



National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework and Implementation Plan

1. Overview

Feedback is being sought on the development of the new National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework and Implementation Plan 2021-2031 (Workforce Plan).

The draft Workforce Plan has been co-designed between the Australian Health Ministers' Advisory Council, National Aboriginal and Torres Strait Islander Health Standing Committee, the National Health Leadership Forum, state and territory Governments, the National Aboriginal Community Controlled Health Organisation, peak Aboriginal and Torres Strait Islander health workforce organisations and the Australian Government. Aboriginal and Torres Strait Islander perspectives, knowledge and experiences have been central to the development of the new Workforce Plan.

The draft Workforce Plan is an example of shared decision-making and partnership between governments and the Aboriginal and Torres Strait Islander community-controlled health sector to build the capacity, size and capability of the Aboriginal and Torres Strait Islander health workforce.

2. Why is a new Workforce Plan needed?

The National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework 2016-2023 (Strategic Framework), has guided efforts over the last four years but a stronger focus on implementation is needed to translate policy into measurable improvements.

Development of the Workforce Plan is a 2018 directive of the then Council of Australian Governments Health Council, following a meeting with Aboriginal and Torres Strait Islander Health Leaders. This directive is in recognition that an appropriately skilled, available and responsive Aboriginal and Torres Strait Islander health workforce is critical to an effective, efficient and culturally safe national health system; and one that delivers better health outcomes for Aboriginal and Torres Strait Islander people and communities.

The health sector provides a key opportunity for employment opportunities, and considerable job growth is anticipated over the next ten years in aged care, disability, mental health and research. This presents a critical opportunity to grow the capability, capacity and size of the Aboriginal and Torres Strait Islander workforce to meet the health and employment needs of Aboriginal and Torres Strait Islander people across all jurisdictions and within all health systems.

3. How has the Workforce Plan been developed?

All governments agreed that the Aboriginal and Torres Strait Islander community-controlled health sector, peak bodies and community voices were required to co-design a new approach to ensure workforce strategies were effective, appropriate and addressed the key barriers to workforce growth and sustainability.

In July 2020, the National Health Leadership Forum refreshed the Strategic Framework to address identified needs and align with current policy priorities, including the National Agreement on Closing the Gap (2020).

The refreshed Strategic Framework sets the overarching strategic direction to develop the capability, capacity and size of the Aboriginal and Torres Strait Islander health workforce to meet the health needs of Aboriginal and Torres Strait Islander people across all jurisdictions and within all health systems.

Rather than release two separate policy documents, the new Workforce Plan combines the refreshed Strategic Framework (Part 1) and its implementation (Part 2) into one document, resulting in the National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework and Implementation Plan 2021-2031.

To date, over 300 individuals have contributed to the development of the new Workforce Plan. Consultations occurred with representatives from the Aboriginal and Torres Strait Islander community-controlled health sector, mainstream health, education, research institutes, health workforce peak bodies, mental health organisations, Commonwealth agencies, state and territory governments and local health and hospital services.

Consultations have consistently identified that improved recruitment and retention of Aboriginal and Torres Strait Islander people in the health sector requires the integration of pathways from school to further education, a culturally safe education and health sector, innovations in models of care and the availability of education and training in regional locations.

4. What happens next?

The National Health Leadership Forum, the Commonwealth and the States and Territories will revise the Workforce Plan based on the feedback from the online consultation. The final Workforce Plan will be provided to the National Cabinet for approval and public release in early 2021.

5. Feedback sought from the Indigenous Health Committee and RAP Steering Group

ACEM Indigenous Health Committee and RAP Steering Group members are invited to provide feedback to this consultation.

Submissions must be provided through an online form, which I will complete. The online form has been copied into this document.

1. Questions 6 to 15 have been pre-populated, based on my initial assessment of the draft Workforce Plan

ACTION: Please indicate if you have a different assessment of Questions 6 to 15.

2. Question 16 is an opportunity to identify initiatives in Employment, Training and Education that are not outlined in the draft Workforce Plan.

ACTION: Please outline any initiatives you think should be included in the draft Workforce Plan.

3. Question 17 is an opportunity to identify gaps in actions to address institutional racism and cultural safety in the health sector in the draft Workforce Plan. You also have the opportunity to provide any other feedback to the draft Workforce Plan here.

ACTION: Please outline any gaps you can see in the draft Workforce Plan.

