



2026

**Health Care and Social
Assistance**

Northern Territory

Introduction

Industry Skills Advisory Council NT (ISACNT) is an independent, not-for-profit organisation. Our vision is to be leaders in industry skills advice, and our mission is to be the principal source for the Northern Territory on matters related to industry Vocational Education & Training and the development of a skilled workforce through proactive engagement and research.

Our purpose is to work closely with stakeholders to increase workforce skills and capability across industries in the Northern Territory.

ISACNT engaged with industry stakeholders, including health care and social assistance organisations, Registered Training Providers (RTPs), and Industry Peak Associations in the NT and reviewed published research reports, secondary data, and empirical articles to inform this Industry Insight.

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Insight research and writing: Emmanuel Hedzro-Garti, Minh Do

Design: Captovate

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The information, statements, and statistics in this insight are provided in good faith; they do not constitute professional advice. ISACNT used a variety of data sources at different times to write this insight. While ISACNT believes this to be reliable and accurate, readers must make their inquiries before making any decisions. ISACNT accepts no responsibility or liability whatsoever to any third parties in connection with this insight

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Health Care and Social Assistance Northern Territory

The health care and social assistance industry comprises organisations that provide health care and social assistance services. These services are delivered using standardised methods by trained and qualified practitioners. The industry is the largest employer of the skilled workforce in Australia. As of August 2025, it employed 2.3 million people, which accounts for 16.2% of the national workforce.

Services covered by the industry include hospitals, general and specialist medical services, pathological and diagnostic imaging services, dental and allied health care, ambulance services, childcare services, and aged and residential care.

Between 2020 and 2025, the industry's workforce grew to 2.36 million employees, averaging over 117,000 new positions annually. This expansion outpaced both population growth and broader economic growth, making health care and social assistance one of Australia's most dynamic employment sectors. This, however, reflects an ageing population requiring more intensive care, the lasting impacts of COVID-19 on service demand, substantial investment in health and social assistance schemes, and growing recognition of mental health as a national priority.

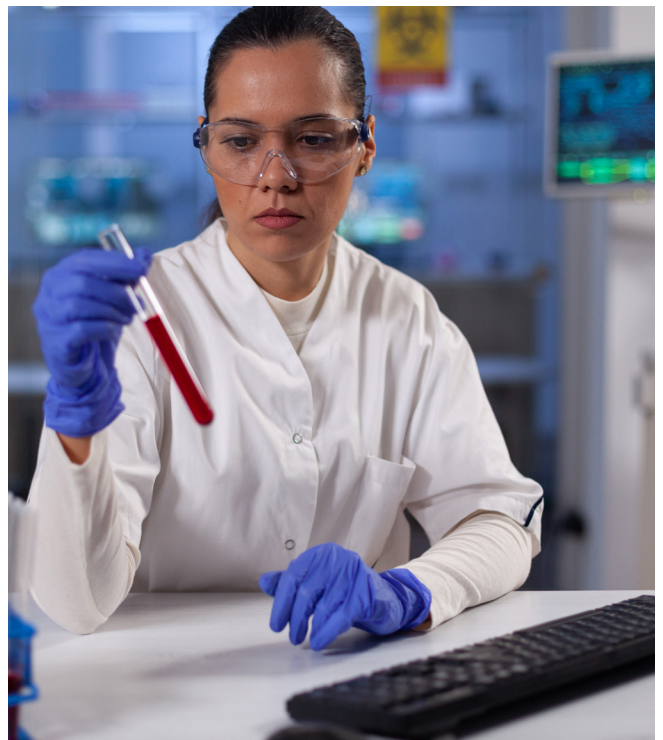
It is expected that the demand for a skilled workforce in the Australian health and social assistance industry will grow throughout the decade till 2032, with a projection of 2,650,930 workers in 2033, representing a growth of approximately 25.19%, the largest of all projected industry growth rates. Factors driving this growth include an ageing population, rising rates of chronic disease, and growth in childcare and family services.

Health Care and Social Assistance Sectors

HOSPITALS

This sector includes:

- **Hospitals (Except Psychiatric Hospitals)** that provide facilities and services such as diagnostic, medical or surgical services, as well as continuous in-patient medical care in specialised accommodation; and hospitals that provide both facilities and training of medical and nursing staff. These include children's hospitals, day hospitals, ear, nose and throat hospitals, eye hospitals, infectious diseases hospitals, maternity hospitals, obstetric hospitals, and women's hospitals.
- **Psychiatric Hospitals** that deliver services for patients with psychiatric, mental or behavioural disorders, and psychiatric hospital facilities and training of medical and nursing staff.





MEDICAL AND OTHER HEALTH CARE SERVICES

This sector includes providers that deliver:

- **Medical Services:** include general practice and specialist medical services. Consists of registered medical practitioners or specialist medical practitioners that operate private or in group practices in medical clinics or centres. Primary activities include, but are not limited to: the flying doctor services, general practice medical clinic services, dermatology services, gynaecology services, and neurology services.
- **Pathology and Diagnostic Imaging Services:** include laboratory or diagnostic imaging services such as analytical services, including body fluid analysis, ultrasound or x-ray services.
- **Allied Health Services:** include dental services, optometry and optical dispensing, physiotherapy, chiropractic and osteopathic services and other allied health services that are not elsewhere classified, such as acupuncture, dietitian, herbalist, midwifery or occupational therapy services.
- **Other Health Care Services:** include services that engage in transporting patients by ground or air in conjunction with medical care, such as aerial ambulance and ambulance services. Health care services not elsewhere classified, such as blood bank operation and health assessment services.

RESIDENTIAL CARE SERVICES

Include residential care and residential aged care that are combined with either nursing, supervisory or other types of care as required.

Primary activities:

- **Aged Care Residential Services:** accommodation for the aged, aged care hostel, nursing home, residential care for the aged.
- **Other Residential Care Services:** include, but are not limited to, children's home, community mental health hostel, crisis care accommodation, home for the disadvantaged, residential refuge.

SOCIAL ASSISTANCE SERVICES

This sector includes:

- **Child Care Services:** provide day care for infants or children.
- **Other Social Assistance Services:** provide a wide variety of social support services directly to their clients, including but not limited to adoption services, alcoholics anonymous operations, disability assistance services, and youth welfare services.

Health Care and Social Assistance Industry in the Northern Territory

In response to increased government spending on frontline services and ongoing expenditure on disability services over the last decade, the workforce in the Northern Territory (NT) has shown growth in the health care and social assistance industry. As of August 2025, the Territory employed 26,383 workers, which accounts for only 1.12% of the national workforce. Even though NT's growth rate of newly added health care and social assistance workers is comparable to that of larger states after adjusting for population size, its worker attraction and retention rates remain low. Underlying reasons include insufficient career progression and the high proportion of young workers in the workforce, who tend to leave after gaining experience, resulting in a shortage of skilled workers and high employee turnover. Together with a high burden of disease and injury and large, remote areas between communities where workers need to provide services, the workforce demand in NT is high, but the supply is low.

According to the 2021 census, the NT has a fundamentally different demographic profile than other jurisdictions, with approximately 30% of the population identifying as Aboriginal and Torres Strait Islanders which is 10 times the national rate. This population often experiences significantly poorer health outcomes across nearly every indicator, including lower life expectancy, higher rates of chronic disease, elevated infant mortality, and greater incidence of infectious diseases. The workforce, therefore, is required to possess not only clinical skills but also deep cultural competency and an understanding of Indigenous health paradigms, which may further pressure the already limited workforce.

