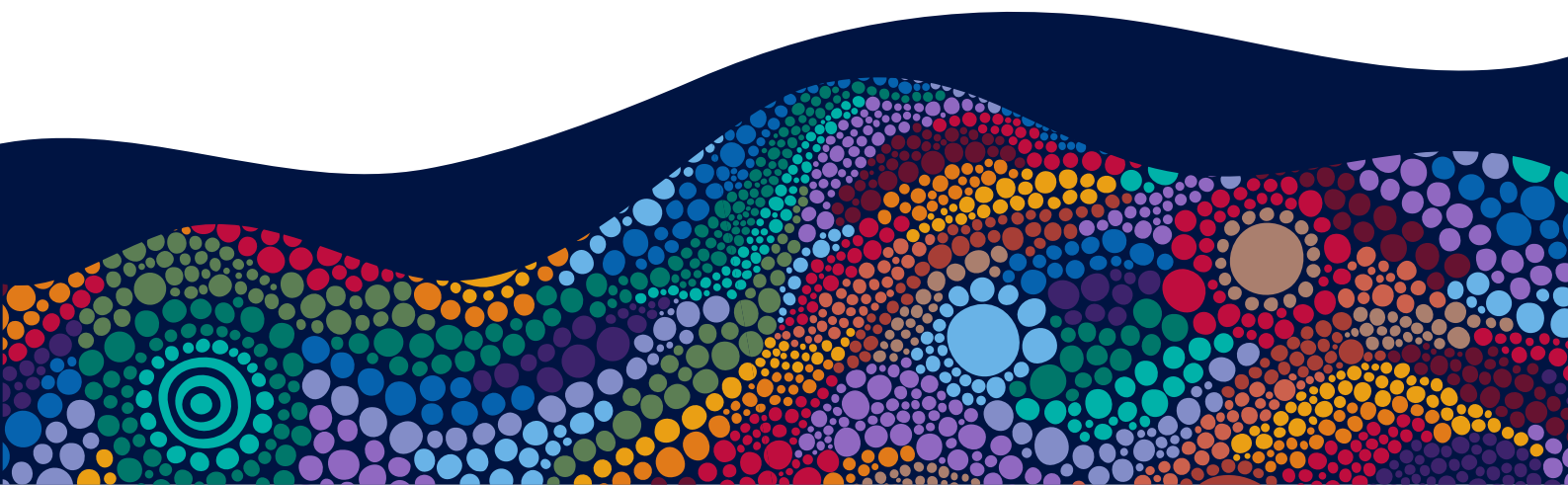


OSCA 2027 – The future standard classification

Submission to Australian Bureau of Statistics

September 2026



About NACCHO

NACCHO is the national peak body representing 150 Aboriginal Community Controlled Health Organisations (ACCHOs). We also assist a number of other community-controlled organisations.

The first Aboriginal medical service was established at Redfern in 1971 as a response to the urgent need to provide decent, accessible health services for the largely medically uninsured Aboriginal population of Redfern. The mainstream was not working. So it was, that over fifty years ago, Aboriginal people took control and designed and delivered their own model of health care. Similar Aboriginal medical services quickly sprung up around the country. In 1974, a national representative body was formed to represent these Aboriginal medical services at the national level. This has grown into what NACCHO is today. All this predated Medibank in 1975.

NACCHO liaises with its membership, and the eight state/territory affiliates, governments, and other organisations on Aboriginal and Torres Strait Islander health and wellbeing policy and planning issues and advocacy relating to health service delivery, health information, research, public health, health financing and health programs.

ACCHOs range from large multi-functional services employing several medical practitioners and providing a wide range of services, to small services which rely on Aboriginal health practitioners and/or nurses to provide the bulk of primary health care services. Our 150 members provide services from about 550 clinics. Our sector provides over 3.1 million episodes of care per year for over 410,000 people across Australia, which includes about one million episodes of care in very remote regions.

