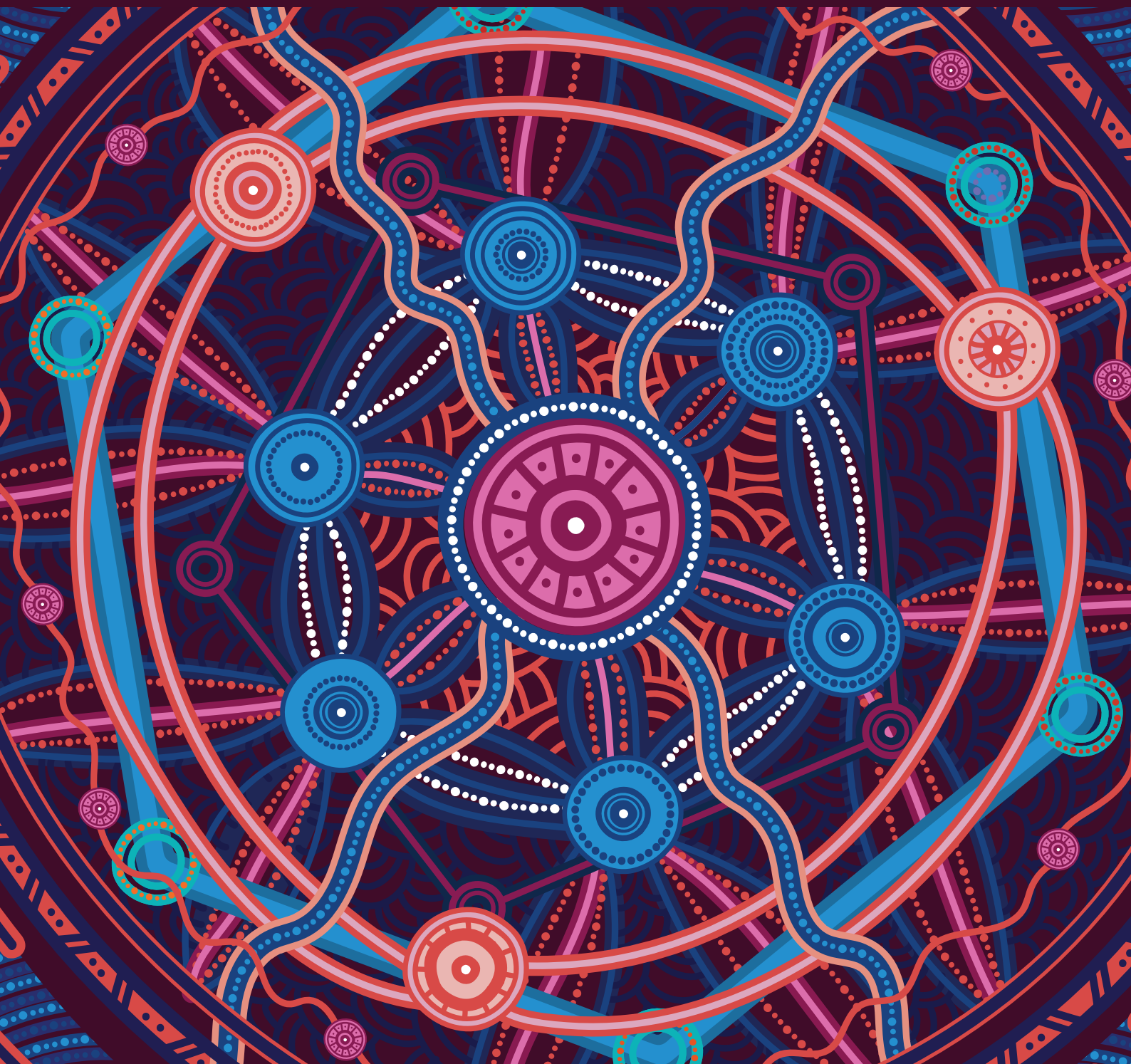




Australian Government  
Department of Health

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

2021–2031



Title: **National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework and Implementation Plan 2021–2031**  
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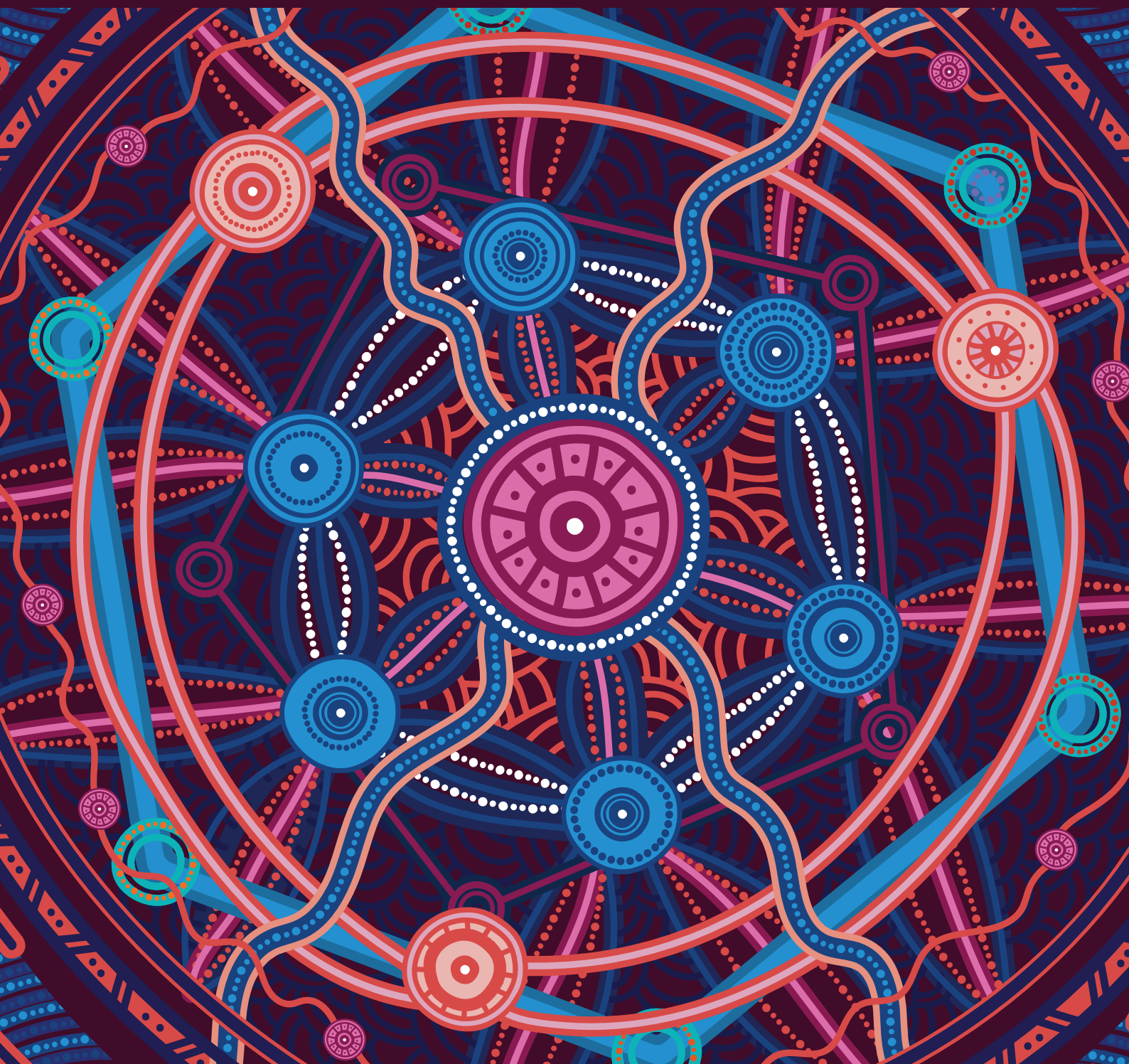
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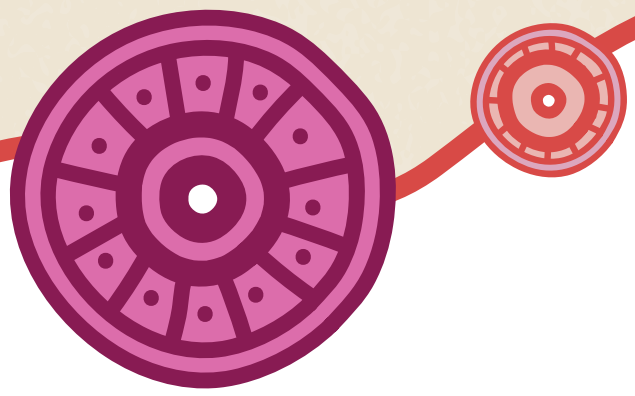
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# National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework and Implementation Plan

2021–2031







# Acknowledgement of Country

We acknowledge and thank the many Traditional Owners and custodians of Country who contributed to developing the National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework and Implementation Plan 2021–2031. We thank them for their ongoing stewardship of our spirit, our lands, and our people. As the world's oldest living cultures, we recognise the gifts of strength, resilience and hope embedded in culture and cultural practices.