Additionally, the NT's employment in the health care and social assistance industry has experienced considerable fluctuations over the past decade. This reflected the fragile nature of workforce development in remote jurisdictions and the complex interplay of policy, economics, and external shocks that shape employment in the NT.



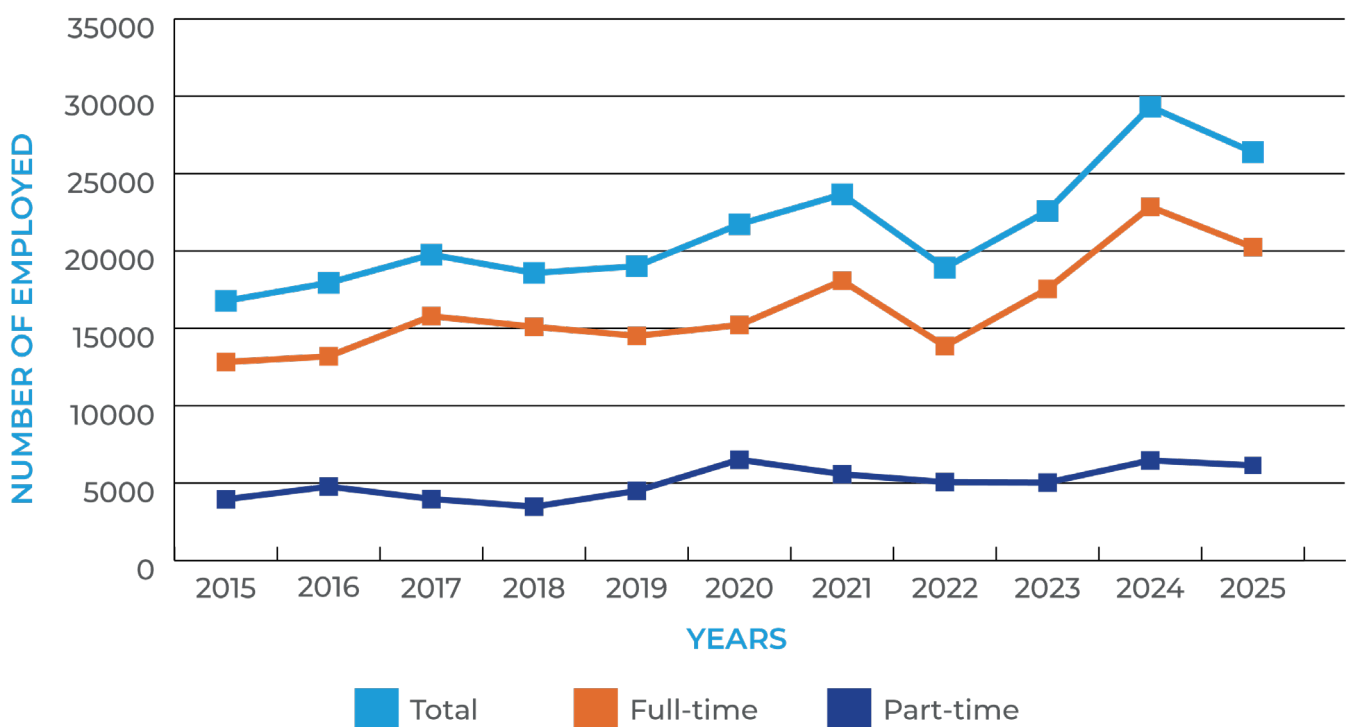
Socio-Demographic Characteristics of the Workforce

WORKFORCE EMPLOYMENT STATUS

Full-time employees dominate the Northern Territory's health care and social assistance workforce throughout the 2015 – 2025 period and have a consistent increase in number and annual growth rate. This plays a major role in the increase of the total employment in the NT's health care and social assistance workforce. Although part-time employment has grown, peaking during the COVID-19 pandemic, its contribution to the workforce is complementary, given the fluctuations of part-time roles compared to full-time ones. The following data points showcase the health care and social assistance workforce in the NT.

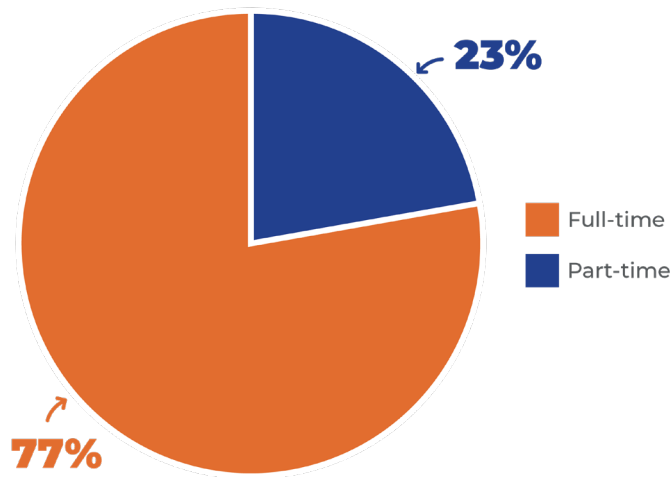


TREND OF EMPLOYMENT STATUS IN THE NT, 2015 – 2025



Source: ABS, Labour Force Survey, Australia, 2015 and 2025. Catalogue No. 6291.0.55.001

