



Increasing the number of First Nations doctors in the region

CQ Regional Medical Pathway Growth Strategy



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KEY FOR ABBREVIATIONS

CQ – Central Queensland Region

CQHHS – Central Queensland Hospital and Health Service

CQU – Central Queensland University

DD – Darling Downs Region

DDH – Darling Downs Health (Hospital and Health Service)

DDSW – Darling Downs-South West Region (Medical Pathway footprint)

First Nations – refers to Aboriginal and/or Torres Strait Islander People. The term is used interchangeably with the terms Aboriginal and/or Torres Strait Islander in this paper.

IRMT – Increasing Rural Medical Training funding (Commonwealth Government)

MP / DDSW MP – Medical Pathway (Darling Downs-South West)

RHMT – Rural Health Multidisciplinary Training funding (Commonwealth Government)

RMP / CQ-WB RMP – Regional Medical Pathway

SW – South West Region

SWHHS – South West Hospital and Health Service

UQ – The University of Queensland

UniSQ – The University of Southern Queensland

WB – Wide Bay Region

WBHHS – Wide Bay Hospital and Health Service



The University of Queensland and Regional Medical Pathway partners, CQUniversity, Wide Bay Hospital and Health Service and Central Queensland Hospital and Health Services acknowledge Traditional Owners and Indigenous Peoples of the broader Central Queensland region. It is important to note from the outset that this document is Indigenous-led and centred around community engagement and consultation.

Background

The Indigenous Student Growth Strategy was commissioned by the Executive Dean, The Faculty of Medicine, to focus on student recruitment and retention in the Medical Pathways with a particular focus on Central Queensland. In December 2023, the University of Queensland (UQ) was successful in receiving IRMT funding from the Commonwealth Department of Health and Aged Care to support additional Commonwealth Supported Places in Central Queensland. An important Key Performance Indicators (KPI) was part of this funding agreement – the recruitment and retention of 15% First Nations students in UQ’s Doctor of Medicine. The specific Performance Indicator reads:

Performance indicator description	Measure
Universities must meet enrolment and graduate targets for Aboriginal and Torres Strait Islander Students	15% of enrolled students are Aboriginal and Torres Strait Islander students.

First Nations engagement and recruitment began in 2019, at the inception of the RMP, with the establishment of a cross-institutional First Nations Working Party. All RMP partners (CQU, UQ, CQHHS and WBHHS) are committed to ensuring that more Aboriginal and Torres Strait Islander doctors are graduated through the program to address the very real workforce need for First Nations clinicians. It is agreed by all parties that provision of the conditions of encouragement, inspiration, recruitment and support for First Nations students is good for workforce outcomes across the board.

Ownership

This strategy is a locally based decision-making framework supported by Regional Medical Pathway partners towards increasing the number of First Nations doctors in our workforce.

Australian Universities Accord

The Australian Universities Accord (The Accord) Final Report was launched in February 2024. The Accord acknowledges that “higher education is vital to Australia’s future”¹ and was designed to “create a long-term plan for reform”. Within the comprehensive recommendations made as part of this report, Recommendation number 3 relating to Commonwealth supported medical places is most pertinent to the Regional Medical Pathway. This recommendation states:

3. That to accelerate the supply of medical graduates in communities experiencing medical practitioner shortages and to increase the number of medical graduates from under-represented backgrounds, the Australian Government:
 - a. increase the number of new medical Commonwealth supported places to address critical shortages and allocate them on transparent, evidence-based criteria of acute need
 - b. provide places for all First Nations students who apply and meet the entry requirements for a medical degree.²

In the allocation of an additional 10 Commonwealth supported places to the Central Queensland region, the Commonwealth and The University of Queensland have begun on this journey. This Growth Strategy is designed to enhance the RMP’s capacity and capabilities to ensure that, not only do First Nations students who apply and meet the entry requirements are admitted to CQU’s Bachelor of Medical Science (Pathway to Medicine) and UQ’s Doctor of Medicine, but that they are supported before, during and after their graduation in a manner that befits a true end-to-end pathway and establishes medical professionals with an authentic connection to the region, exemplary technical and professional skills and a life-long commitment to the future of medicine through research. In this way, medical students and medical professionals participating in the RMP will demonstrate that they belong to, and actively create, a community of educators, learners, mentors, clinicians and advocates committed to

¹ Commonwealth of Australia. 2024 The Australian Universities Accord Final Report. Accessed online on 11 June 2024. <https://www.education.gov.au/accord-final-report>, page 1
² Ibid, page 17

improving regional, rural and remote health by nurturing and inspiring the next generation of doctors³.