## Artwork Story

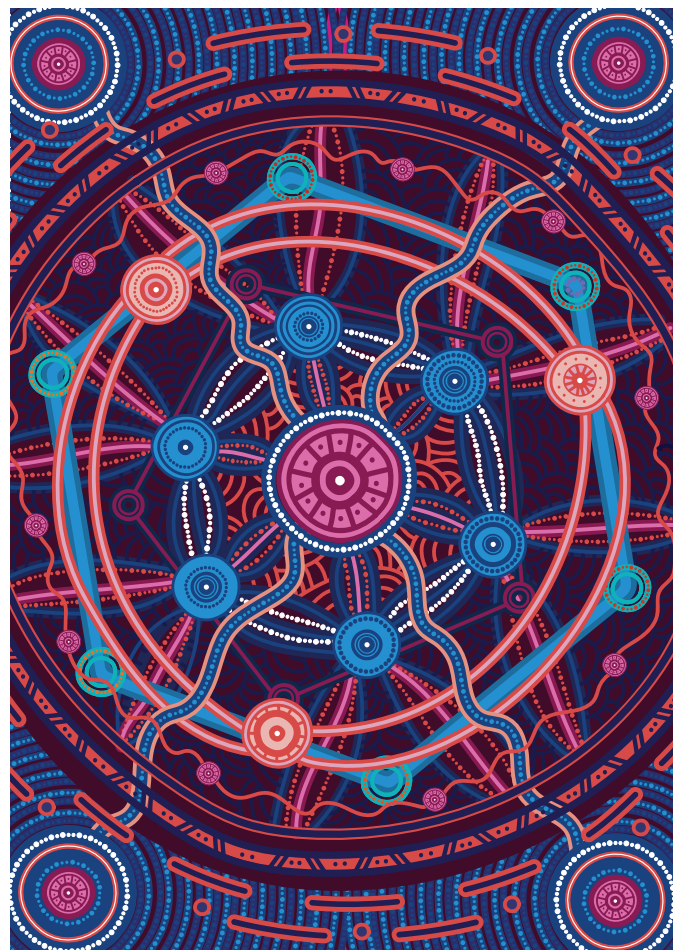
### Our shared path for a stronger future

This artwork draws from a central element from Gilimbbaa and Tarni O'Shea's artwork, 'We All Share The Night Sky', created for the National Aboriginal and Torres Strait Islander Health Plan. The 'Workforce' element is central to this piece and represents the shared commitment and priority to increasing Aboriginal and Torres Strait Islander representation across the health workforce, and ensuring that culturally relevant and safe services are provided to Aboriginal and Torres Strait Islander peoples.

Aboriginal and Torres Strait Islander peoples have used stars for navigating over thousands of years. For First Nations people, stars provide clarity and direction to our geographic, spiritual and cultural places. Over time, pathways have been created from this process of being guided by the stars. It is these pathways that guide us from where we are to where we are going. When we journey on these pathways we are all going in the same direction towards the same place.

To build a stronger future together, we all need to be on the same journey. We are here on the journey together and here to commit to a long and rewarding future for Aboriginal and Torres Strait Islander peoples by ensuring we have a seat at the table and are actively involved in the co-design and decision-making process. We must also walk together on this journey to ensure that Aboriginal and Torres Strait Islander people are involved in meaningful work across the health sector, and that the services we provide are culturally safe, culturally relevant, and culturally strong.

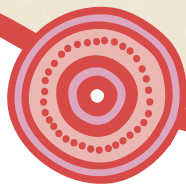
The artwork concept and narrative was developed by David Williams. David is a proud Wakka Wakka artist at Gilimbbaa.





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# A message from the Minister

*The National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework and Implementation Plan 2021–2031* (National Workforce Plan) is the first national health workforce plan of its kind. Co-designed in genuine partnership with Aboriginal and Torres Strait Islander people, it sets an ambitious, yet achievable target that Aboriginal and Torres Strait Islander peoples are fully represented in the health workforce by 2031.

A strong Aboriginal and Torres Strait Islander workforce is a powerful driver of change and evidence clearly shows that an Aboriginal and Torres Strait Islander health workforce delivers better outcomes for Aboriginal and Torres Strait Islander peoples. This is evident more than ever as Australia navigates its way through the COVID-19 pandemic.

The Australian Government's Aboriginal and Torres Strait Islander health response to COVID-19, and its approach to keeping Aboriginal and Torres Strait Islander communities safe, has been globally unique.