BASIC OF EMPLOYMENT IN THE NT, 2025

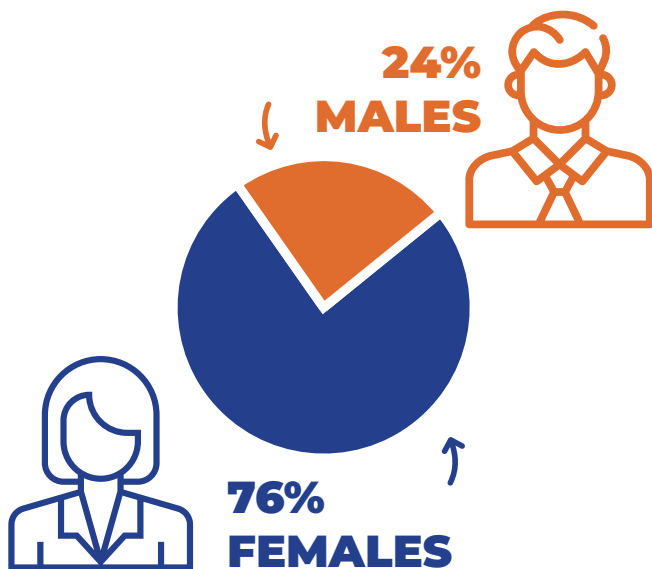


Source: ABS, Labour Force Survey, Australia, 2025. Catalogue No. 6291.0.55.001

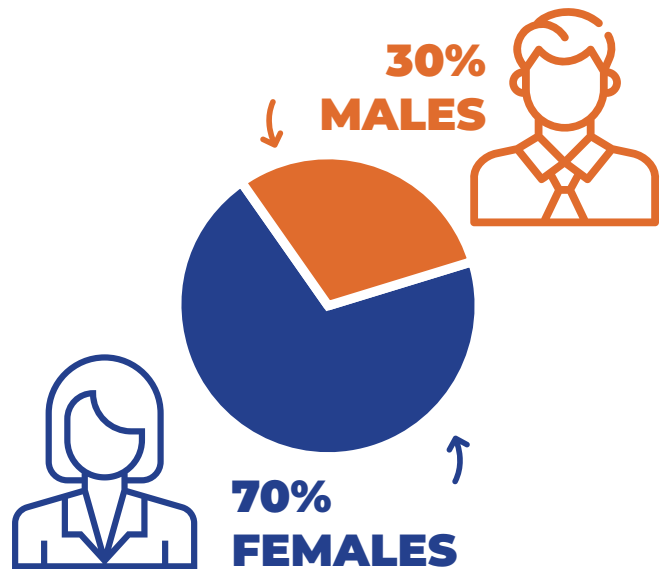
WORKFORCE DEMOGRAPHICS

The Northern Territory's health care and social assistance workforce has characteristics similar to those of the national workforce. The industry is female-dominated across all states and territories. However, the NT has the lowest female participation in the health care and social assistance workforce. Given that female participation contributes significantly to the industry's workforce nationwide, the comparable lower female participation in the NT reflects a smaller labour force pool for essential roles, a greater reliance on interstate recruitment, and higher risks of turnover and vacancies. This impacts vocational education and training (VET) enrolments in health, aged care, and disability support services, as well as university entry to nursing and allied health, and the availability of part-time workers, which is a common occurrence in the industry. Gender distributions in the health care and social assistance industry for Australia and the NT are provided below.

AUSTRALIAN WORKFORCE



NT WORKFORCE

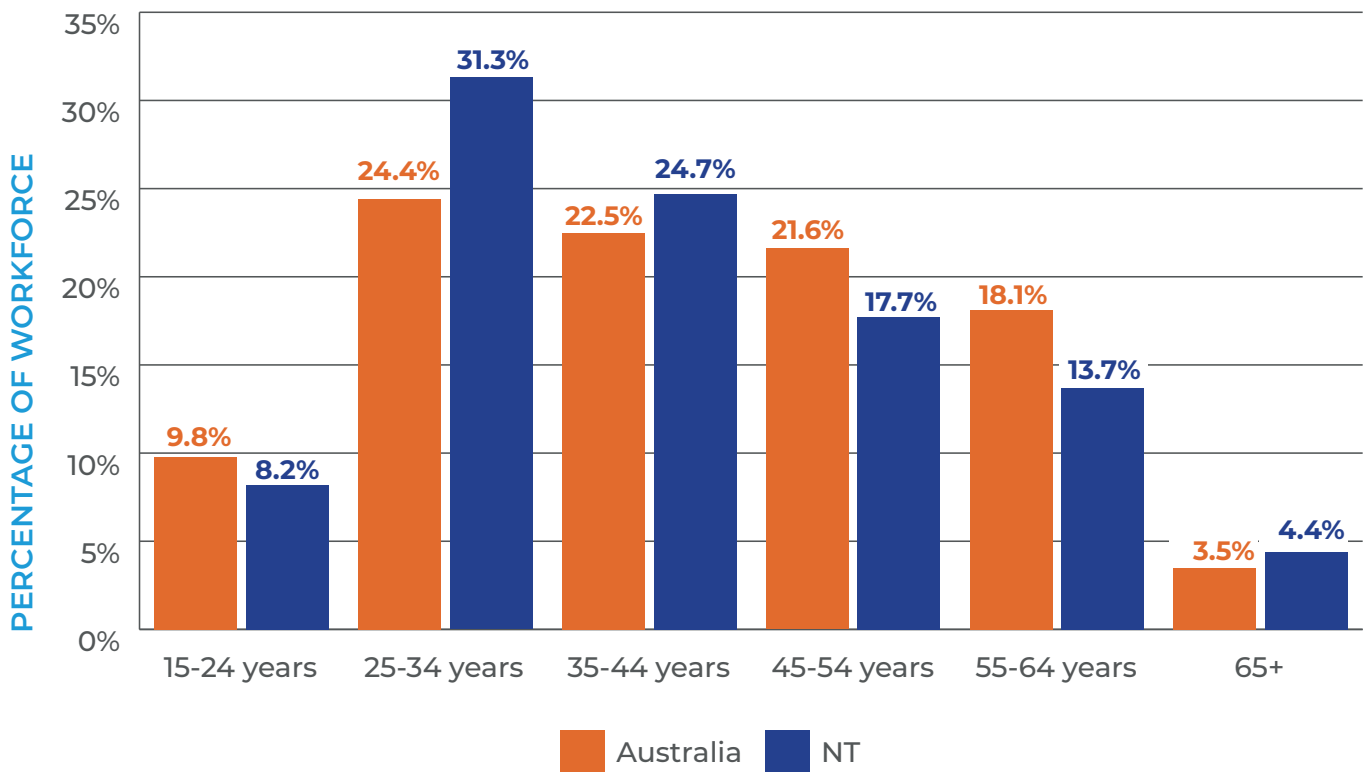


Source: ABS, Labour Force Survey (2025). Catalogue No. 6291.0.55.001

WORKFORCE AGE STRUCTURE

The workforce in the Northern Territory's health care and social assistance sector is diverse in age, with many early-career health professionals under 45. The NT workforce is losing its experienced practitioners, since fewer than 50% are over 45 years old.

AGE STRUCTURE OF AUSTRALIA AND THE NT, 2021



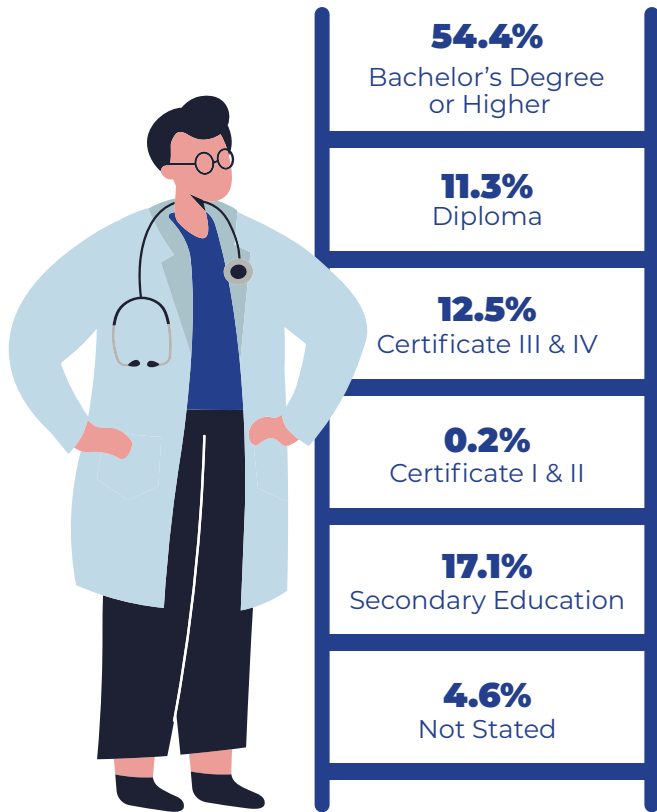
Source: ABS, 2021 Population and Housing Census

WORKFORCE QUALIFICATIONS

The NT has a relatively well-qualified workforce, with a majority holding tertiary qualifications. This aligns with the complex clinical, regulatory, and service delivery requirements of the sector, particularly in remote and high-need settings. The NT's well-qualified health care and social assistance workforce aligns with the anticipated national trend between 2023 and 2033, with a significant shift toward Skill Level 1.