Enrolments to date

The Regional Medical Pathway began in 2022 with the establishment of CQUniversity's Bachelor of Medical Science (Pathway to Medicine). In this first year, three First Nations students were enrolled in the undergraduate degree (2 in Rockhampton and 1 in Bundaberg). In the two subsequent years, 2023 and 2024, no First Nations students have enrolled.

UQ's Doctor of Medicine is changing to ensure students are living and learning in the regions, as part of the Regional Medical Pathway, for the four years of their postgraduate degree. In the RMP, students were enrolled in Brisbane for their first year in 2023 and 2024 with Year 2 students starting in the regions in 2024. This decision was made to ensure that there was enough lead time to establish the required infrastructure and resources to support teaching and learning in the regions. 2025 will see the first year where the entire MD is implemented in the regions and will see the transition of the first CQU BMedSci (Pathway to Medicine) cohort to UQ. To date, there have been no First Nations students enrol in the RMP graduate entry pathway.

There is substantial work to be done to meet the Performance Indicator set by the Commonwealth each year. It is to be noted that all RMP partners see this indicator of 15% as a minimum requirement and hope to attract and retain more than this number. This is the purpose of the Growth Strategy presented here.

Strategy

The purpose of the Growth Strategy is to create a locally-centred, Indigenous-led focus on the recruitment, retention and graduation of First Nations students in the UQ Doctor of Medicine with a specific focus on Central Queensland. The Strategy is governed in a way that enshrines joint decision-making roles and responsibilities where Aboriginal and Torres Strait Islander People are at the centre of planning and implementation.

Objectives

- To promote the Regional Medical Pathway through culturally appropriate, targeted approaches to inspire First Nations people to consider medicine as a career,
- To implement and monitor targeted admissions pathways for First Nations students and focus on continuous improvement of those pathways,
- To support the culturally appropriate recruitment and enrolment of at least 3 students per year in the Regional Medical Pathway,
- To ensure appropriate support mechanisms

for students throughout their enrolment in the Regional Medical Pathway,

- To recognise and celebrate the graduation of First Nations students and the impact this has across the end-to-end Pathway.

Strategic priorities

This strategy presents four strategic priorities which address the above vision and objectives.

1. Connection
 - a. Engagement, Inspiration, Promotion
 - b. Pre-admission student support and guidance
 - c. Admissions
2. Curriculum
 - a. Alignment of First Nations curriculum elements for all students
 - b. Ensuring all students have an immersion experience in a First Nations setting
 - c. Ensuring cultural safety in all teaching and learning environments
 - d. Recognise and celebrate the graduation of First Nations students
3. Community
 - a. Internal
 - i. Staffing/Resourcing
 - ii. Student Wellbeing and Support throughout the Pathway
 - iii. All staff participation in First Nations cultural immersion experiences
 - b. External
 - i. Alumni engagement
 - i. Fundraising/Advancement to support the Strategy
 - i. Community awareness, collaboration and partnerships – especially with Aboriginal Medical Services.
4. Research
 - i. Research Capacity

Governance

The UQ Growth Strategy has an internal governance structure designed to ensure its development and implementation. In addition, the RMP has a governance structure which will connect with the strategy and will aim to coordinate outcomes with the end-to-end pathway in mind.

³ Regional Medical Pathway website <https://regional-medical-pathway.qld.edu.au>

UQ Growth Strategy Task Force:

The UQ Growth Strategy Task Force has been established with the following membership. This membership will be consistent for three years with a review after the first year.

