better-distributed rural workforce reduces recurring shortages, stabilises services, improves access and continuity, and enables better-targeted investment that indirectly lifts population outcomes.



There's a 2030 we want for Queensland.

In this future there are more remote, rural and regional communities with the primary care services they need. University students are studying health degrees, undergoing placements in smaller towns and falling in love with the bush. Primary care practices can support their staff the way they deserve.

In a small regional town, a clinician has just welcomed a new graduate who completed their undergraduate placement there and chose to stay, because they had a job to go to. Patients are being seen sooner, and the local community can feel the difference.

This kind of progress doesn't just happen.

It happens when primary care is better supported to recruit and retain their workforce, and when training pathways into regional practice are clearer and stronger. When partners are working together with better insight into where support is needed most, because they have the right data to inform the right decisions.

Health Workforce Queensland plays a unique role in making this possible. We work with practices, communities, universities, government and our health service system partners to connect people, strengthen pathways, create pipelines and turn workforce challenges into solutions. We are the data hub for all things primary health care workforce insights and intelligence.

Together, we can build a future where every Queenslanders can access the care they need, close to home.

Our challenges

workforce shortages

The state is facing significant shortages, particularly in remote, rural and regional areas. Current gaps are as high as 50% in some professions.¹ HWQ data reveals persistent workforce gaps in the areas of general practice, mental health and many allied health disciplines².

hiring the right people

Recruitment is challenging. Health has traditionally hard-to-fill roles, especially in remote and rural areas. There is strong competition for talent between the public and private sectors, and recruiters must navigate complex credentialing pathways, making the hiring process lengthy.¹

keeping the right people

Retention in remote and rural services remains low. it is undermined by high workload in small teams, professional and social isolation, limited supervision and career progression, housing/accommodation barriers, burn-out, and reliance on temporary backfill.¹

keeping doors open

GP clinic capacity remains fragile. Per-capita, primary care workforce has been static since 2013. Access delays persist, and projected GP undersupply shifts avoidable demand to hospitals.¹ Even the smallest workforce shortfall can destabilise local service delivery and local access.

making smarter decisions

Many current workforce data systems have not been purpose-built for workforce planning. Systems across the public¹ and private system are fragmented and are a critical barrier to informed decision-making. There is a need for a unified, consistent approach to data-sharing.

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	Strategic priority	Cohorts and needs	Focus	Strategic initiatives and delivery approach	Impact and outcomes
Workforce supply	Build a supported pathway into rural employment for students, trainees, early-career clinicians and International Medical Graduates (IMG).	<p>Cohorts: Students, trainees, early-career clinicians and IMGs.</p> <p>Needs: Affordable and quality placements, good supervision and clear pathways to employment</p>	<p>Increase IMG pre-employment and student placements. HWQ will grow placement and supervision capacity and link this directly to real job opportunities, to enhance workforce supply into priority rural roles.</p>	<p>Initiatives: Undergraduate exposure; targeted placement, supervision and workforce pathways.</p> <p>Delivery approach: Partner with universities, colleges, peak bodies, and employers to expand placement and supervision capacity; address placement barriers and strengthen placement-to-employment conversion.</p>	<p>Shorter term outcomes (0–18 months): Placement capacity increases and conversion to employment is clear, growing the workforce supply into priority rural roles.</p> <p>Longer term impact (18 months to 5+ years): A sustained supply of workforce improves distribution and reduces recurring shortages over successive cycles in rural areas.</p>
Recruitment	Recruit and fill critical primary care health workforce vacancies in remote and rural locations	<p>Cohorts: Rural practices, Aboriginal Community Controlled Health Services (ACCHS) and priority candidate cohorts (GP, nursing, allied health) in highest-need locations.</p> <p>Needs: Faster, more reliable recruitment into priority vacancies.</p>	<p>Fill priority vacancies faster. HWQ will focus on matching candidates with priority roles in priority places quickly and consistently.</p>	<p>Initiatives: Targeted workforce pathway support; bespoke recruitment solutions for place-based workforce models; practice support to enhance attraction.</p> <p>Delivery approach: Target priority vacancies (using workforce intelligence); run bespoke recruitment and job-matching; strengthen conversion steps, and support employers to attract, onboard and retain recruits.</p>	<p>Shorter term outcomes (0–18 months): Priority vacancies are targeted and filled faster, with improved offer-to-start conversion and reduced reliance on short-term stopgaps.</p> <p>Longer term impact (18 months to 5+ years): Workforce gaps reduce and access improves in priority remote and rural locations through more stable supply.</p>
Retention	Retain the primary care health workforce in remote and rural Queensland	<p>Cohorts: Rural clinicians and services (practices and ACCHS) in priority and fragile markets.</p> <p>Needs: Supports that improve, capability and retention, including reliable leave cover.</p>	<p>Reduce avoidable exits from rural practice. HWQ will focus on improving clinician job satisfaction and retention by strengthening supports that make rural work sustainable.</p>	<p>Initiatives: Tailored clinician supports (financial support and CPD); locum support coordination; concierge and place-based support.</p> <p>Delivery approach: Tailored clinician support - financial, CPD and professional (concierge and place-based social and practice support); locum support coordination.</p>	<p>Shorter term outcomes (0–18 months): Clinician satisfaction and capability improve, locum support is more reliable, and early retention lifts in priority places.</p> <p>Longer term impact (18 months to 5+ years): Continuity of care improves and access stabilises as retention improves and churn reduces.</p>
Practice viability and sustainability	Stabilise workforce in thin markets and prevent avoidable service loss	<p>Cohorts: Fragile rural practices, ACCHSs and thin-market communities at risk of service disruption.</p> <p>Needs: Viability supports that prevent closures, reduce disruptions, and stabilise access.</p>	<p>Stabilise fragile services early. HWQ will focus on identifying viability risk early and supporting practical stabilisation actions in thin markets.</p>	<p>Initiatives: Thin market viability assessment and planning; partner to support implementation of sustainability improvements.</p> <p>Delivery approach: Diagnose viability risks, co-design practical plans with services, and support the implementation of sustainability improvements that stabilise access.</p>	<p>Shorter term outcomes (0–18 months): Priority services are assessed, plans are developed, and stabilisation actions are underway in the highest-risk markets.</p> <p>Longer term impact (18 months to 5+ years): Fewer service disruptions and closures occur, sustaining continuity of care and access in thin markets.</p>
Workforce intelligence	Build a clear, evidence-based understanding of remote and rural workforce need to inform workforce planning	<p>Cohorts: Decision-makers, planners, delivery teams and data partners across Queensland's health system.</p> <p>Needs: Decision-ready intelligence with local granularity to guide internal decision making and inform system wide workforce planning.</p>	<p>Create a Health Workforce Intelligence Hub. HWQ will focus on partnerships and governance to overcome fragmented data sets by building a single, usable intelligence system to inform cross-sector decision making.</p>	<p>Initiatives: Fit for purpose Health Workforce Needs Assessment (HWNA); unified workforce database; data sharing and governance; develop the Primary Health Workforce Map (PHeW).</p> <p>Delivery approach: Optimise data governance and PHeW; integrate partner datasets; share aggregated insights through PHeW to inform system wide planning.</p>	<p>Shorter term outcomes (0–18 months): PHeW is live and delivers value, datasets are aggregated and more complete; decision-makers begin using evidence consistently to target priority places and cohorts.</p> <p>Longer term impact (18 months to 5+ years): Better-targeted investment improves workforce distribution and access over time, contributing indirectly to improved population outcomes, including life expectancy (system outcome).</p>



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