Analysis of skill requirements from stakeholder consultations across the NT reveals that 70% of critical occupations are likely to face significant attraction and retention challenges over the next five years, requiring a top skill level. Even though the majority of the NT's health care and social assistance workforce hold bachelor's degrees or higher, it remains insufficient to deliver health care across the NT. This is due to its severe regional workforce imbalance, especially in the outback, heavy reliance on interstate recruitment, competition with national needs for degree-qualified professionals, and limited capacity to develop local pipelines for mid-tier and entry-level roles.

QUALIFICATION STATUS OF THE NT WORKFORCE



Source: ABS, 2021 Population and Housing Census

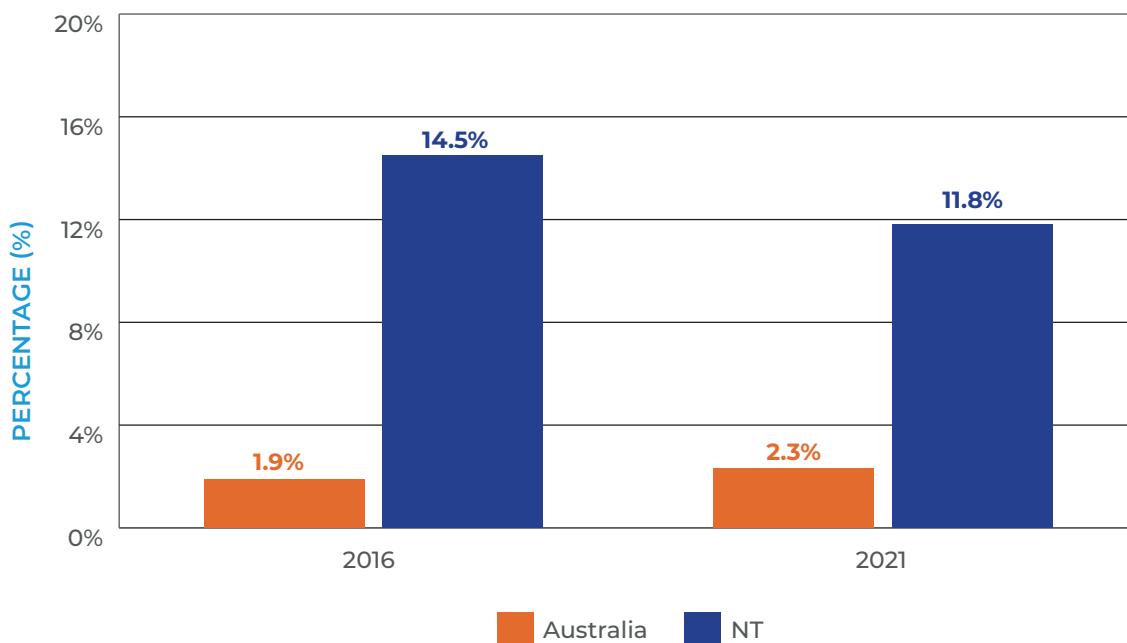
WORKFORCE CULTURAL REPRESENTATION

Over the two census periods, 2016 and 2021, the proportion of Indigenous peoples in the health care and social assistance workforce declined by 19% in the NT but increased by 21% across Australia. The Indigenous workforce in the NT faces significant challenges that severely impact the sustainability and quality of services. These include chronic short staffing and widespread shortages, especially General Practitioners in regional and remote areas. The representation of Indigenous workers in the health care and social assistance workforce in Australia and in the NT is provided below.

In addition, it is likely that the number of Aboriginal and Torres Strait Islander Practitioners will be insufficient to meet demand, as they are considered essential to the remote care services. Another challenge is the heavy reliance of the Indigenous workforce on casual workers, which disrupts continuity of care and inflates operational costs. Most fundamentally, there is a gap in the delivery of culturally appropriate care with Indigenous representation that directly impacts health outcomes for Aboriginal and Torres Strait Islander communities.

There is also a significant imbalance in the distribution of the Indigenous workforce across occupations in the NT's health care and social assistance industry, with 96% in worker occupations but less than 5% in clinical professions. This gap indicates a significant barrier to career progression and an underlying problem in the transition from certificate/diploma pathways to degree-qualified positions.

INDIGENOUS WORKERS IN AUSTRALIA AND IN THE NT



Source: ABS, 2016 and 2021 Population and Housing Census

Industry Intelligence

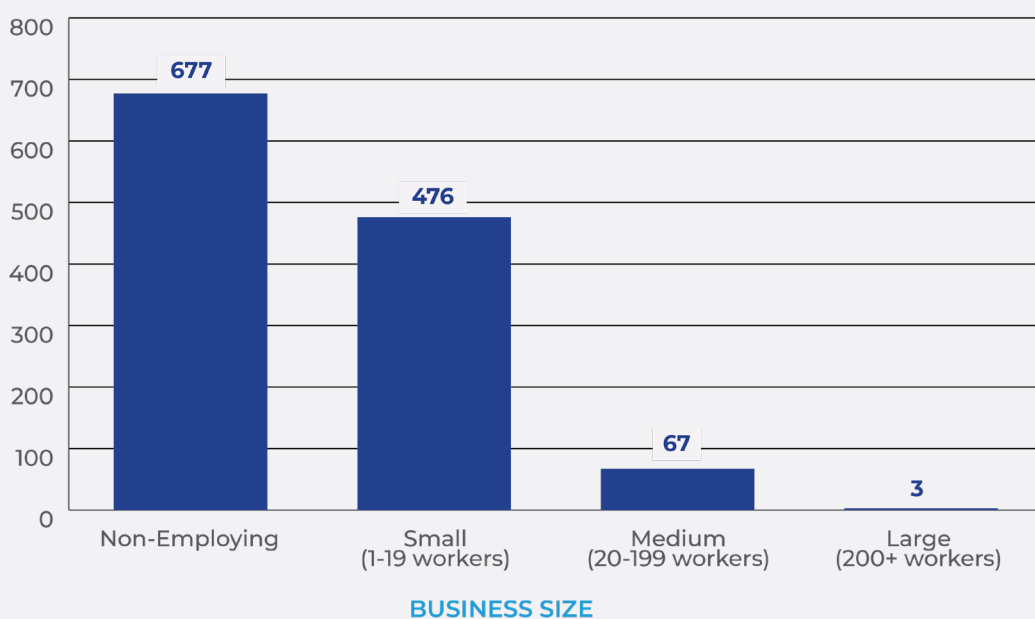
The NT’s industry perspective is integrated into this report through surveys with industry stakeholders, including health care and social assistance entities, Registered Training Providers (RTPs), and Industry Peak Associations in the NT, on employee turnover, anticipated hiring needs, changes in occupational demands and recruitment challenges. In total, 261 health care and social assistance organisations and registered training organisations participated in the research. The research is then validated by industry peak bodies.

Nevertheless, non-employing organisations were excluded from the analysis of hard-to-fill occupations, as they do not employ and thus are less likely to face workforce shortage challenges. Furthermore, not all health care and social assistance organisations in the Northern Territory participated in the study. However, data collection was conducted to ensure fair representation of health care and social assistance entities across the NT’s regions. A multimethodological approach was used to supplement this.