- Associate Professor Cynthia Rowan, Co-Chair of the Indigenous Wisdom Council
- Professor Brad Murphy OAM, Co-Chair of the Indigenous Wisdom Council
- Professor Stuart Carney, Dean, Medical School
- Professor Thelma Parker, Associate Dean, Indigenous Engagement (Faculty of Medicine)
- Mel Muscat, Head, Indigenous Health Education (School of Public Health)
- Associate Professor Riitta Partanen, Director, Rural Clinical School
- Marissa Smith, CEO, Bidgerdii Community Health Service
- Leonie Taylor, Senior Coordinator, Indigenous Student Engagement
- Community Elders

RMP First Nations Work Group:

The Regional Medical Pathway has developed a First Nations Work Group as part of its governance structure. This group is comprised of stakeholders from each of the partner organisations as listed below.

CQU

- Adjunct Professor Brad Murphy OAM, First Nations GP and Cultural Mentor for RMP Students
- Associate Professor Paul Neilsen, Head of College, Clinical Sciences
- Leonie Taylor, Senior Coordinator, Indigenous Student Engagement

- Savana Little, Indigenous Student Engagement Officer
- Kylie Ciocca, Manager, Future Students
- Maggie Hefer, Course Manager, Medical Science (Pathway to Medicine)

WBHHS

- Paul Weir, Executive Director Aboriginal and Torres Strait Islander Health
- Consuela Morrice, Manager, Aboriginal and Torres Strait Islander Health
- Luke Watson, Team Leader Indigenous Health
- Jo McDougall, Project Manager, RMP

CQHHS

- Donna Cruikshank, Executive Director Aboriginal and Torres Strait Islander Health and Wellbeing
- Ross Atu, Manager, Health Equity
- Melissa Simpson, Project Manager, RMP

UQ

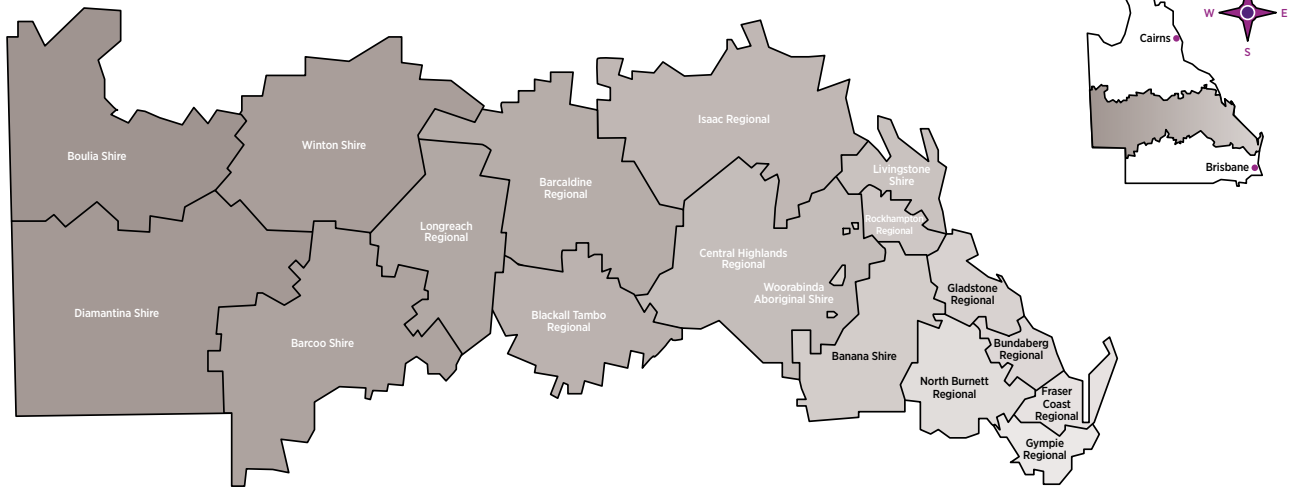
- Associate Professor Thelma Parker, Associate Dean (Indigenous Engagement), Faculty of Medicine
- Wayne Williams, Coordinator of Indigenous Health Education, Rural Clinical School
- Associate Professor Pene Prasad, Head, RTH Wide Bay
- Sneha Kirubakaran, Deputy Head, Central Queensland Learning Community
- Rod Ainsworth, Senior Manager, Projects (Medical Pathways)

Professor Brad Murphy OAM is also the Chair of the RMP First Nations Work Group and will act as a conduit across the pathway.



Year 1 Medical Students experiencing a Cultural Immersion in Flagstaff QLD.