4. Deadline for feedback: **COB 1 February 2021**

Prepared by:

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Project Lead

(Note: Questions 1 to 6 in the online consultation form are administrative – organisation name, contact details etc)

We also indicated that we were happy for this to be published.

6. Draft Workplan - Overall Satisfaction

	Strongly Agree	Agree	Neither agree or disagree	Disagree	Strongly Disagree
I am satisfied with the Workforce Plan overall.		Agree			
The Workforce Plan meets the needs of my organisation to grow the Aboriginal and Torres Strait Islander health workforce.		Agree			

7. Draft Workforce Plan - Six Strategic Directions Alignment

The following questions specifically relate to the six Strategic Directions and their **alignment** to your organisation's efforts. The six Strategic Directions are outlined in the draft Workforce Plan on **pages 23 thru 26**.

7.1 The activities and actions currently undertaken within my organisation are aligned to the draft Workforce Plan's six Strategic Directions.

	Strongly agree	Agree	Neither agree or disagree	Disagree	Strongly Disagree
Strategic Direction 1: Aboriginal and Torres Strait Islander people are represented and supported across all health disciplines, roles and functions.		Agree			

	Strongly agree	Agree	Neither agree or disagree	Disagree	Strongly Disagree
Strategic Direction 2: The Aboriginal and Torres Strait Islander health workforce has the necessary skills, capacity and leadership across all health disciplines, roles, and functions.		Agree			
Strategic Direction 3: Aboriginal and Torres Strait Islander people are employed in culturally safe and responsive workplace environments that are free of racism across health and all related sectors.		Agree			
Strategic Direction 4: There are appropriate numbers of Aboriginal and Torres Strait Islander students studying and completing health qualifications to meet the future health care needs of Aboriginal and Torres Strait Islander people.		Agree			
Strategic Direction 5: Aboriginal and Torres Strait Islander health students have a high level of completion and graduation from their courses and are supported to transition into the workforce.		Agree			
Strategic Direction 6: Information and data are provided and shared across systems to assist health workforce planning, policy development, monitoring and evaluation, and continuous quality improvement.		Agree			

8. Draft Workforce Plan - Six Strategic Directions Relevance

The following questions specifically relate to the six Strategic Directions and their **relevance** to supporting and building the Aboriginal and Torres Strait Islander Health Workforce. The six Strategic Directions are outlined in the draft Workforce Plan on **pages 23 thru 26**.

8.1 The six Strategic Directions are relevant in supporting and building the Aboriginal and Torres Strait Islander Health Workforce.

	Strongly agree	Agree	Neither agree or disagree	Disagree	Strongly Disagree
Strategic Direction 1: Aboriginal and Torres Strait Islander people are represented and supported across all health disciplines, roles, and functions.		Agree			
Strategic Direction 2: The Aboriginal and Torres Strait Islander health workforce has sufficient skills, capacity and leadership across all health disciplines, roles, and functions.		Agree			
Strategic Direction 3: Aboriginal and Torres Strait Islander people are employed in culturally safe and responsive workplace environments that are free of racism across health and all related sectors.		Agree			
Strategic Direction 4: There are sufficient Aboriginal and Torres Strait Islander students studying for and completing qualifications in health to meet the future healthcare needs of Aboriginal and Torres Strait Islander people.		Agree			

	Strongly agree	Agree	Neither agree or disagree	Disagree	Strongly Disagree
Strategic Direction 5: Aboriginal and Torres Strait Islander health students have a high level of completion and graduation from their courses and are supported to transition into the workforce.		Agree			
Strategic Direction 6: Information and data are provided and shared across systems to assist health workforce planning, policy development, monitoring and evaluation, and continuous quality improvement.		Agree			

9. Strategic Direction 1 - Implementation Actions (Agree/Disagree)

Strategic Direction 1: Aboriginal and Torres Strait Islander people are represented and supported across all health disciplines, roles and functions. (Implementation Actions on **pages 30 thru 37**)

Do you agree or disagree with the implementation actions under this Strategic Direction?