Number of Businesses

The Northern Territory recorded the highest proportional growth in health care and social assistance organisations among the jurisdictions, increasing by 48.4% from 2019 to 2024. Despite this rapid growth, the NT only accounts for 0.6% of all health and social assistance organisations. The expansion occurred across all business size categories, indicating a broad-based increase in health care and social assistance services provision.

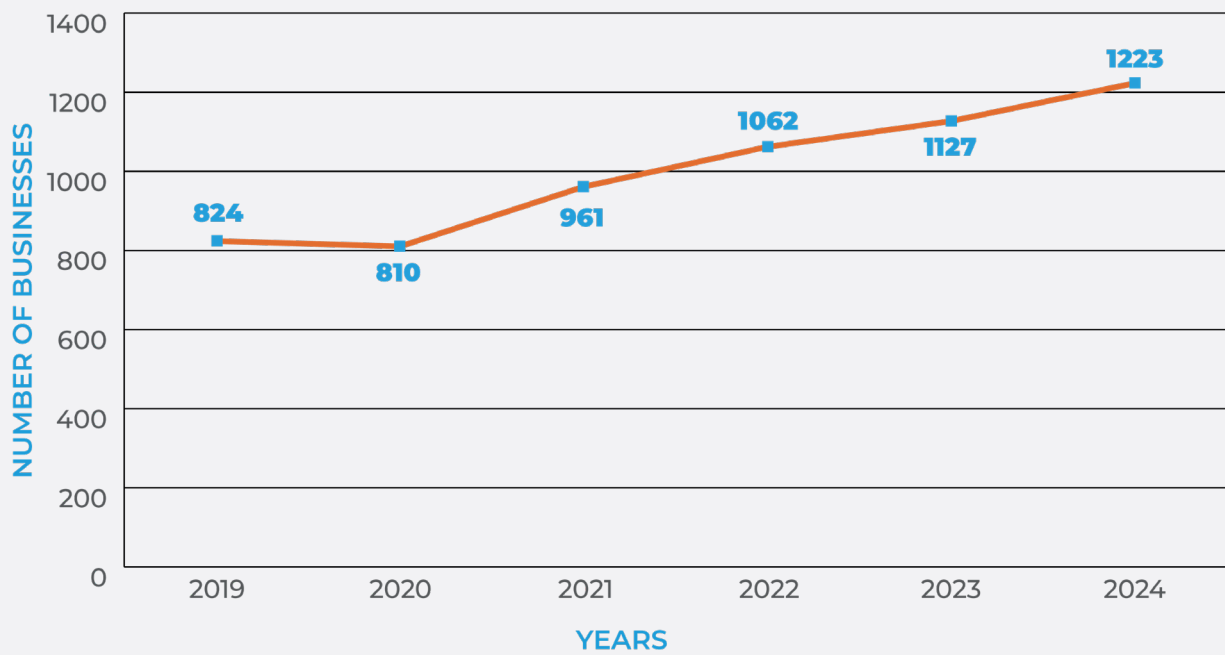
NUMBER OF BUSINESSES IN NT BY SIZE, JUNE 2024



Source: ABS Counts of Businesses, including Entries and Exits, June 2019 and 2024. Catalogue no. 8165.0

The NT's health care and social assistance organisations are transitioning from a highly fragmented, sole-practitioner model to a more mixed structure. Small providers remain dominant in the sector, highlighting ongoing challenges in attracting and retaining the workforce, building supervision capacity, and maintaining service continuity in remote settings. However, the emergence of large employers (200+ workers) in 2014 for the first time reflects the increasing scale and organisational maturity in parts of the NT industry, likely linked to aged care, disability support services and large service providers.

NUMBER OF NT BUSINESSES, 2019 – 2024



Source: ABS Counts of Businesses, including Entries and Exits, June 2019, 2020, 2021, 2022, 2023 and 2024. Catalogue no. 8165.0



Workforce Challenges

Engagement with stakeholders reveals principal barriers to attraction and retention in the NT's health care and social assistance industry. The three major barriers to attraction and retention are limited skilled workers, high employee turnover, and high salary expectations. Other barriers include a lack of applicants for the role, too many relocation requirements, and a lengthy training period. The top three barriers to attracting and retaining the workforce are summarised as:

LIMITED SKILLED WORKERS

The NT has a higher burden of disease and injury than the national average. As a benchmark, the higher the burden of disease and injury, the higher the need for the workforce.

Stakeholders in the industry have also noted the large number of vacancies across various occupations, as well as the few occupations that require a large-scale workforce of up to 99 positions. Typical occupations with existing vacancies include disability support workers, aged care workers, nursing support roles, and medical reception or administration roles.

In addition, the challenge caused by limited workers is severe in remote areas. As communities are separated by hundreds of kilometres of remote terrain, delivering health services requires exceptional logistical support and personal commitment from workers.

HIGH EMPLOYEE TURNOVER

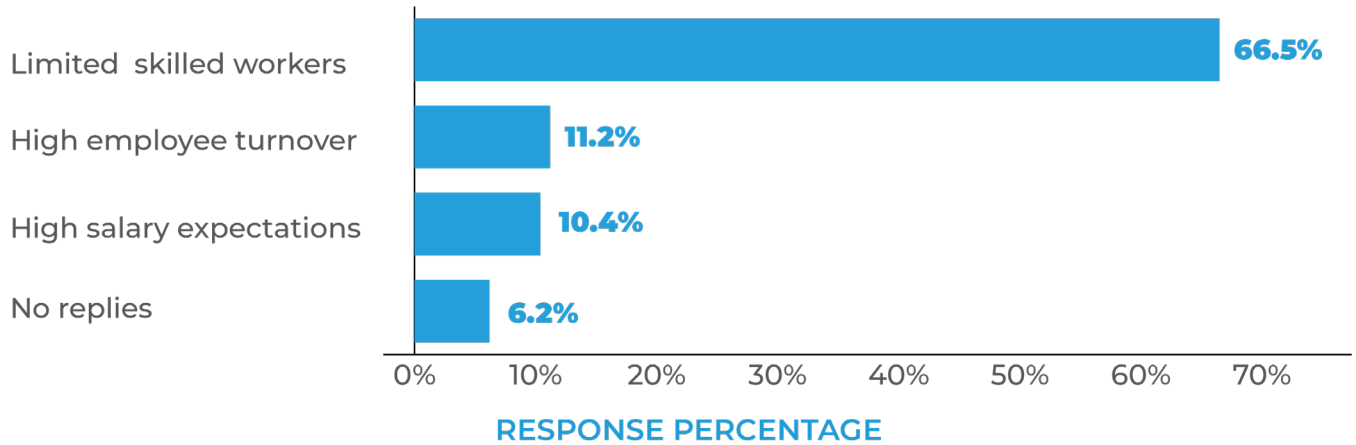
While successfully attracting large numbers of young health professionals, the Territory faces a potential retention crisis as clinicians mature, leading to high employee turnover. In particular, the Northern Territory is considered a "medical training ground" rather than a "career destination" where health care and social assistance professionals come for rural generalist training, emergency medicine experience, and Indigenous health exposure.

They then leave just as they develop the complex clinical skills and cultural competencies essential to Territory health care. Key reasons include insufficient career progression and the availability of career opportunities elsewhere, which are common among remote nurses.