CQ Regional Profile



Statistically⁴, CQ is an area defined by the local government areas of Banana, Central Highlands, Gladstone, Livingstone, Rockhampton and Woorabinda local government areas. This comprises the area often referred to as the Fitzroy Catchment, or the Central Queensland Regional Organisation of Councils membership. These areas are serviced by the Central Queensland Hospital and Health Service (CQHHS). CQ has a total land area of 117,588km² which is 6.8% of Queensland's total land mass. CQ's population is 4.3% of the total Queensland population.

CQ's total Aboriginal and Torres Strait Islander population is 7.2% of the region's population. This equates to 16,475 people. Of this number, 4% identify as being Torres Strait Islander ancestry only, 8% indicated they are both Aboriginal and Torres Strait Islander background, whereas 88% indicated that they were of Aboriginal origin only.

⁴ Note that all data referenced in this section is drawn from online data compiled on 11 June 2024 from the Queensland Government Statistician's Office (www.qgsq.qld.gov.au) Regional Profiles. This data is based on 2021 Census of Population and Housing (Australian Bureau of Statistics).

Within the CQ region, Woorabinda Shire had the largest percentage of Aboriginal and Torres Strait Islander people (91.6%) where Banana Shire had the lowest percentage (5.1%). It is also interesting to note that Woorabinda has the highest percentage of young people aged 0-14 at 36.4% of the Shire's population.

Rockhampton is the largest population centre in CQ followed by Gladstone. Rockhampton Regional Council's Aboriginal and Torres Strait Islander population is 8.7% and Gladstone's is 6.2%. These statistics are substantially higher than the Queensland population where 4.6% of the total State population indicated having an Aboriginal or Torres Strait Islander background.

Educational attainment is a critical measure across regional communities in general and the following table is provided as a means of comparison between Central Queensland and Queensland as a whole.

Area	Below Year 8 or equivalent	Year 9-10 or equivalent	Year 11-12 or equivalent
Queensland	4.4%	24.6%	63.6%
CQ	5.6%	31.4%	53.0%



“From a background of community work concerning youth with social issues such as homelessness, mental health, and substance use I developed a greater interest for holistic health. My perspective is that medicine is a profession that considers the holistic health of a patient in depth like no other profession can achieve.”

I have an interest in working alongside adolescents and young adults – particularly of Aboriginal and/or Torres Strait Islander background in regional or suburban areas. It would be humbling to be a part of building psychological wellbeing for these populations within health environments and their lives.”

Luke Jackel-David

UQ Doctor of Medicine

(Aboriginal and Torres Strait Islander MD Graduate Entry)

Growth strategy action plan

Priority	Action	Responsibility	Timeframe
1. Connection			
a. Engagement, inspiration, promotion	Promote capacity for mature aged entry to provisional Aboriginal and/or Torres Strait Islander pathway.	CQU & UniSQ Future Students Teams	For 2025 entry (once collaboration agreements are signed)
	Develop one CQU-UQ and one UniSQ-UQ flyer (separate documents) outlining provisional and graduate entry Aboriginal and/or Torres Strait Islander pathways.	Media, Marketing and Comms Working Groups in both Medical Pathways regions	For 2025 and beyond
	Attend NAIDOC Events to provide participatory and engaging activities to inspire younger students (pre-senior).	All partners	Ongoing
	Attend Dorrie Day career events in Gladstone and Bundaberg (hosted by PCCC Trust).	CQ-WB RMP Partners	Ongoing
	Offer specific First Nations information events for schools and communities to promote the Medical Pathways and Aboriginal and/or Torres Strait Islander pathways.	UQ (with partners)	From 2025
	Visit all communities in the pathways footprints to provide information on Medical Pathways to school influencers, students and families.	UQ (with partners)	Phased in from 2025
	Focus on regular inclusion of First Nations students in MD and RCS social media campaigns.	UQ	Immediate
	Work with Future Students team to establish a consistent referral mechanism for First Nations students attending broader recruitment events.	All universities	Phased in from 2025

“Before I started medicine, I didn’t know any Indigenous doctors, that visibility just wasn’t there for me.