Through 2020, Aboriginal and Torres Strait Islander peoples were impacted by COVID-19 at a lower rate than if the population was affected at the same rate as the rest of Australia. These results were overwhelmingly attributed to a response led by Aboriginal and Torres Strait Islander peoples.

In strong alignment with the 2020 National Agreement on Closing the Gap and the new National Aboriginal and Torres Strait Islander Health Plan, the National Workforce Plan encompasses an approach that is strengths based, preventative and holistic and acknowledges that Aboriginal and Torres Strait Islander leadership is fundamental to drive real action and change to achieve its vision.

This National Workforce Plan commits all governments across multiple portfolios to work in partnership with Aboriginal and Torres Strait Islander peoples to grow and strengthen the Aboriginal and Torres Strait Islander health workforce and ensure a culturally safe and responsive health system. Only then will the National Workforce Plan's vision be achieved.

**The National Workforce Plan has a vision that Aboriginal and Torres Strait Islander people enjoy long, healthy lives that are centred in culture, with access to services that are prevention-focussed, responsive, culturally safe, and free of racism and inequity.**

The National Workforce Plan supports Aboriginal and Torres Strait Islander peoples to participate in the health workforce across all roles, levels and locations. This will not only expand access to culturally safe care and significantly improve the health outcomes of Aboriginal and Torres Strait Islander peoples, it will also increase economic prosperity by having First Nations people in well paid, secure employment.

This Plan will not be achieved, however, without the continued partnership of the Aboriginal Community Controlled Health Sector. I recognise and thank the sector for their continued leadership and the critical role they play across the Australian primary health system in delivering essential services. They are important exemplars of a model of care that accelerates progress.

I also extend thanks to my state and territory government colleagues for their continued commitment to supporting the growth of the Aboriginal and Torres Strait Islander health workforce, to meet the needs of their jurisdictions and local communities. The innovative approaches that Aboriginal and Torres Strait Islander people take in improving the health and employment outcomes for their people cannot be understated. Only by incorporating these bold ideas will we see improvements in the attraction, retention and career development of Aboriginal and Torres Strait Islander people in the health workforce; and the realisation of a true and sustained culturally safe health care system.

*The Hon Greg Hunt MP, Minister for Health and Aged Care*



# A message from the National Workforce Plan Project Reference Group

## Nothing about us, without us.

One of the most important features of this National Workforce Plan is that it was developed by Aboriginal and Torres Strait Islander peoples, for Aboriginal and Torres Strait Islander peoples. It includes various perspectives from:

- health leaders from Aboriginal and Torres Strait Islander peak bodies and the community-controlled health sector
- Aboriginal consultants, health professionals and practitioners, Elders and community members
- Aboriginal and Torres Strait Islander health officials from the Australian Government and state and territory governments.

Stakeholders came together to discuss, debate and decide a national approach to strengthen and develop the Aboriginal and Torres Strait Islander health workforce. These ideas were then negotiated with governments, resulting in this 10-year National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework and Implementation Plan.

Some substantial improvements have been made since the landmark National Aboriginal Health Strategy was released in 1989, including:

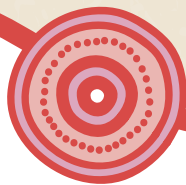
- the growth and maturity of the Aboriginal and Torres Strait Islander community controlled health sector into best practice primary health care providers
- the establishment of Aboriginal and Torres Strait Islander health workforce peaks to support First Nations people working in the health workforce
- the increasing numbers of Aboriginal and Torres Strait Islander doctors, nurses, midwives, allied health professionals, health workers and health practitioners working across the health system.

These achievements are testament to the strength and resilience of Aboriginal and Torres Strait Islander peoples and their leadership – but more needs to be done. The legacy of institutional racism from Australia's colonial history continues to impact the community, evidenced by the health inequities many Aboriginal and Torres Strait Islander peoples experience today.

We encourage everyone working in the health system to promote and implement the actions in this plan, so all Aboriginal and Torres Strait Islander peoples are afforded the opportunity to live long and healthy lives.

*Signed,  
National Workforce Plan Project Reference Group*





# Executive Summary

Developing this National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework and Implementation Plan 2021–2031 (National Workforce Plan) happened during extraordinary and unique events.

The COVID-19 pandemic tested the health system's capacity. However, the circumstances and need to respond quickly also offered opportunities for reform and improvements. One such opportunity is to strengthen and enhance the size, capacity and capability of the Aboriginal and Torres Strait Islander health workforce.