HIGH SALARY EXPECTATIONS

Stakeholder engagement reveals that high salaries continue to attract professionals to remote areas of NT, but not necessarily retain them, due to a combination of factors, including inadequate housing, lifestyle trade-offs and safety concerns. Even though high salary expectations are common among both providers and professionals seeking opportunities, high salary awards are not the norm across all sub-sectors. This is misaligned with the NT labour market conditions. Stakeholders stated that current classifications and pay rates in some sub-sectors do not reflect role complexity or competition from other sectors, making recruitment and retention difficult.

TOP BARRIERS TO ATTRACTION AND RETENTION

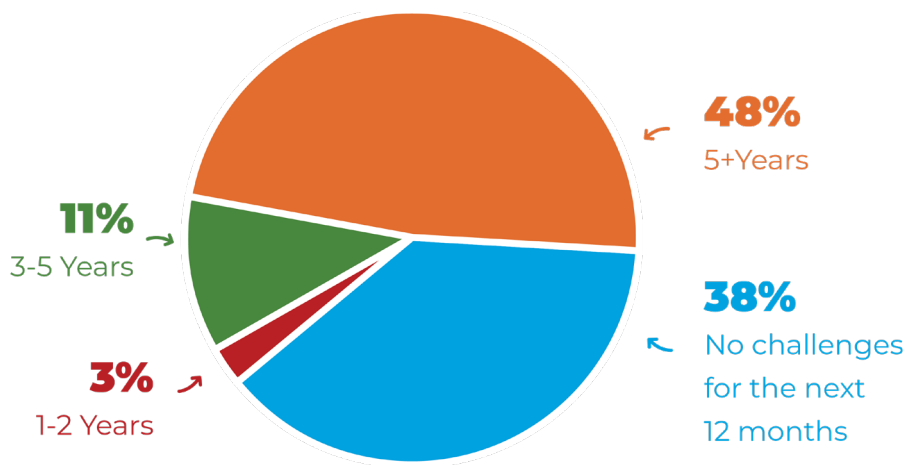


Source: ISACNT stakeholder engagements (2025)

Without addressing these systemic constraints, workforce gaps are likely to persist across hospitals, aged-care, disability support, allied health, and childcare services, thereby undermining both service delivery and long-term workforce sustainability.

Engagement with stakeholders also reveals that workforce challenges will persist, thereby impacting the attraction and retention of certain roles.

EXPECTED DURATION OF NT WORKFORCE CHALLENGES



Source: ISACNT stakeholder engagements (2025)

The occupations perceived by organisations to be most likely to face workforce challenges for more than 5 years are as follows:

Social Worker	Medical Receptionist
Counsellor (General)	Health Practice Manager
Psychologist	Medical Laboratory Scientist
Registered Nurses nec	Physiotherapist
Aboriginal and Torres Strait Islander Health Practitioner	Speech Pathologist
Community Aged Care Support Worker	Disability Support Worker
Disability Team Leader	Dental Assistant

Hard-to-fill Jobs

Ongoing labour shortages in the Northern Territory are reflected in the 2025 Northern Territory Skilled Occupation Priority List (NTSOPL), which specifies hard-to-fill occupations and their priority status as either priority or high priority. A priority occupation indicates it is difficult to fill, whereas a high-priority occupation means it is extremely difficult to fill. In the 2025 list, the health care and social assistance industry ranks first, with the highest number of hard-to-fill occupations, two-thirds of which are high-priority. The 2025 list of hard-to-fill health care and social assistance occupation groups is as follows:

- Nursing & Midwifery
- Medical Practitioners
- Allied Health Therapy
- Mental Health and Counselling
- Diagnostic & Technical
- Aged & Disability Care
- Dental
- Health Administration
- Other Health Professionals

More than 80% of all those occupations require a Skill Level 1 (Higher Education), with the remaining occupations spread across Skill Levels 2, 3, and 4. This reflects the industry's highly skilled nature. Key occupation groups at the skill level 1 include medical practitioners, allied health professionals, advanced nursing roles, and registered nurses. Some of these occupations have long training periods, ranging from 4 to 10 years, from commencement to practice. They also have the highest recruitment and relocation costs and packages, as well as portable skills that enable high interstate mobility, and are critical for governance and leadership.

Skills in Demand

Delivering effective health care and social assistance services across the Northern Territory demands professionals to navigate cultural complexity, geographic isolation, and resource constraints while maintaining therapeutic relationships across vast distances and diverse populations. Employers consistently reported that workforce failures stemmed less from clinical knowledge gaps than from inadequate soft skills, particularly in cross-cultural communication, autonomous decision-making, and sustained performance under isolation stress. Findings from ISACNT's multi-source analysis, integrating direct employer feedback, Market Data Licence (MDL) workforce data, and Job Services Australia platform requirements, revealed the following skills as critical to work in the industry.

EMPLOYABILITY SKILLS IN DEMAND IN THE NT

Empathy	Teamwork and collaboration	Problem-solving and clinical judgement	Conflict resolution	Compassion
Communication	Adaptability and resilience	Time management and prioritisation	Professional ethics and confidentiality	Trauma-informed practice

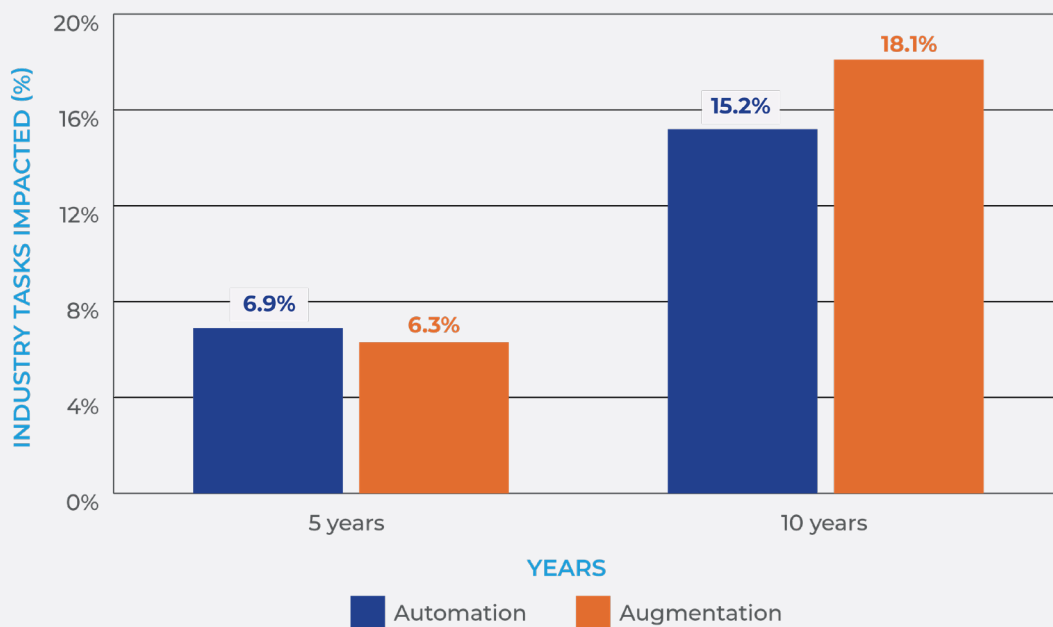
Source: ISACNT MDL, stakeholder engagement, and JSA platforms

Impact of Technology

Current technology adoption has addressed critical industry challenges, including workforce shortages and vast remote service areas.

Over the next 5 to 10 years, automation and augmentation technologies are expected to assume a greater share of tasks in the health care and social assistance industry, improving efficiency and productivity.