	Agree	Disagree	Neither agree or disagree
1.1 Revise, expand and nationally standardise the professional scopes of practice for Aboriginal and Torres Strait Islander Health Workers and Aboriginal and Torres Strait Islander Health Practitioners.	Agree		
1.2 Harmonise medicines authorities across all jurisdictions for Aboriginal and Torres	Agree		

	Agree	Disagree	Neither agree or disagree
Strait Islander Health Practitioners, aligned to the defined professional scopes of practice.			
1.3 Implement pathways to return to work across the health sector.	Agree		
1.4 Implementation of flexible workplace and education arrangements, and place-based education.	Agree		
1.5 Expansion and enhancement of clinical, workplace and cultural support mentoring programs.	Agree		
1.6 Establish Aboriginal and Torres Strait Islander health peer support networks.	Agree		
1.7 Optimise utilisation and reinvestment of Medicare Benefits Schedule (MBS) revenue to increase the employment of Aboriginal and Torres Strait Islander health workforce.	Agree		
1.8 Implement recommendations from the Aboriginal Torres Strait Islander Reference Group under the MBS Taskforce Review.	Agree		
1.9 National recognition of Aboriginal and Torres Strait Islander social and emotional wellbeing and mental health professions across all health settings.	Agree		

	Agree	Disagree	Neither agree or disagree
1.10 Expansion of the Aboriginal Mental Health Worker Training Program.	Agree		
1.11 Grow and support the Aboriginal and Torres Strait Islander Environmental Health Workforce and rangers.	Agree		

10. Strategic Direction 2 - Implementation Actions (Agree/Disagree)

Strategic Direction 2: The Aboriginal and Torres Strait Islander health workforce has the necessary skills, capacity and leadership across all health disciplines, roles, and functions. (Implementation Actions on [pages 38 thru 42](#))

Do you agree or disagree with the implementation actions under this Strategic Direction?

	Agree	Disagree	Neither agree or disagree
2.1 Develop and deliver jurisdictional Aboriginal and Torres Strait Islander health workforce plans and initiatives.	Agree		
2.2 Establish formal partnerships and shared decision-making processes to co-design Aboriginal and Torres Strait Islander health workforce plans and initiatives at state, regional and local levels.	Agree		
2.3 Establish a Leaders in Indigenous Allied Health Education and Training Network (LIAHTEN).	Agree		

	Agree	Disagree	Neither agree or disagree
2.4 Enhance and expand investment in the Leaders in Indigenous Medical Education (LIME) Network and Leaders in Indigenous Nursing and Midwifery Education Network (LINMEN).	Agree		
2.5 Enhance and strengthen the capacity and capability of Aboriginal and Torres Strait Islander Health Workforce Peak Organisations (ATSIHWPOs)	Agree		

11. Strategic Direction 3 - Implementation Actions (Agree/Disagree)

Strategic Direction 3: Aboriginal and Torres Strait Islander people are employed in culturally safe and responsive workplace environments that are free of racism across health and all related sectors. (Implementation Actions on pages 43 thru 48)

Do you agree or disagree with the implementation actions under this Strategic Direction?

	Agree	Disagree	Neither agree or disagree
3.1 Undertake cultural safety reviews and assessments to address the legacy of institutional racism in the health, education and training sectors.	Agree		
3.2 Development of an Aboriginal and Torres Strait Islander Accreditation Assessors workforce.	Agree		

	Agree	Disagree	Neither agree or disagree
3.3 Develop a national Aboriginal and Torres Strait Islander cultural safety website.	Agree		
3.4 Establish mandated national standards for cultural safety in higher education.	Agree		
3.5. Implement the Aboriginal and Torres Strait Islander Health Curriculum Framework.	Agree		
3.6 Embed culturally safe practice into continuing professional development.	Agree		
3.7 Recognise and remunerate Aboriginal and Torres Strait Islander staff, reflecting the value of their contribution to improved care and outcomes for Aboriginal and Torres Strait Islander clients and their communities.	Agree		

12. Strategic Direction 4 - Implementation Actions (Agree/Disagree)

Strategic Direction 4: There are appropriate numbers of Aboriginal and Torres Strait Islander students studying and completing health qualifications to meet the future health care needs of Aboriginal and Torres Strait Islander people. (Implementation Actions on **pages 49 thru 54**)

Do you agree or disagree with the implementation actions under this Strategic Direction?

	Agree	Disagree	Neither agree or disagree
4.1 Expansion and enhancement of existing school-based traineeship programs to focus on Aboriginal and Torres Strait Islander designed and led initiatives.	Agree		
4.2 Enhance and expand Aboriginal and Torres Strait Islander workforce traineeship programs.	Agree		
4.3. Enhance existing scholarship programs, such as the Puggy Hunter Memorial Scholarship Scheme and Lowitja Institute scholarships, to prioritise emerging health roles based on health needs.	Agree		
4.4 Assess and align eligibility criteria for incentivised programs such as traineeships, scholarships, cadetships and fellowships, to support continuous progression within and across education to employment pathways.	Agree		
4.5 Development of an Indigenous Health Research Workforce.	Agree		
4.6 Implement a national campaign to promote health careers to Aboriginal and Torres Strait Islander people.	Agree		

13. Strategic Direction 5 - Implementation Actions (Agree/Disagree)

Strategic Direction 5: Aboriginal and Torres Strait Islander health students have a high level of completion and graduation from their courses and are supported to transition into the workforce. (Implementation Actions on pages 55 thru 58)

Do you agree or disagree with the implementation actions under this Strategic Direction?