Aboriginal and Torres Strait Islander people are the oldest living culture, so therefore they’re the oldest healers in the world. I think it’s really cool to be able to continue that ancient practice of healing in modern medicine. I spent the final 2 years of my medical degree at UQ’s Rural Clinical School in Rockhampton and really enjoyed it!”

Dr Ella Ceolin

UQ Bachelor of Science and UQ Medicine graduate.



Watch a video about Ella and her experience as a Doctor of Medicine student.



Priority	Action	Responsibility	Timeframe
1. Connection			
b. Pre-admission student support and guidance	First Nations Identified positions in CQ, WB and DDSW use CRM system to collect data to manage prospects.	UQ	From 2025
	Develop an Indigenous mentorship program to provide prospective students with culturally appropriate advice and support leading up to application (using CRM as tracking and monitoring system).	All partners & AMSs	From 2025
	Offer group events to senior school students with a registered interest in medicine. These events should add value to existing events (e.g. CQU's Dare to be Deadly program).	UQ UniSQ	From 2025
	Consider scholarship or support opportunities similar to YAP for regionally-based First Nations students admitted to registered program (as above).	UQ	From 2025
	Recruit existing First Nations students to ambassador programs, paying them to attend Medical Pathways' promotional events.	All universities	From 2025
	Provide specific First Nations recruitment information sessions online and specific information packs for prospective students including scholarship and financial support possibilities.	All universities	From 2025
	Promote Graduate Entry pathways to: <ul style="list-style-type: none"> Students in final years at CQU and UniSQ (all disciplines) Students in final year at UQ (HABS specifically) Other health/allied health professionals 	UQ (with all partners)	From 2025
Priority	Action	Responsibility	Timeframe
1. Connection			
c. Admissions	Remove school leaver and ATAR requirements from provisional Aboriginal and/or Torres Strait Islander Pathway admissions (update UQ-CQU and UQ-UniSQ Collaboration Agreements), allowing mature-age entry.	Collaboration Agreement Executive Groups and key admissions staff	August 2024 for 2025 admissions
	Track and monitor admissions changes and impacts on student enrolments.	CQU, UniSQ and UQ	Annual review
	Make changes to continuously improve admissions processes to support First Nations recruitment as required.	CQU, UniSQ and UQ	Following annual review
	Include First Nations community representatives in the Semi-structured interviews.	CQU, UniSQ and UQ	For 2025 admissions

Priority	Action	Responsibility	Timeframe
2. Curriculum			
a. Alignment of First Nations curriculum elements for all students	Ensure the integration of First Nations knowledges across the curriculum (undergraduate and postgraduate) through the MD facilitated by the Faculty of Medicine and Medical School team of First Nations academics.	UQ	Immediate
b. Ensuring all students have an immersion experience in a First Nations setting	Partnerships established with Aboriginal Medical Services and with First Nations clinicians in Medical Pathways' footprints.	All universities and AMSs	Phased in from 2025
	Liaise with Student Coordinators to ensure WIL Agreements are in place and students are placed as required and culturally specific inductions are provided.	All universities and AMSs	From 2025
c. Ensuring cultural safety in all teaching and learning environments	Provide a participatory and engaging Welcome to Country for all students at the beginning of their undergraduate and postgraduate degrees. These welcomes should be co-designed with Traditional Owners and Elders in each community.	All universities	Immediate
	Provide an On Country experience for First Nations students to connect with local Traditional Owners and Elders at the beginning of each year.	All universities	From 2025
	Provide location-specific Cultural Awareness Training (including local history) for all staff and students, driven by local Traditional Owners and Elders.	All partners	From 2025
	Commission Traditional Owner artists to create a highly visible, place-based cultural presence at Regional Clinical Units.	UQ	2025
	Ensure Acknowledgements of Country are undertaken at the beginning of all meetings and events.	All partners	Ongoing
d. Recognise and celebrate the graduation of First Nations students	First Nations students graduating from the Medical Pathways will be invited to receive an Aboriginal sash, a Torres Strait Islander sash, or both.	All universities	Immediate
	First Nations students will be invited to a special First Nations cultural Sashing Ceremony where family and community members will be invited to celebrate First Nations graduates (undergraduate and postgraduate).	All universities	Immediate
	Create a specific social media post with photographs and video content featuring all First Nations graduates (undergraduate and postgraduate).	All universities	From 2024
	Develop testimonial material from all First Nations graduates for use in promotional activities.	All universities	Immediate
	Link First Nations graduates with the mentor program.	All partners	Immediate
	Seek First Nations graduates' permission to call on them for future promotional activities.	All partners	Immediate