ACCHOs contribute to improving Aboriginal and Torres Strait Islander health and wellbeing through the provision of comprehensive primary health care, and by integrating and coordinating care and services. Many provide home and site visits; medical, public health and health promotion services; allied health; nursing services; assistance with making appointments and transport; help accessing childcare or dealing with the justice system; drug and alcohol services; and help with income support. Our services build ongoing relationships to give continuity of care so that chronic conditions are managed, and preventative health care is targeted. Through local engagement and a proven service delivery model, our clients 'stick'. Clearly, the cultural safety in which we provide our services is a key factor of our success.

ACCHOs are also closing the employment gap. Collectively, we employ about 7,000 staff – 54 per cent of whom are Aboriginal or Torres Strait Islanders – which makes us the third largest employer of Aboriginal or Torres Strait people in the country.

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Recommendations

NACCHO recommends:

- 1 Any interventions relating to the Occupational Standard Classification for Australia align with the National Agreement and its four Priority Reform Areas.
- 2 Increasing the skill level classifications for 441931 Aboriginal and Torres Strait Islander Health Practitioner and 441932 Aboriginal and Torres Strait Islander Health Worker occupations.
- 3 Re-categorising the 441931 Aboriginal and Torres Strait Islander Health Practitioner occupation to sit under Sub-major Group 26 Health Professionals.
- 4 Adding Aboriginal and Torres Strait Islander Environmental Health Workers to the OSCA, as a sub-category of 2693 Environmental Health and Health Promotion Officers
- 5 Adding Aboriginal and Torres Strait Islander Social and Emotional Wellbeing Workers to the OSCA, as a sub-category of *4413 Mental Health Workers*.

Acknowledgements

NACCHO welcomes the opportunity to provide a submission to the Australian Bureau of Statistics (ABS) regarding the Occupational Standard Classification for Australia (OSCA) 2027 review. However, we wish to express our disappointment that the recommendations put forward in our previous submission have not been reflected in the proposed changes for OSCA 2027. Given the importance of accurate occupational classifications in recognising and supporting the Aboriginal and Torres Strait Islander health workforce, we believe there remains a strong case for reconsidering these recommendations as part of the final review process.

National Agreement on Closing the Gap

Advocating for and securing the National Agreement on Closing the Gap was an historically significant act of Aboriginal and Torres Strait Islander self-determination. The National Agreement is evidence of a new era of engagement by and with Aboriginal and Torres Strait Islander people. It commits Australia to a new direction and is a pledge from all governments to fundamentally change the way they work with Aboriginal and Torres Strait Islander communities and organisations – to support self-determination and build the capacity of the community-control sector.

This Government's first Closing the Gap Implementation Plan commits to achieving Closing the Gap targets *through implementation of the Priority Reforms*. This represents a shift away from focussing on the Targets, towards the structural changes that the Priority Reforms require, and which are more likely to achieve meaningful outcomes for our people in the long term.

The reforms and targets outlined in the National Agreement seek to overcome the inequality experienced by Aboriginal and Torres Strait Islander people, and achieve life outcomes equal to all Australians. Governments at all levels have committed to the implementation of the National Agreement's four Priority Reform Areas, which offer a roadmap to meaningfully impact structural drivers of poor health and social outcomes for Aboriginal and Torres Strait Islander people:

Priority Reform Area 1 – Formal partnerships and shared decision-making

This Priority Reform commits to building and strengthening structures that empower Aboriginal and Torres Strait Islander people to share decision-making authority with governments, and to accelerate policy making that centres Aboriginal and Torres Strait Islander voices.

Priority Reform Area 2 – Building the community-controlled sector

Recognising that community-controlled services achieve better outcomes, employ more Aboriginal and Torres Strait Islander people and are often preferred over mainstream services, this Priority Reform commits to building Aboriginal and Torres Strait Islander community-controlled sectors to deliver services to support Closing the Gap.