	Agree	Disagree	Neither agree or disagree
5.1 Establishment of Aboriginal and Torres Strait Islander student support networks.	Agree		
5.2 Enhancement of Aboriginal and Torres Strait Islander Education Units to strengthen linkages with Aboriginal and Torres Strait Islander communities controlled health sector and other health employers.	Agree		
5.3 Enhance the support and assistance provided to Aboriginal and Torres Strait Islander health students from regional, rural and remote areas.	Agree		

14. Strategic Direction 6 - Implementation Actions (Agree/Disagree)

Strategic Direction 6: Information and data are provided and shared across systems to assist health workforce planning, policy development, monitoring and evaluation, and continuous quality improvement. (Implementation Actions are on pages 59 thru 61)

Do you agree or disagree with the implementation actions under this Strategic Direction?

	Agree	Disagree	Neither agree or disagree
6.1 Reform and improve the collection and use of Aboriginal and Torres Strait Islander health workforce data.	Agree		
6.2 Expansion of the National Health Workforce Dataset and the Health Demand and Supply Utilisation Patterns Planning (HeaDS UPP) Tool.	Agree		
6.3 Targeted Burden of Disease research at the jurisdictional and regional level.	Agree		

This next section in the questionnaire has a a State/Territory focus. We are required to choose one initiative to be able to move through the questionnaire. The following comment was added for the six screens related to the Strategic Directions 1-6. A screenshot has been taken for Strategic Direction 1 as an example.

ACEM is a bi-national organisation, representing emergency physicians across Australia and New Zealand. Given that this section asks for rankings of initiatives particular to a State or Territory, we did not feel in a strong position to comment. One initiative has been chosen that has a national focus, but that also allowed progression through the questionnaire.

Strategic Direction 1 - Implementation Actions Ranking

Strategic Direction 1: Aboriginal and Torres Strait Islander people are represented and supported across all health disciplines, roles and functions.

Which implementation actions are most important in your State or Territory?

Your choices

- 1.2 Harmonise medicines authorities across all jurisdictions for Aboriginal and Torres Strait Islander Health Practitioners, aligned to the defined professional scopes of practice.
- 1.3 Implement pathways to return to work across the health sector.
- 1.4 Implementation of flexible workplace and education arrangements, and place based education.
- 1.5 Expansion and enhancement of clinical, workplace and cultural support mentoring programs.
- 1.6 Establish Aboriginal and Torres Strait Islander health peer support networks.
- 1.7 Optimise utilisation and reinvestment of Medicare Benefits Schedule (MBS) revenue to increase the employment of Aboriginal and Torres Strait Islander health workforce.
- 1.8 Implement recommendations from the Aboriginal Torres Strait Islander Reference Group under the MBS Taskforce Review.
- 1.9 National recognition of Aboriginal and Torres Strait Islander social and emotional wellbeing and mental health professions across all health settings.
- 1.10 Expansion of the Aboriginal Mental Health Worker Training Program.
- 1.11 Grow and support the Aboriginal and Torres Strait Islander Environmental Health Workforce and rangers.

Your ranking

- 1.1 Revise, expand and nationally standardise the professional scopes of practice for Aboriginal and Torres Strait Islander Health Workers and Aboriginal and Torres Strait Islander Health Practitioners.

INSTRUCTIONS: Double-click or drag-and-drop implementation actions in the left column (**Your choices**) to the right column (**Your ranking**). Please order your rankings with most important at the top and least important at the bottom. You can change the order by double clicking and/or drag and drop. You are required to choose at least one.

If you would like to, please provide additional information about your rankings.

ACEM is a bi-national organisation, representing emergency physicians across Australia and New Zealand. Given that this section asks for rankings of initiatives particular to a State or Territory, we did not feel in a strong position to comment. One initiative has been chosen that has a national focus, but that also allowed progression through the questionnaire.

4,000 character limit or roughly 500 words

15. Draft Workforce Plan - Implementation Actions

Do the implementation actions in the draft Workforce Plan sufficiently address barriers (as identified by your organisation) to employment, education and training?