Priority	Action	Responsibility	Timeframe
3. Community			
a. Internal			
i. Staffing/resourcing	Create a new Mayne Professor of Indigenous Health for the Medical School.	UQ	2024
	Create a new academic position in the Medical School's Academy of Medical Education to lead the integration of Indigenous health and cultural safety throughout the MD Program Curriculum.	UQ	2024
	Create a Lead of Indigenous Medical Student Recruitment and Engagement who will lead the Growth Strategy implementation. Based in Rockhampton.	UQ	2024
	Create academic positions for Indigenous Health and Engagement in each Medical Pathway who will provide the IH teaching, engage with the local First Nations community and assist with the recruitment of students.	UQ	2024
	Ensure adequate budget is allocated to resource the actions of the Growth Strategy.	All partners	Immediate
ii. Student Wellbeing and Support throughout the Pathway	Provide tenured, means tested scholarships (across the 7-year tertiary pathway).	All universities	Phased in from 2025
	Education Advisors to be provided training regarding support required for First Nations students and referral pathways.	UQ	From 2025
	Medical Student Support Team to undertake informal check-ins with First Nations students at least twice per year.	UQ	From 2025
	The Medical School to explore the opportunity to offer the MD part-time.	UQ	From 2025
	Connect all First Nations students with an appropriate First Nations mentor (working clinician) as part of the mentorship program.	All partners & AMSs	From 2025
	HHS to support with employment options where possible.	HHSa	From 2025

Priority	Action	Responsibility	Timeframe
3. Community			
b. External			
i. Alumni engagement	Host Alumni events annually in regional centres to promote the Medical Pathways.	All universities	From 2025
	Ensure a focus on promoting Aboriginal and/or Torres Strait Islander pathways and outcomes at Alumni events (including having students and past students as speakers).	All universities	From 2025
	Connect Alumni with Advancement Team.	All universities	From 2025
	Promote the Medical Pathways newsletter subscriptions link to Alumni in the footprint.	Media, Marketing and Comms Working Groups	From 2025
	Promote the Medical Pathways in broader Alumni communications.	All universities	From 2025
ii. Fundraising/ Advancement to support the Strategy	Work with Faculty of Medicine Advancement Team to develop place-based approaches to increase investment in First Nations scholarships.	All universities	From 2025
iii. Community awareness, collaboration and partnerships	Extend CAG membership to include academic staff responsible for IH and Engagement in each region. These representatives should link with the relevant First Nations Working Groups.	UQ	From 2025
	Local engagement staff to host networking events to connect First Nations organisations, clinicians and students in regional centres.	UQ	From 2025
	When visiting rural communities, host events with community organisations and clinicians and, where relevant or possible, with students.	UQ	From 2025
	Have regular features of First Nations students, clinicians, organisations and medical services in Medical Pathways' newsletters.	Media, Marketing and Comms Working Groups	Immediate
	Ensure a strong focus on First Nations opportunities at all promotional events (including the developing Health Expo opportunities).	All partners	From 2025
Priority			
Action			
Responsibility			
Timeframe			
4. Research			
i. Research capacity	Create a new First Nations Research Project Officer position for RCS Growth Strategy & RMP Areas for research, but not limited to: <ul style="list-style-type: none"> • Selection, admissions and progression process for First Nations RMP Students • Curriculum • Student wellbeing • Community/ Cross Institutional partnerships 	UQ	From 2026
	Research capacity building through by supporting professional development in partnership with the POCHÉ and Directors of Indigenous Health Education and Research (Faculty).	UQ	From 2025
	Research a road map for First Nations doctors across the end-to-end career trajectory.	UQ	2025

APPENDIX 1: Medical Pathways

Regional Profiles

The regions referred to in this document as the Medical Pathways comprise two distinct pathway programs – the Regional Medical Pathway (RMP) which encompasses the colonial boundaries of Central Queensland and Wide Bay and the Medical Pathway which includes country within the Darling Downs and South West regions.