The former Council of Australian Governments (COAG) Health Council prioritised making an Aboriginal and Torres Strait Islander health workforce plan in 2018 after meeting with First Nations health leaders.

**Governments and Aboriginal and Torres Strait Islander community-controlled health peak bodies agreed: an appropriately skilled, available and responsive Aboriginal and Torres Strait Islander health workforce is critical for an efficient national health system.**

Australia's response to COVID-19 reaffirmed this. Aboriginal and Torres Strait Islander health leaders and local community-controlled health services were at the forefront of highly successful national and local responses to the global pandemic.

In times of national crises and responding to systemic health challenges, a well-resourced and respected Aboriginal and Torres Strait Islander health workforce delivers better health outcomes for Aboriginal and Torres Strait Islander peoples. The National Workforce Plan shows more needs to be done to translate these ideas into practical and measurable improvements.

Fewer Aboriginal and Torres Strait Islander people in the health workforce contributes to reduced access to health services for the Aboriginal and Torres Strait Islander population.<sup>1</sup>

## Where we want to be by 2031

Although Aboriginal and Torres Strait Islander people are employed in the health care and social assistance sector more than any other industry<sup>2</sup>, they are still underrepresented.

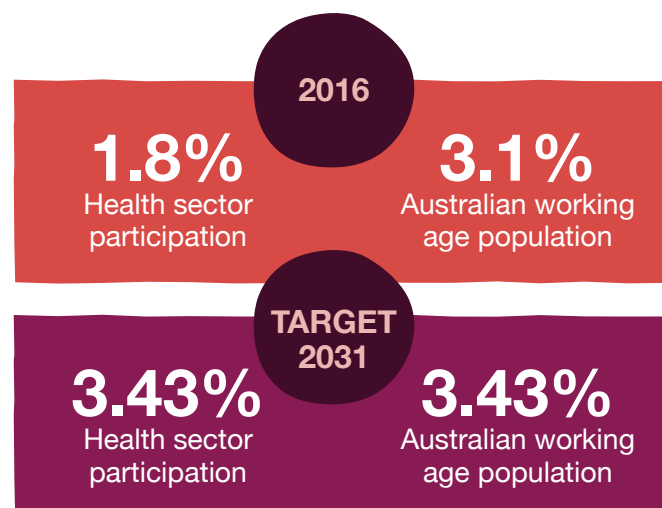
In 2016, Aboriginal and Torres Strait Islander people only represented 1.8%<sup>3</sup> of the health workforce, despite being 3.3% of the Australian population (3.1% of the working age population).<sup>4</sup>

To address this issue and reach working age (15 to 64) population parity, the National Workforce Plan has an ambitious target. It aims for Aboriginal and Torres Strait Islander people to represent 3.43% of the national health workforce by 2031. This target is based on the projected proportion of the Aboriginal and Torres Strait Islander working age population in 2031.<sup>5</sup> To support this target, it is important that every health-related education and workforce initiative focuses on the pathways for Aboriginal and Torres Strait Islander people entering into training, education and the health workforce.

High job growth is projected in health and related sectors over the next five years, including aged care, disability, mental health, and research. It is an important opportunity to change systems to meet the health, education and employment needs of Aboriginal and Torres Strait Islander peoples and to grow the Aboriginal and Torres Strait Islander workforce across our health system.

This in turn directs investment in an essential workforce that will benefit all Australians, while also increasing our ability to:

- quickly build capacity during natural disasters and pandemics
- close the gap in health and life outcomes
- ensure a culturally safe and responsive health sector.





## Co-design process

In recognition of the inherent strengths of Aboriginal and Torres Strait Islander communities and organisations, governments have committed to a new era of partnership and shared decision making under the new National Agreement on Closing the Gap. Consistent with the National Agreement, the National Workforce Plan has been co-designed between Aboriginal and Torres Strait Islander health peak bodies and governments.

It was led by the National Aboriginal and Torres Strait Islander Health Standing Committee (NATSIHSC) and overseen by a Project Reference Group that included:

- the National Health Leadership Forum (NHLF)
- the National Aboriginal Community Controlled Health Organisation (NACCHO)
- Lowitja Institute
- Gayaa Dhuwi (Proud Spirit) Australia
- Australian Indigenous Doctors' Association (AIDA)
- National Association of Aboriginal and Torres Strait Islander Health Workers and Practitioners (NAATSIHWP)
- representatives from state and territory governments
- the Australian Government.