IMPACT OF TECHNOLOGY IN THE FUTURE



Source: ISACNT 4.0 Market Data License (MDL) tool

Automation is the use of technology to perform tasks with minimal or no human intervention, which is most likely to impact administrative and routine tasks, such as record management, scheduling, and data entry. The roles targeted for automated tasks include many roles in high demand, such as general clerks, medical laboratory scientists and customer service managers. Currently, the NT health systems are adopting automation technologies, including process automation, robotics, and generative artificial intelligence. In particular, the adoption of electronic medical records, supported by My eHealth, has improved information sharing and access in remote areas.

Augmentation is the use of technology to enhance human abilities rather than replace them, which is most likely to impact specific tasks in clinical roles, including documentation, monitoring, scheduling, and diagnostic support. This is achieved using augmentation technology, which is any technology used to optimise employees' job completion and performance efficiency, without replacing core professional judgement or client-facing functions. Examples of augmentation technology include assistive robotics that support mobility, particularly in aged care. These modest efficiency gains from reduced service delivery lag time and increased overall client satisfaction are significant for the publicly funded industry, where productivity growth is constrained by service quality requirements and the need for human interaction.

Due to the increasing investment and the impact of technology on the industry, training and skills development in the NT's health and social assistance workforce need to be reshaped to meet new skill requirements and upskill existing workers.

Current State

STRENGTHS

WEAKNESSES

SOCIO-ECONOMIC

- The successful Pacific Australia Labour Mobility (PALM) scheme has helped mobilise the workforce into regional and remote areas.
- Government incentives to reduce the financial burden for both the trainees and providers.
- Darwin is experiencing continuous organisational growth, leading to more employment opportunities.
- Usage of fly-in fly-out (FIFO) specialist services assists remote NT areas in receiving services not otherwise available.
- Increase in the minimum salary thresholds for sponsored overseas workers to align with general Australian standards, which avoids undercutting the Australian labour market.
- Rapid increase in small and non-employing service organisations limits service delivery, supervision and development opportunities.
- Imbalance of services and demands between Darwin, with employment growth, and the NT Outback, with high demands but fewer services available.
- Delayed funding decisions made by the government create uncertainty for staff retention within the NT.
- Over-reliance on FIFO for specialist services may impede the development of the local workforce, especially in remote regions.
- Some industry occupations are not well-defined, leading to low visibility of important services when it comes to funding.

WORKFORCE AND OCCUPATION

- High levels of transferable skills among some health occupations ease worker mobility to upskill staff to meet skill demands.
- NT workforce is culturally aware and equipped to deliver culturally appropriate services to the Indigenous populations.
- Utilisation of overseas skilled workers assists remote providers in creating a stable workforce.
- Reliance on interstate specialists helps the NT navigate local workforce shortages to deliver quality services.
- Introduction of an expedited specialist registration pathway will streamline and ease the specialist shortage, drawing from the UK, NZ and Ireland's health systems.
- Limited career progression often impedes the desire of skilled workers to stay in NT.
- Career progression barriers create a gap between certificate-based roles and degree-qualified positions for Aboriginal and Torres Strait Islander health workers.
- Low involvement of Indigenous workers may limit culturally appropriate services and health outcomes in Indigenous communities.
- The NT's remote nature makes it difficult to attract and retain suitable staff in the long term.
- Reliance on interstate specialised workers leads to intense competition with other jurisdictions while increasing recruitment, FIFO and relocation costs.

TRAINING AND SKILLS

- Organisations that offer training for workers pursuing qualifications lead to higher completion rates compared to students entering training outside the workforce.
- Compulsory cultural training equips interstate workers to deliver appropriate services in the remote NT areas.
- Local NT mentoring by the organisation is critical for students to complete the traineeships.
- Shortage of experienced health workers may affect the students' placement, supervision and service provision.
- Low students' completion rates often due to factors such as personal, financial and other non-vocational barriers.
- Limited allied health training delivery in the NT impacts the workforce development, drawing staff out of the NT for training opportunities interstate.

Future State

OPPORTUNITIES

THREATS

SOCIO-ECONOMIC

- Expansion of access to care and support services enables more families to maintain financial stability by reducing the burdens on unpaid caregivers, especially women, to participate fully in the workforce.
- Automation and augmentation are expected to reduce the administrative burden and enhance care in remote areas.
- Rural service requirements and remote centre-based providers can adjust workforce needs between Darwin and the NT Outback to reduce unmet demands.
- Funding for industry-led training may boost students' exposure and interest while aligning expectations from both the students and employers.
- Reclassification of roles to reflect the actual duties, align salaries with job complexities and market needs to attract and retain suitable workers.
- The current funding model requires review due to growing demands for hospital and primary care services to avoid workforce burnout and shortages.
- Continued reliance on expensive FIFO specialists in the absence of local training pathways may further worsen workforce challenges.
- Continued reliance on the PALM scheme may further impede the development of the local workforce.
- Over-reliance on Generative Artificial Intelligence (AI) may raise cybersecurity and confidentiality concerns as well as a financial burden for local providers.
- Reclassification of job descriptions may temporarily burden the workers by adding more responsibilities.

WORKFORCE AND OCCUPATION

- A partnership with the Australian Health Practitioner Regulation Agency (AHPRA) will expedite registrations for rural and remote workers.
- A partnership with the AHPRA can be extended to establish a pathway for overseas-qualified nurses and allied health workers to resolve shortages.
- A higher salary award coupled with workload adjustment for mentors can increase the quality of training while limiting mentor burnout.
- The shift in demand for occupations with higher education will intensify national competition, exacerbating existing workforce challenges.
- Limited NT capacity to develop local pathways for mid-tier and entry-level roles may also intensify the existing workforce challenges.
- Increased shortage of experienced workers for supervision and management roles may impede the delivery of quality services in the NT.

TRAINING AND SKILLS

- Strengthening both VET and higher education pathways will support future workforce demands and reduce reliance on FIFO.
- Integrating soft skills, especially leadership and management skills, throughout the career progression pathways may boost the workers' natural career progression in the industry.
- Limited NT allied health training is available in other states, making it a possibility for NT workers to upskill.
- Lack of structured pathways to support Indigenous workers progressing into nursing and allied health limits sustainable workforce development.
- Training of the interstate workforce pays little attention to preparing students for regional and remote work, making them unprepared and hesitant to relocate to the NT post-graduation.
- Limited allied health training delivery in the NT significantly impacts local workforce development and size, with workers forced to undertake training interstate.

Pathways

COMMUNITY PHARMACY TECHNICIAN

ALTERNATIVE TITLES: DISPENSARY ASSISTANT, DISPENSARY TECHNICIAN

OSCA # 311331

Overview: A Community Pharmacy Technician dispenses and labels patients' prescriptions and scheduled medicines under the supervision of a Community Pharmacist.

Skill Level: 3

Qualification Requirements: Pharmaceutical experience is needed. A formal qualification is not essential, but a VET course in community pharmacy dispensary may be useful.

COMMUNITY AGED CARE SUPPORT WORKER

ALTERNATIVE TITLES: COMMUNITY AGED CARE WORKER, COMMUNITY CARE WORKER (AGED CARE), HOUSE CARE WORKER (AGED CARE)

OSCA # 421231

Overview: A Community Aged Care Support Worker provides general household assistance, emotional support and direct person-centred care for older people in their own homes.

Skill Level: 4

Qualification Requirements: Formal qualifications are not required. However, a Certificate in Individual Support, Ageing Support or Disability Care through VET studies can improve employability.

