

### The Gold Coast Primary Care Partnership Council met at the GCPHN offices on 26 June 2025.

#### Guest Presenters:

- Shane Klintworth, CEO, MCCGC (Acting Chair)
- Christian Moro, Associate Dean, External Engagement, Bond University
- Rhonda Morton, Director, Strategic Partnerships, Streamline
- Jessica Fiddler, Senior Policy Advisor, Kalwun Development Corporation

#### Members:

- Dennis Bothma, Kalwun Development Corporation
- Sebastian Chadwick, Multicultural Families Organisation
- Leonie Clancy, Nerang Neighbourhood Centre
- Sian Daniel, Bond University
- Anne-Marie Donovan, Cancer Council Qld
- Sue Gardiner, Runaway Bay Doctors Surgery

#### GCPHN:

- Matthew Carrodus, CEO
- Kellie Trigger, Director, Health Intelligence, Planning and Engagement
- Chantelle Howse, Program Coordinator (Commissioning)
- Sarah Coleman, Communications and Engagement Manager
- Aleksandar Stojkovski, Senior Project Officer (Engagement and Digital Health)
- Kerry McCormick, Regional Partnerships and Engagement Officer

#### Members:

- Matthew Lunn, Gold Coast Health
- Jamie-Lea Whyte, GPGC
- David Thomson, Momentum Collective
- Thomas McKenna, Services Australia
- Mala Patel, Griffith University
- Karen Whitting, Gold Coast Health

#### Apologies:

- Sally Crawshaw, City of Gold Coast
- Toni Euchas, GoldBridge Rehabilitation Services Inc.
- Julie Jomeen, Southern Cross University
- Hope Kallinicos, Diabetes Australia

AI can assist the  
workforce but won't  
replace the human  
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## WORKFORCE

### GROWING THE WORKFORCE

#### DETAILS

Australia faces significant workforce shortages. The World Health Organisation predicts a global shortfall of 10 million health workers by 2030. Queensland may need 46,000 more public sector health staff by 2032 – excluding demand in primary care, aged care, and private sectors. Systemic challenges include retention, burnout, and hospital-focused training that doesn't reflect the growing importance of community-based care.

#### DISCUSSION

PCPC members discussed the barriers and opportunities in growing the health workforce.

Key points of the discussions follow:

- Secondary and undergraduate students are enthusiastic to study health subjects but lack the understanding of allied health and primary care roles outside of nurse and doctor careers.
- Strong leadership and staff wellbeing support the retention of staff but are rarely prioritised in budgets that enable effective delivery.
- Barriers like complex credentialling, siloed funding, and limited community placements restrict training innovation and workforce mobility.
- Skilled migrants remain underutilised due to the complexity of recognising overseas gained qualifications.
- AI can assist the workforce but won't replace the human relational foundation of care and leadership.
- A sustainable, well-distributed workforce needs strong leadership, inclusive cultures, and cross-sector collaboration.

#### OPPORTUNITIES IDENTIFIED BY SECTOR MEMBER ORGANISATIONS

- To provide early, hands-on experiences of health careers such as occupational therapy, exercise physiology and aged care to broaden the students' understanding of health care careers.
- Use immersive learning beyond the traditional professions of doctor and nurse.
- Strengthen collaboration between universities, providers, and professional bodies to promote the diversity of health careers.
- Expand recruitment pathways to include alternative study options like vocational training.
- Integrate digital tools that support rather than replace staff in the delivery of patient centred care.

# OPTIMISING THE WORKFORCE

## DETAILS

Workforce shortages reduce service capacity and affect patient care. Providers and Non Government Organisations (NGO) are introducing innovative approaches to attract and retain staff, but systemic challenges like limited discretionary funding, hospital-centric training models, and outdated accreditation processes limit progress towards a sustainable, community-focused workforce.

## DISCUSSION

Members shared ideas and experiences of positive activities and initiatives that support an effective and engaged health workforce. Key points are:

- Flexible roles, mentoring, personal development opportunities and clear career paths improve staff retention.
- Transparent succession planning helps address career stagnation.
- Staff value flexible rostering, part-time and work from home options that provide work-life balance.
- AI can ease administration burden, increasing internal capabilities which is preferred over outsourcing.
- Two-way learning models such as students/registrars introducing the benefits of AI scribes to save time during GP consultations.
- Nurse practitioners face barriers including limited Medicare item numbers they can claim and training barriers such as personal financial implications and an arduous training regime.
- Traditional female care roles risk being undervalued through lower salaries and career recognition.
- Public health perspectives often overlook the people-first cultures that are intrinsic in NGO service offerings.
- Staff wellbeing support and leadership that detects and addresses burnout are critical to staff satisfaction and retention.
- Using data and AI can improve workforce forecasting to provide patient centred care.
- Modernising accreditation processes and funding allocations to enable increases in community placements for students.

Succession planning helps address career stagnation

## OPPORTUNITIES IDENTIFIED BY SECTOR MEMBER ORGANISATIONS

- Expand experiential learning to attract and retain staff to alternate health careers.
  - Build capability internally through career development pathways and mentoring.
  - Use digital tools to reduce administration burden and increase time spent providing patient-facing care.
  - Strengthen university, NGO, and provider partnerships for coordinated workforce planning.
  - Advocate for training, accreditation, and funding reform to simplify pathways into primary and community care careers.
  - Advocate for gender equality to ensure traditionally feminine roles are valued through wage parity and sector recognition.
  - I think we have to be clear that these are ideas from the people in attendance for further consideration by local sector.
- Some of these are huge out of scope issues - GCPHN can't fix gender equality

# CULTURALLY SAFE AND CAPABLE WORKFORCE

## DETAILS

Cultural safety goes beyond compliance training – it requires trust, engagement, and embedding respect in daily practice.

## DISCUSSION

Building culturally safe and capable workforce discussions were facilitated by a First Nations health service representative and a multicultural service provider. Key insights from the discussions follow:

- Online and mandatory training alone isn't enough to create culturally safe and capable workplaces.
- True cultural safety requires openness, trust, and engagement across an organisation.
- Workplaces must foster a sense of belonging for all staff.
- Engage diverse cultures via local community groups and attending NAIDOC events, and similar activities. These activities can enhance peoples understanding of different cultures while building relationships with stakeholders.
- Use local, culturally safe recruitment and mentoring practices.
- Senior and executive staff should be visible at First Nations events to demonstrate the importance of respect and a valued culturally safe workplace.
- Embrace opportunities for staff to immerse themselves in diverse cultures.

"If it's about us, include us"  
PCPC presenter

## OPPORTUNITIES IDENTIFIED BY SECTOR MEMBER ORGANISATIONS

- Adopt co-designed immersive training initiatives that provide an understanding of local cultural practices.
- Involve Aboriginal and Torres Strait Islander voices in the planning and delivery of health services.
- Embed cultural safety across recruitment, induction, leadership and daily operations.
- Build belonging for First Nations peoples through small gestures such as asking questions to understand cultural beliefs and a culturally safe environment.
- Make diversity and inclusion core organisational values, supported by visible leadership.