Each Medical Pathway has its own defined set of geographic parameters in terms of applicants' eligibility for the Rural Access Scheme and the various admissions tiers defined by each of the pathways. This information is outlined in detail on partner universities' admissions websites. The statistics presented in this document do not directly align with these pathway footprint boundaries and is designed to be indicative only. The data presented here is derived from the Queensland Government Statistician's Office and, therefore, does not include parts of the catchment Darling Downs-South West (DDSW) which are in the northern areas of New South Wales.

The Medical Pathways' footprints are generally aligned with Hospital and Health Service regions rather than with more common definitions of regions. For example, South Burnett Regional Council is generally referred to as part of the Wide Bay Burnett region but is considered a part of the DDSW Medical Pathway as it is aligned with Darling Downs Health's regional footprint. The regions defined in this document relate specifically to the Medical Pathways and their definitions with relation to HHS boundaries.

It should be noted that the 'catchment area' for Regional Medical Pathway admissions purposes is much broader than the HHS boundaries. See the Rural Access Scheme (CM17) Central Queensland and Wide Bay Boundaries Map below.

Central Queensland (CQ)

Statistically¹, CQ is an area defined by the local government areas of Banana, Central Highlands, Gladstone, Livingstone, Rockhampton and Woorabinda local government areas. This comprises the area often referred to as the Fitzroy Catchment, or the Central Queensland Regional Organisation of Councils membership. These areas are serviced by the Central Queensland Hospital and Health Service (CQHHS). CQ has a total land area of 117,588km² which is 6.8% of Queensland's total land mass. CQ's population is 4.3% of the total Queensland population.

CQ's total Aboriginal and Torres Strait Islander population

is 7.2% of the region's population. This equates to 16,475 people. Of this number, 4% identify as being Torres Strait Islander ancestry only, 8% indicated they are both Aboriginal and Torres Strait Islander background, whereas 88% indicated that they were of Aboriginal origin only.

Within the CQ region, Woorabinda Shire had the largest percentage of Aboriginal and Torres Strait Islander people (91.6%) where Banana Shire had the lowest percentage (5.1%). It is also interesting to note that Woorabinda has the highest percentage of young people aged 0-14 at 36.4% of the Shire's population.

Rockhampton is the largest population centre in CQ followed by Gladstone. Rockhampton Regional Council's Aboriginal and Torres Strait Islander population is 8.7% and Gladstone's is 6.2%. These statistics are substantially higher than the Queensland population where 4.6% of the total State population indicated having an Aboriginal or Torres Strait Islander background.

Wide Bay (WB)

Wide Bay includes the local government areas of Bundaberg, Fraser Coast and North Burnett. Gympie and South Burnett regions, usually included in a definition of the Wide Bay, are not included in the statistics presented here as they are serviced by other Hospital and Health Services (Gympie by Sunshine Coast and South Burnett by Darling Downs). This area represents approximately 2% of the land mass of the State.

The region defined as Wide Bay above has a total population of 232,458 people which is roughly equally distributed between the two coastal regions of Bundaberg and Fraser Coast (the latter of which includes the population centres of Maryborough and Hervey Bay). This represents approximately 4.2% of the State's population. 2023 figures show Bundaberg Regional Council has a population of 104,166, where Fraser Coast is 117,940. The balance, 10,352 people, live in the North Burnett Region which includes the townships of Mt Perry, Biggenden, Gayndah, Mundubbera, Eidsvold and Monto.

WB's total Aboriginal and Torres Strait Islander population is 5.1% of the region's population. This equates to 11,318 people. Of this number, 4% identify as being Torres Strait Islander ancestry only, 6% indicated they are both Aboriginal and Torres Strait Islander background, whereas 90% indicated that they were of Aboriginal origin only.

Within the WB region, North Burnett Region has the largest percentage of Aboriginal and Torres Strait Islander people (7% of the population) which represents 708 people. Both Bundaberg and Fraser Coast have a similar population where the former has 5% of the population

¹ Note that all data referenced in this section is drawn from online data compiled on 11 June 2024 from the Queensland Government Statistician's Office (www.qgso.qld.gov.au) Regional Profiles. This data is based on 2021 Census of Population and Housing (Australian Bureau of Statistics).