FAMILY SUPPORT WORKER

ALTERNATIVE TITLES: FAMILY CASE WORKER, FAMILY SERVICES WORKER, FAMILY SUPPORT OFFICER

OSCA # 411632

Overview: A Family Support Worker provides advice and support to children, young people and families with diverse needs, within the home environment and community, in a culturally safe manner.

Skill Level: 2

Qualification Requirements: A formal qualification in community services, social welfare, health, or another allied field. VET or university are both common pathways.

DISABILITY SERVICES OFFICER

ALTERNATIVE TITLE: DISABILITY CARE COORDINATOR

OSCA # 422131

Overview: A Disability Services Officer works in a range of service units to provide care to people with disability and support access to a variety of education, training and welfare services.

Specialisations:

- Disability Local Area Coordinator,
- Disability Support Coordinator

Skill Level: 2

Qualification Requirements: A formal qualification in caring for the disabled, human welfare, psychology or social work. VET or university are both common pathways.

PATIENT CARE ASSISTANT

ALTERNATIVE TITLES: HEALTH CARE ASSISTANT, HEALTH CARE WORKER, PERSONAL CARE ASSISTANT (HEALTH)

OSCA # 442531

Overview: A Personal Care Assistant provides general assistance, emotional support and personal care services to patients in a health care facility.

Skill Level: 4

Qualification Requirements: Extensive experience or a Certificate III or IV in Individual Support, Aged Care, or another related field is required.

YOUTH WORKER

ALTERNATIVE TITLE: YOUTH CASE WORKER, YOUTH DEVELOPMENT OFFICER, YOUTH OFFICER, YOUTH SUPPORT WORKER.

OSCA # 411733

Overview: A Youth Worker assists young people as individuals or groups to solve social, emotional and financial problems in an agency framework.

Skill Level: 2

Qualification Requirements: Different pathways available, including Certificate IV in Youth Work, Certificate or Diploma in Community Services, Certificate or Diploma in Child, Youth and Family Intervention, Bachelor or Diploma of Youth Work.

DENTAL ASSISTANT

ALTERNATIVE TITLE: DENTAL NURSE

OSCA # 442331

Overview: A Dental Assistant prepares patients for dental examination, and assists dental practitioners, Hygienists and Therapists in providing care and treatment.

Skill Level: 4

Qualification Requirements: Formal qualifications are not required. However, a qualification or a traineeship improves employability.

RESIDENTIAL CARE OFFICER

OSCA # 422132

Overview: A Residential Care Officer provides care and supervision to people with disability in group housing care.

Specialisations:

- House Manager (Disability),
- House Supervisor (Disability)

Skill Level: 2

Qualification Requirements: Qualification requirement: A Certificate III, IV or Diploma or a university qualification in Residential, Individual Support, Aged Care or another related field.

EARLY CHILDHOOD EDUCATOR

OSCA # 431132

Overview: An Early Childhood Educator supports learning and development for young children in regulated centre-based services, including contributing to the educational program and practice using an approved learning framework.

Skill Level: 3

Qualification Requirements: Certificate III in Early Childhood Education and Care.

OPTICAL DISPENSER

OSCA # 442431

Overview: An Optical Dispenser interprets optical prescriptions, and fits and services optical appliances such as spectacle frames and lenses.

Skill Level: 3

Qualification Requirements: Qualification requirement: Formal qualifications are not required. However, a Certificate IV in Optical Dispensing may be useful.

VET Enrolments and Completions

Qualifications	2020		2021		2022		2023		2024	
	Enrolments	Completions	Enrolments	Completions	Enrolments	Completions	Enrolments	Completions	Enrolments	Completions
Certificate II in Medical Service First Response	30	25	15	10	10	5	45	5	35	25
Certificate III in Aboriginal and/ or Torres Strait Islander Primary Health Care	0	0	0	0	5	0	0	0	10	0
Certificate III in Allied Health Assistance	40	10	85	30	135	25	125	25	105	25
Certificate III in Dental Assisting	35	15	55	15	70	15	75	10	65	20
Certificate IV in Aboriginal and/ or Torres Strait Islander Primary Health Care Practice	125	15	85	10	85	10	40	10	80	5
Certificate IV in Allied Health Assistance	20	5	45	10	65	10	95	20	70	10
Certificate IV in Dental Assisting	30	0	35	0	25	5	20	0	5	5
Certificate IV in Health Care	5	5	5	5	5	0	10	5	10	0
Diploma of Nursing	60	10	50	20	55	5	75	15	45	15
Diploma of Remedial Massage	20	5	30	10	30	10	30	10	30	20
Certificate II in Aboriginal and/ or Torres Strait Islander Primary Health Care	20	5	40	5	70	5	30	5	0	0
Certificate III in Hospital/ Health Services Pharmacy Support	0	0	10	0	10	5	5	0	0	0
Certificate IV in Aboriginal and/ or Torres Strait Islander Primary Health Care	5	0	5	0	0	0	0	0	0	0
Certificate IV in Hospital/ Health Services Pharmacy Support	0	0	0	0	5	0	5	0	0	0

Qualifications	2020		2021		2022		2023		2024	
	Enrolments	Completions	Enrolments	Completions	Enrolments	Completions	Enrolments	Completions	Enrolments	Completions
Certificate IV in Optical Dispensing	0	0	0	0	0	0	0	0	5	0
Diploma of Aboriginal and/or Torres Strait Islander Primary Health Care Practice	60	5	45	40	10	0	5	5	0	0
Certificate II in Community Services	260	85	240	110	195	75	250	70	200	35
Certificate III in Early Childhood Education and Care	660	145	650	140	745	165	795	145	1,000	280
Certificate III in Community Services	310	65	305	50	260	25	380	85	295	80
Certificate III in Individual Support	770	245	845	275	870	225	1,110	380	980	355
Certificate IV in Child, Youth and Family Intervention	75	15	195	25	155	20	125	35	90	15
Certificate IV in Youth Work	15	0	20	0	20	0	15	0	10	0
Certificate IV in Youth Justice	100	55	95	15	85	15	130	75	95	30
Certificate IV in Community Services	190	60	200	35	270	35	260	35	160	70
Certificate IV in Ageing Support	85	15	145	15	100	20	50	30	40	25
Certificate IV in Disability	85	25	245	135	365	235	260	190	100	75
Certificate IV in Disability Support	0	0	0	0	0	0	5	5	10	5
Certificate IV in Mental Health	185	10	210	25	240	15	285	20	195	30
Diploma of Early Childhood Education and Care	405	100	410	100	355	115	210	45	250	110
Diploma of Child, Youth and Family Intervention	70	25	75	15	80	15	80	25	120	10
Diploma of Youth Work	5	5	10	0	10	5	5	0	25	5
Diploma of Community Services	195	40	255	80	280	110	245	110	245	80

Source: NCVET 2025, Total VET students and courses 2024; program enrolments/ program completions DataBuilder, Total, State/territory of residence, Training package, Program name by Year. Numbers are rounded to the nearest 5. Filters applied: State of residence: Northern Territory; Training package name: Health (HLT), Community Services (CHC)

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ISACNT

INDUSTRY SKILLS ADVISORY COUNCIL NT



Suite 201
Level 2, The Avenue
12 Salonika Street,
Parap NT 0820

08 7913 7500
www.isacnt.org.au