Priority Reform Area 3 – Transformation of mainstream institutions

This Priority Reform commits to systemic and structural transformation of government organisations to identify and eliminate racism, embed and practice cultural safety, deliver services in partnership with Aboriginal and Torres Strait Islander people, support truth telling about agencies' history with Aboriginal and Torres Strait Islander people, and engage fully and transparently with Aboriginal and Torres Strait Islander people when programs are being changed.

Priority Reform Area 4 – Sharing data and information to support decision making

This Priority Reform commits to shared access to regional data and information to inform local-decision making and support achievement of the first three Priority Reforms. This Priority Reform supports principles of Indigenous Data Sovereignty.

Despite some progress, the need for fundamental systemic reform remains evident. In its first review of the National Agreement on Closing the Gap, the Productivity Commission found that governments are not adequately delivering on their commitments. Despite support for the Priority Reforms and some good practice, progress has been slow, uncoordinated, and piecemeal.

The Commission noted that to enable better outcomes, governments need to relinquish some control, share decision making and acknowledge that Aboriginal and Torres Strait Islander people know what is best for their communities. Aboriginal Community Controlled Organisations must be treated as critical partners rather than passive funding recipients, and trusted to design, deliver and measure government services in ways that are culturally safe and meaningful for their communities.

‘Too many government agencies are implementing versions of shared decision-making that involve consulting with Aboriginal and Torres Strait Islander people on a pre-determined solution, rather than collaborating on the problem and co-designing a solution’¹

NACCHO recommends any interventions relating to the Occupational Standard Classification for Australia align with the National Agreement and its four Priority Reform Areas.

Background

We know that the identified lack of Aboriginal and Torres Strait Islander health and care workers contributes to reduced access to health and care services for Aboriginal and Torres Strait Islander people in Aboriginal Community Controlled Health Organisations (ACCHOs), mainstream primary and the allied health sector more broadly. This is particularly critical in regional, rural and remote areas where there is higher Aboriginal and Torres Strait Islander unemployment and substantial workforce shortages.

Growing the Aboriginal and Torres Strait Islander health workforce is key to achieving Closing the Gap socio-economic targets:

- **Target 1:** Close the Gap in life expectancy within a generation, by 2031.
- **Target 2:** By 2031, increase the proportion of Aboriginal and Torres Strait Islander babies with a healthy birthweight to 91 per cent.
- **Target 6:** By 2031, increase the proportion of Aboriginal and Torres Strait Islander people aged 25-34 years who have completed a tertiary qualification (Certificate III and above) to 70 per cent.
- **Target 7:** By 2031, increase the proportion of Aboriginal and Torres Strait Islander youth (15-24 years) who are in employment, education or training to 67 per cent.
- **Target 8:** By 2031, increase the proportion of Aboriginal and Torres Strait Islander people aged 25-64 who are employed to 62 per cent.

The Aboriginal and Torres Strait Islander community controlled health sector is currently facing critical workforce shortages, which are exacerbated in remote areas. Data from services funded under the Indigenous Australians' Health Programme shows that at 30 June 2025 there were 782.8 FTE Aboriginal Health Worker (AHW)/Aboriginal Health Practitioner (AHP) positions in ACCHOs in Australia.² This number has increased over time due to the success of programs such as the First Nations Health Worker Traineeship Program,

¹ Productivity Commission, Review of the National Agreement on Closing the Gap, Study Report, Canberra, 7 Feb 2024 <https://www.pc.gov.au/inquiries/completed/closing-the-gap-review/report>.

² Australian Institute of Health and Welfare (AIHW), Aboriginal and Torres Strait Islander specific primary health care: results from the OSR and nKPI collections, Jan 2026, <https://www.aihw.gov.au/reports/indigenous-australians/indigenous-primary-health-care-results-osr-nkpi/contents/osr-staff-fte>.

however it still only equates to 1.7 FTE AHW/AHPs per 1,000 ACCHO clients.³ Unfortunately this publication does not provide separate numbers of AHWs and AHPs.