Students in the Indigenous primary health care program.

and the latter 5.1% of the population identifying as being from Aboriginal and/or Torres Strait Islander backgrounds.

Darling Downs-South West (DDSW)

The DDSW Region comprises the 13 local government areas of Balonne, Bulloo, Cherbourg, Goondiwindi, Lockyer Valley, Maranoa, Murweh, Paroo, Quilpie, South Burnett, Toowoomba and Western Downs. This area covers a land area of approximately 407,208km², around 24% of the area of the State. Within the region, Toowoomba has the largest population (181,821) while Bulloo is the smallest (346) as at 2023. This represents around 6.7% of Queensland's population. With the exception of Toowoomba and Lockyer Valley, this region has a vast population distribution over nearly one quarter of the State.

The region is home to 6.4% of the population who identify as having Aboriginal and/or Torres Strait Islander heritage. By population, this region has a large number of communities with high percentages of Indigenous people including Cherbourg (96.4%), Balonne (20.5%), Bulloo (11.6%), Murweh (11.5%), Paroo (35.9%) and Quilpie (12.3%). Of the Indigenous families and communities in the region, 2.4% identify as having Torres Strait Islander backgrounds, 3.3% as having both Aboriginal and Torres Strait Islander backgrounds where 93.8% identify as having Aboriginal backgrounds only.

Sites of Significant Social History

Cherbourg in the DDSW region, like Woorabinda in CQ, are majority Indigenous populations. As ex mission communities, their social history is incredibly significant to Queensland and the nation. These communities

represent sites, previously under State control, where people were taken from their Traditional Country and held against their will. Cherbourg is host to around 28 language groups² where Woorabinda there are 52 clan groups³ representing the depth and breadth of historical removals from Country. These are communities which demonstrate the incredible impacts of colonisation on First Nations people, but who also demonstrate the resilience which keeps culture current and proud. Each community, despite their mission history, has developed its own important identity which helps, by telling the truth of their history, helps us to understand the history of the State and to shape Queensland's stories into the future.

Educational Attainment⁴

One of the greatest challenges in the Medical Pathways regions is educational attainment which is substantially lower than State averages across all three regions. WB has the lowest levels of educational attainment, followed by DDSW, whereas CQ has the highest levels of all three regions. However, this is still more than 10% lower than the State. The table below shows comparisons between the three regions and Queensland relating to three levels of education (as outlined

² <https://cherbourg.qld.gov.au/council/our-history/>

³ <https://www.woorabinda.qld.gov.au/about-woorabinda/home>

⁴ From 2021 Census of Population and Housing (accessed through Queensland Government Statistician's Office), see ref 4.

APPENDIX 2: Letter of Support

To Whom it May Concern

The University of Queensland is working as part of the Regional Medical Pathway (RMP) partnership in Central Queensland to better enable regional, rural and remote students to live and study in our region with the intent that they will become part of our medical workforce over time. This pathway is well on the way to making the major changes we need in our workforce locally.

Through Bidjerdii Community Health Service, First Nations Elders have been engaged in discussions about the RMP and applaud the partners particularly on their Growth Strategy to support the increased enrolment and graduation of Aboriginal and/or Torres Strait Islander students into the pathway.

We express our support by signing this letter below.

BIDGERDII FIRST NATIONS ELDERS

Name	Signature	Date
Deneice Landers	D.L.	12-9-24.
RAY MATHESON	R.W. Matheson	12.9-24
Cynthia Kemp	Cynthia Kemp	12-9-2024
Chloia Paterson	Gloria Paterson	12-9-2024
EDNA ALLEY	E. Alley	12-9-2024
KEANN ALBERTS	K. Alberts	"
Lowetta Gyemore	L. Gyemore	12/9/2024
SUE MURPHY	Sue Murphy	12/9/2024
EDNA DOYLE	E. Doyle	12/9/2024
Belle Camilleri	Belle Camilleri	12/9/2024
Christine Tarrs	C. Tarrs	12.09.2024
PATRICIA LEISHA	Patricia Leisha	12.09.2024
Harold Beland	Harold Beland	12/9/24
YVONNE PAYNE	Y. Payne	12/9/24
Eileen Reid Richardson	E. Richardson	12/9/24



CREATE CHANGE