The strong representation by Aboriginal and Torres Strait Islander experts means that the National Workforce Plan embeds Aboriginal and Torres Strait Islander peoples' strong foundations – including their ongoing, deep connections to family, community and culture.<sup>6</sup>

## The National Workforce Plan and related reforms

The National Workforce Plan implements the National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework 2016–2023 (Strategic Framework) and its 6 Strategic Directions.

During the development of the National Workforce Plan, the Strategic Framework was refreshed to ensure its ongoing alignment with government priorities and reform directions. This National Workforce Plan combines both the Strategic Framework and its implementation into one.

The National Workforce Plan will directly contribute to Australia's Long Term National Health Plan: to build the world's best health system. It also directly supports multiple Aboriginal and Torres Strait Islander policy reforms, including the:

- National Agreement on Closing the Gap (2020)
- National Aboriginal and Torres Strait Islander Health Plan (Health Plan) 2021–2031
- Cultural Respect Framework for Aboriginal and Torres Strait Islander Health 2016 –2026 (Cultural Respect Framework).

To be consistent with these policy reforms, the plan adopts a 10-year timeframe of 2021 to 2031. The degree of health workforce need, future demand growth and current shortfall requires an accelerated and sustained rate of workforce growth and development over the next decade.

Together with existing Aboriginal and Torres Strait Islander workforce plans and initiatives, the National Workforce Plan will accelerate collaborative actions across the health system and guide national Aboriginal and Torres Strait Islander health workforce policy and implementation over the next 10 years.

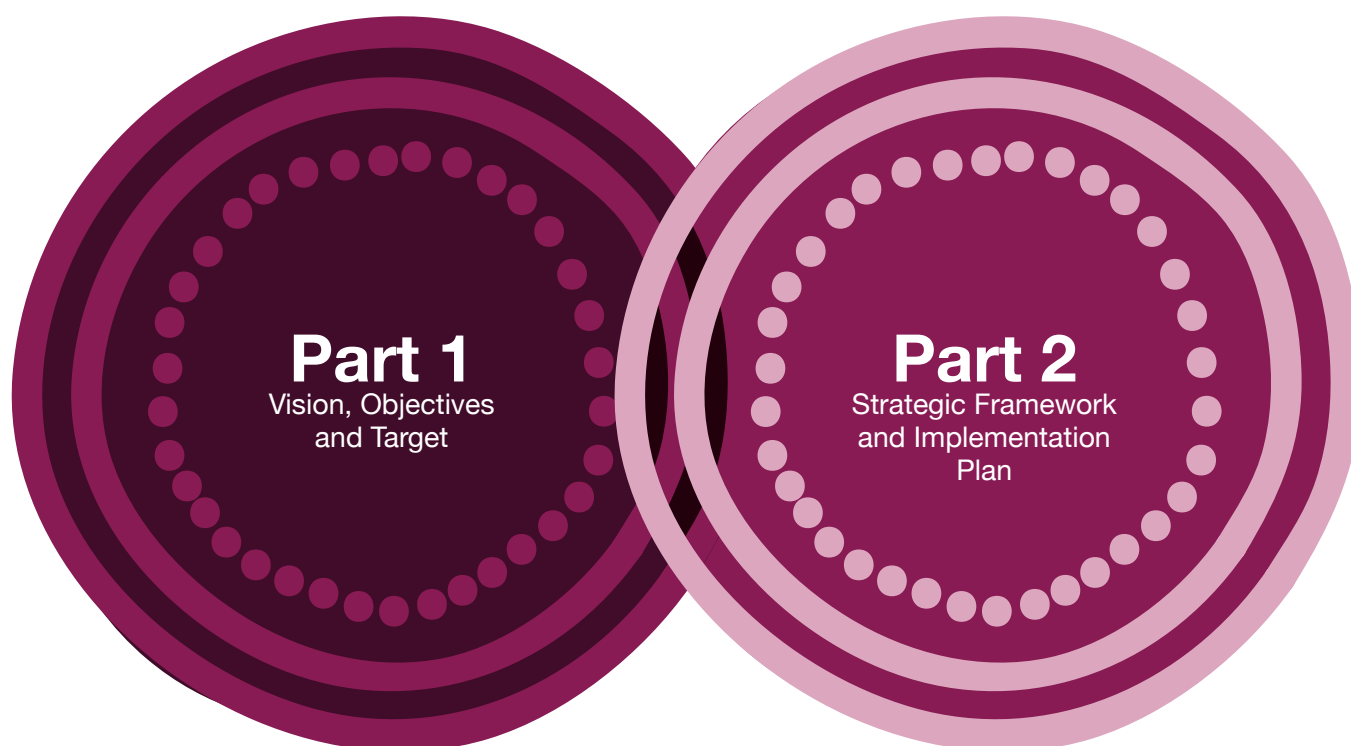
The integrated package of strategies delivered at national, state and local levels will achieve the shared vision of the National Workforce Plan and Health Plan and contribute to achieving the Closing the Gap targets.