The First Nations Health Worker Traineeship Program

Funded by the Department of Health, Disability and Ageing and led by NACCHO the First Nations Health Worker Traineeship Program aims to support up to 500 new Aboriginal and Torres Strait Islander people to become an Aboriginal Health Worker or Practitioner.

The program aims not only to re-establish a strong and sustainable Health Worker/Practitioner Workforce but also to address ACCHO workforce development challenges and support the sustainable growth of the Aboriginal Community Controlled Registered Training Organisation sector.

To ensure successful program outcomes, strong training and career pathways and additional support are embedded into the program to improve course completion rates and support transition for new, work ready graduates into the workforce.

There have been over 600 enrolments and almost 250 trainees have completed their qualifications. Over 70% of these enrolments and completions are in regional and remote settings. As of August 2026, the program has already increased this workforce by 19%

Australia needs a significantly larger Aboriginal and Torres Strait Islander health workforce to meet communities' current and future health care needs. The *National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework and Implementation Plan 2021-31* (Health Workforce Plan) aims for Aboriginal and Torres Strait Islander people to represent 3.43% of the national health workforce by 2031.⁴ While in some locations the workforce is growing, the current rate of growth is not fast enough to meet demand. This is particularly true for skilled and job ready AHWs and AHPs.

Skill Level Classifications for Aboriginal and Torres Strait Islander Health Practitioners and Health Workers

Aboriginal and Torres Strait Islander Health Practitioners (AHPs) and Aboriginal and Torres Strait Islander Health Workers (AHWs) are central to the delivery of comprehensive primary health care within ACCHOs. As trusted members of their communities, they provide culturally safe, community-led care that supports prevention, early intervention, treatment, care coordination and continuity of care. Their roles extend beyond clinical and service delivery functions, encompassing cultural brokerage, advocacy, health education, and support for individuals and families navigating complex health and social systems.

NACCHO maintains that the current OSCA skill level classifications do not adequately recognise the qualifications, scope of practice, professional responsibilities, cultural expertise and community leadership required of these occupations. The existing classifications largely rely on formal qualifications and do not sufficiently account for the unique cultural capabilities and community knowledge that are fundamental to the delivery of effective healthcare for Aboriginal and Torres Strait Islander peoples.

Aboriginal and Torres Strait Islander Health Practitioners are nationally registered health professionals regulated by the Australian Health Practitioner Regulation Agency (AHPRA). They are required to complete accredited qualifications, maintain registration, meet professional standards and undertake continuing professional development. Their responsibilities include health assessments, chronic disease management, health screening, medication administration, health promotion and care coordination as part of multidisciplinary healthcare teams. These responsibilities are comparable to other recognised health professions and demonstrate a higher level of clinical responsibility than is currently reflected in the OSCA classification.

³ AIHW, Aboriginal and Torres Strait Islander specific primary health care: results from the OSR and nKPI collections, Jan 2026, <https://www.aihw.gov.au/reports/indigenous-australians/indigenous-primary-health-care-results-osr-nkpi/contents/osr-staff-fte>.

⁴ Department of Health, National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework and Implementation Plan 2021–2031. [Online] 2022. <https://www.health.gov.au/sites/default/files/documents/2022/03/nationalaboriginal-and-torres-strait-islander-healthworkforce-strategic-framework-and-implementation-plan-2021-2031.pdf>.



Similarly, Aboriginal and Torres Strait Islander Health Workers undertake specialised training and perform complex roles that combine health promotion, patient advocacy, care navigation, cultural support and community engagement. Their effectiveness is underpinned by cultural authority, local knowledge and trusted relationships developed over a lifetime within their communities. These competencies cannot be acquired through formal study alone and are essential to improving health service access, patient safety and health outcomes.

The importance of these roles has been recognised nationally through the Closing the Gap reforms, the National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework and the Aboriginal Community Controlled Health sector's model of comprehensive primary health care. Despite this, Aboriginal and Torres Strait Islander Health Workers and Practitioners continue to experience workforce undervaluation, with research highlighting the breadth and complexity of their responsibilities across clinical care, health promotion and cultural brokerage functions.