- Yes
 No

16. Existing Initiatives - Employment, Training and Education

The following questions aim to identify existing or needed support initiatives, not outlined in the draft Workforce Plan, which could support or enhance its intended outcomes.

16.1 Employment

OPPORTUNITIES: The Draft Workforce Plan seeks to improve employment opportunities and recruitment of Aboriginal and Torres Strait Islander people in the health workforce. Are there additional existing initiatives that are relevant and successful that would further improve the draft Workforce Plan?

ACEM FEEDBACK:

Members of ACEM's Indigenous Health Committee and Reconciliation Action Plan (RAP) Steering Group suggest consideration be given to Identified staff specialist positions within major tertiary centres. The major teaching hospitals are where the majority of medical students receive training and are also sites for significant junior medical officer employment. Including Aboriginal and Torres Strait Islander consultants on the permanent staff would contribute to a culturally safe environment for students and junior medical officers.

Our members would like to see targets set for other specific roles in emergency departments (EDs), like Allied Health Professionals, who currently have difficulty obtaining placements in EDs.

Our members see Indigenous Health Liaison Officers (IHLOs) in the emergency department as a crucial connection to patients and community. In some parts of Australia, interpreter services are also essential. Incorporating IHLOs in the ED team is a way to support patients in those initial steps of their hospital journey, while also providing on the job learning for staff. There is currently no peak body that represents IHLOs and this impact on ways that ACEM could work towards Strategic Direction 1 and Strategic Direction 2, including providing professional development.

SUPPORT: Actions supporting efforts to attract more Aboriginal and Torres Strait Islander people to careers in the health sector, are included in the draft Workforce Plan. What additional, if anything, do you think should be done to make health a more attractive career destination?

16.2 Training

The Draft Workforce Plan includes actions to increase training opportunities for Aboriginal and Torres Strait Islander people. Do you have any other suggestions?

16.3 Education

OPPORTUNITIES: The draft Workforce Plan includes actions to create new education and training pathways for Aboriginal and Torres Strait Islander people interested in a career in the health sector. Are there additional actions you think important to include in the Plan?

SUPPORT: The draft Workforce Plan includes actions that will support the development of Aboriginal and Torres Strait Islander people throughout the different stages of their career in health (from school, through to higher education and into the workforce). Are there additional actions you think are important to include in the Plan?

ACEM FEEDBACK:

Members of ACEM's Indigenous Health Committee and RAP Steering Group have highlighted that flexibility in study time for those with family and cultural commitments is important, both at higher education and junior doctor levels. They have seen Aboriginal and Torres Strait Islander medical students and junior doctors pull out of education and employment because they needed more flexible study and working conditions that weren't

available or were discouraged. Our members have noted that even working part-time is seen by many HR representatives in hospitals as unfavourable, and has historically been difficult to arrange.

Our members would like to see more support provided for Indigenous applicants to access post-graduate medical school, perhaps through a national alternative entry scheme.

17. Draft Workforce Plan - Gaps and Strengths

The draft Workforce Plan includes specific actions to address institutional racism and cultural safety in the health sector. What additional, if anything, do you think should be done in these areas?

The draft Workforce Plan prioritises six high level Strategic Directions. Could any of the Strategic Directions be strengthened? Please include details below.

What do you believe are the strengths of the draft Workforce Plan? Please include details below.

Is there anything else you would like to say about the strengths or weaknesses of the draft Workforce Plan? Please include details below.

ACEM FEEDBACK:

ACEM commends the shared decision-making and partnership model undertaken to produce this draft Workforce Plan. The scope and strategic direction of the Workplan is extensive and well considered. Members of ACEM's Indigenous Health Committee and RAP Steering Group have identified some areas for consideration:

- Direction 1: promoting Aboriginal and Torres Strait Islander role models should be emphasised, as this mentorship, which is often informal, can make a big difference to students, trainees and junior doctors
- Direction 3: Our members are concerned that online cultural safety training becomes a tick box exercise for some. Cultural safety should be considered a skill that is intermittently assessed, just as medical procedural skills are regularly assessed. This would go some way to improving the institutional racism within our hospital systems.
- Direction 4: Members note that the ethics approval to conduct research in Aboriginal and Torres Strait Islander contexts is immensely difficult to obtain, even for First Nations researchers. It is hoped that this will be reviewed by NHMRC, with perhaps alternative pathways for First Nations researchers focused on First Nations outcomes.