# Structure of the National Workforce Plan

The National Workforce Plan has 2 parts:

- 1. The National Workforce Plan's Vision, Objectives and Target**
- 2. Strategic Framework and Implementation Plan**



Provides an overview of how the National Workforce Plan was developed and acknowledges the strengths and challenges that need to be leveraged and addressed to meet the diverse needs of Aboriginal and Torres Strait Islander peoples.

Sets the overarching Strategic Directions to grow and develop the Aboriginal and Torres Strait Islander health workforce; and operationalises these by identifying implementation strategies to support their intended outcomes.



# Part 1 – The National Workforce Plan’s Vision, Objectives and Target

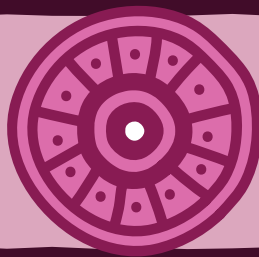
## Vision

Aboriginal and Torres Strait Islander peoples enjoy long, healthy lives that are centred in culture, with access to services that are prevention-focussed, responsive, culturally safe and free of racism and inequity.

*Achieving this vision requires a locally qualified and skilled Aboriginal and Torres Strait Islander health workforce across the health system, to lead the delivery of culturally and clinically safe health services for Aboriginal and Torres Strait Islander peoples regardless of where they access health care.*

## Objectives

Increase Aboriginal and Torres Strait Islander representation in all health roles and locations across the Australian health system, to improve health, mental health and social and emotional wellbeing of Aboriginal and Torres Strait Islander peoples.



Strengthen the health system to create and sustain its cultural and professional capabilities, increase access to services and improve the attraction, retention and career development of Aboriginal and Torres Strait Islander staff.

## Target

Aboriginal and Torres Strait Islander people represent 3.43% of the national health workforce by 2031

## Six Strategic Directions

1

Aboriginal and Torres Strait Islander people are represented and supported across all health disciplines, roles and functions

2

The Aboriginal and Torres Strait Islander health workforce has the necessary skills, capacity and leadership across all health disciplines, roles and functions

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

4

There are sufficient 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 peoples

5

Aboriginal and Torres Strait Islander health students have successful transitions into the workforce and access clear career pathway options

6

Information and data are provided and shared across systems to assist health workforce planning, policy development, monitoring and evaluation, and continuous quality improvement

## Closing the Gap Priority Reforms

1

Formal Partnerships and Shared Decision Making

2

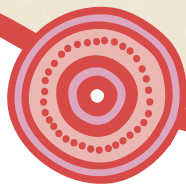
Building the Community Controlled Sector

3

Transforming Government Organisations

4

Shared Access to Data and Information at a Regional Level



# Creating an effective workforce plan for all Aboriginal and Torres Strait Islander Australians

To have true ownership and autonomy of health and social and emotional wellbeing, Aboriginal and Torres Strait Islander peoples must have equal representation in all roles, levels and locations across Australia's health, education and training sectors. This requires leadership and involvement in workforce and service planning, policy development, program implementation, research, evaluation, curricula development, governance and service delivery.

Education and training underpin health workforce development, so it is critical to look at the three sectors together. The amount of highly skilled Aboriginal and Torres Strait Islander health professionals is growing, as is their preference to work in health. Yet data shows representation remains low. Aboriginal and Torres Strait Islander people working in health are also more often in lower-paid and less-recognised positions.

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**This National Workforce Plan will ensure more Aboriginal and Torres Strait Islander peoples are represented across the full spectrum of the health workforce.**

---

By 2031, ABS data projections show that Aboriginal and Torres Strait Islander people will represent 3.43% of the Australian working age (15 to 64) population.<sup>7</sup> The Plan aims to create more momentum to accelerate increasing the number of Aboriginal and Torres Strait Islander people employed in the health workforce to reach 3.43% parity over the next decade.

Each jurisdiction, organisation and setting is different, and will therefore set unique, self-defined targets as contributors to this national target.

The National Workforce Plan aims for:

- a universal understanding of the need for, and benefits of, a strong Aboriginal and Torres Strait Islander health workforce
- better leadership of jurisdictions in health workforce development.