Workforce Planning Implications

Accurate skill level classification is critical to effective workforce planning. Occupational classifications are used to inform workforce supply and demand forecasting, education and training investment, remuneration benchmarking, employment strategies and government policy. Where occupations are assigned lower skill levels than warranted, national workforce data can underestimate the complexity and value of these roles, creating barriers to workforce growth, recruitment and retention.

Increasing the skill level classification of *441931 Aboriginal and Torres Strait Islander Health Practitioner* from Skill Level 3 to Skill Level 2, and *441932 Aboriginal and Torres Strait Islander Health Worker* from Skill Level 4 to Skill Level 3, would provide a more accurate reflection of contemporary practice. It would improve visibility of these professions within workforce datasets and support better planning for future workforce requirements, particularly in ACCHOs and rural and remote communities where these occupations are essential to service delivery.

An Aboriginal and Torres Strait Islander Health Worker supporting a client with poorly managed chronic disease often provides far more than health education or appointment coordination. Through established community relationships and cultural understanding, the Health Worker may identify barriers to treatment adherence, facilitate communication between the client and clinical team, engage family members in care planning, and provide ongoing support outside traditional clinical settings.

In many cases, this cultural knowledge and community trust are the determining factors in whether a patient engages with healthcare services and follows treatment plans. A non-Indigenous practitioner with equivalent formal qualifications may not possess the same level of community connection, cultural authority or capacity to navigate local social contexts. This demonstrates that the expertise required of Aboriginal and Torres Strait Islander Health Workers and Practitioners includes specialised cultural capabilities that are critical to achieving equitable health outcomes and should be recognised within skill level classifications.

Accordingly, NACCHO recommends increasing the skill level classifications for *441931 Aboriginal and Torres Strait Islander Health Practitioner* and *441932 Aboriginal and Torres Strait Islander Health Worker* occupations to better reflect their qualifications, scope of practice, professional responsibilities and specialised cultural expertise.

NACCHO further recommends re-categorising the *441931 Aboriginal and Torres Strait Islander Health Practitioner* occupation under Sub-major Group 26 Health Professionals. This reclassification would align more closely with the role's nationally regulated status, clinical responsibilities, accredited training requirements and contribution to the delivery of comprehensive primary healthcare. Together, these changes would more accurately recognise the qualifications, professional responsibilities, cultural expertise and contribution of Aboriginal and Torres Strait Islander Health Workers and Practitioners to the Australian health system, while supporting stronger workforce planning, improved professional recognition and the long-term sustainability of the Aboriginal and Torres Strait Islander health workforce.

NACCHO recommends increasing the skill level classifications for *441931 Aboriginal and Torres Strait Islander Health Practitioner* and *441932 Aboriginal and Torres Strait Islander Health Worker* occupations.

NACCHO recommends re-categorising the 441931 Aboriginal and Torres Strait Islander Health Practitioner occupation to sit under Sub-major Group 26 Health Professionals.

Unique occupation: Aboriginal and Torres Strait Islander Environmental Health Workers

NACCHO reiterates the position outlined in its April 2026 submission to the Australian Bureau of Statistics regarding the establishment of a distinct *Aboriginal and Torres Strait Islander Environmental Health Worker (AEHW)* occupation within OSCA. As detailed in that submission, the need to grow an Aboriginal and Torres Strait Islander environmental health workforce has been identified as a priority under the *Closing the Gap Health Sector Strengthening Plan* and the *National Aboriginal and Torres Strait Islander Health Plan 2021-2031*. Environmental health workers play a critical role in addressing the environmental determinants of health, including housing, sanitation, food safety, waste management and pest control, all of which have a direct impact on health outcomes for Aboriginal and Torres Strait Islander peoples.

Aboriginal and Torres Strait Islander Environmental Health Workers perform a distinct role that is separate from Environmental Health Officers, with a strong focus on community engagement, health promotion, household-level environmental health interventions and culturally safe prevention activities. The submission also highlighted evidence that investment in environmental health is a cost-effective strategy to reduce preventable disease, avoidable hospitalisations and long-term healthcare expenditure.

Consistent with the recommendations made in that submission, NACCHO strongly supports the creation of a dedicated Aboriginal and Torres Strait Islander Environmental Health Worker occupation within Unit Group 2693 Environmental Health and Health Promotion Officers. Such recognition would improve workforce visibility, support data collection and policy development, and assist in growing a workforce that NACCHO estimates will require approximately 500 workers to meet current demand across the Aboriginal Community Controlled Health sector.

For further information on the Aboriginal and Torres Strait Islander Environmental Health Workforce, see:

- [Growing an Aboriginal and Torres Strait Islander Environmental Health Workforce](#) - A Roadmap to establish a permanent, highly skilled and nationally credentialed Aboriginal and Torres Strait Islander Environmental Health Workforce
- [Aboriginal and Torres Strait Islander Environmental Health Workforce Framework](#) - A functional overview.

NACCHO recommends adding Aboriginal and Torres Strait Islander Environmental Health Workers to the OSCA, as a sub-category of 2693 *Environmental Health and Health Promotion Officers*

Unique occupation: Aboriginal and Torres Strait Islander Social and Emotional Wellbeing Worker

NACCHO supports the establishment of a distinct *Aboriginal and Torres Strait Islander Social and Emotional Wellbeing (SEWB) Worker* occupation within OSCA 2027. SEWB is a uniquely Aboriginal and Torres Strait Islander concept of wellbeing that encompasses connections to family, community, culture, Country, spirituality, ancestry and self, while also recognising the influence of social, historical, political and cultural determinants of health. Unlike Western models of mental health, SEWB adopts a holistic and strengths-based approach that is grounded in Aboriginal and Torres Strait Islander ways of knowing, being and doing.

The role of Aboriginal and Torres Strait Islander SEWB Workers has evolved over more than two decades and was first formally funded following the recommendations of the 1997 *Bringing Them Home Report* to address the ongoing impacts of the Stolen Generations, intergenerational trauma and loss of culture and connection. Today, SEWB Workers play a critical role within Aboriginal Community Controlled Health Organisations (ACCHOs), supporting individuals, families and communities through counselling, advocacy, case



management, outreach, cultural healing activities, alcohol and other drug support services, family tracing and reunification services, and suicide prevention initiatives.

While there are similarities between SEWB Workers and Mental Health Workers, the occupations are distinct. SEWB Workers provide culturally grounded support that integrates healing, cultural reconnection, community engagement and holistic wellbeing alongside clinical and psychosocial interventions. Their work is informed by lived cultural knowledge, community relationships and cultural authority that cannot be replicated through formal qualifications alone.

The importance of this workforce is reflected in national policy. Outcome 14 of the National Agreement on Closing the Gap seeks a significant and sustained reduction in suicide among Aboriginal and Torres Strait Islander people, while the Social and Emotional Wellbeing Policy Partnership has identified culturally informed, community-led approaches as essential to improving wellbeing outcomes. In 2025, there were 744 full-time equivalent SEWB Workers nationally, including 693 working within ACCHOs, demonstrating that this is a substantial and established workforce.

The absence of a dedicated OSCA occupation limits visibility of the workforce, constrains workforce planning and hinders the ability to accurately measure service demand, workforce growth and training needs. Creating a distinct occupation within *4413 Mental Health Workers* would recognise the unique and specialised nature of the role, strengthen workforce data collection, and support ongoing investment in a workforce that is critical to achieving improved social and emotional wellbeing outcomes for Aboriginal and Torres Strait Islander peoples.

NACCHO recommends adding Aboriginal and Torres Strait Islander Social and Emotional Wellbeing Workers to the OSCA, as a sub-category of 4413 Mental Health Workers.