Most states and territories have Aboriginal and Torres Strait Islander health workforce plans and strategies to increase the skills and capacity of the Aboriginal and Torres Strait Islander health workforce to respond to local needs. At the heart of many of these plans is providing culturally safe and responsive workplace environments that Aboriginal and Torres Strait Islander people need to thrive. This is critical to supporting the growth and retention of a national health workforce.

However, stronger partnerships and more collaboration, particularly within the Aboriginal and Torres Strait Islander community-controlled sector, and with the Australian Government, is needed to ensure strategic and effective implementation of workforce policies and programs.

Rather than duplicating effort, the National Workforce Plan supplements existing jurisdictional workforce plans and strategies. It creates a consistent and agreed direction for governments at all levels and allows for jurisdictional and local flexibility.

It guides all governments to remedy the structural, systemic, organisational and personal barriers to growing and retaining the Aboriginal and Torres Strait Islander health workforce, including addressing institutional racism and discrimination.

The National Workforce Plan has 6 strategic directions to address these barriers:

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

**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.

**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.

**Strategic Direction 4:** There are sufficient 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 peoples.

**Strategic Direction 5:** Aboriginal and Torres Strait Islander health students have successful transitions into the workforce and access clear career pathway options.

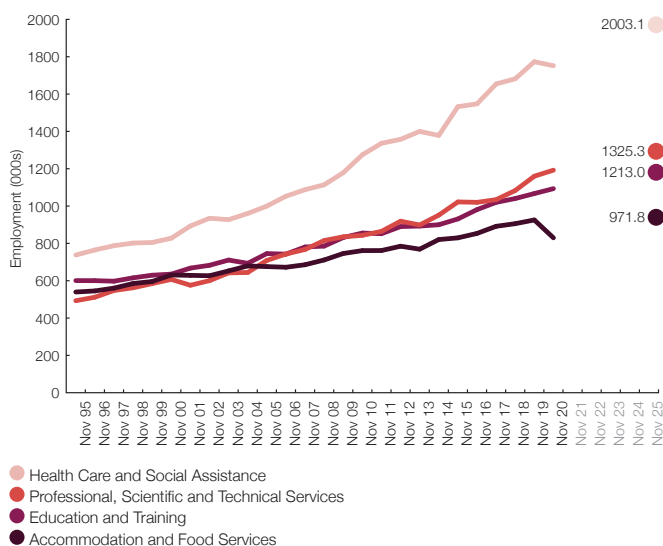
**Strategic Direction 6:** Information and data are provided and shared across systems to assist health workforce planning, policy development, monitoring and evaluation, and continuous quality improvement.

## Job creation

The National Workforce Plan does not address issues relating to job creation. This is because the health workforce across the health and social assistance sectors are projected to achieve double-digit growth, with an increase in the number of jobs across the sector forecast to grow by 14.2% by 2025.<sup>8</sup>

For this reason, the National Workforce Plan is focused on ensuring that Aboriginal and Torres Strait Islander people can fill their share of these jobs to achieve working age population parity and deliver improvements in health and economic outcomes that will benefit all Aboriginal and Torres Strait Islander Australians.

**Employment levels, past and projected  
– four largest growing industries**



Department of Education, Skills and Employment (2020) 2020 Employment Projections – for the five years to November 2025 [online document], Labour Market Information Portal, accessed on 10 May 2021. <https://lmp.gov.au/default.aspx?LMIP/EmploymentProjections>

## Developing the National Workforce Plan

Development of the National Workforce Plan was driven by the Priority Reforms of the National Agreement on Closing the Gap (2020):

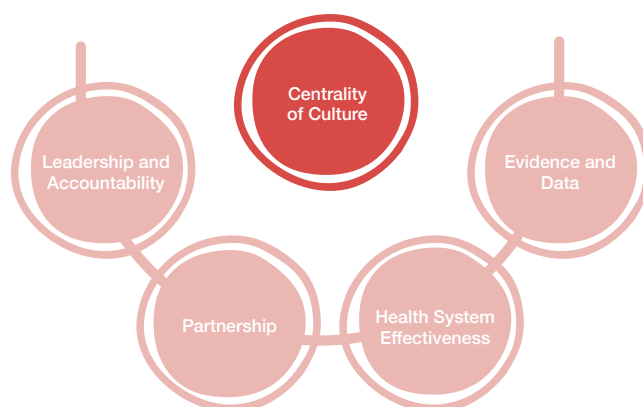
**Priority Reform One** – Formal partnerships and shared decision making.

**Priority Reform Two** – Building the community-controlled sector.

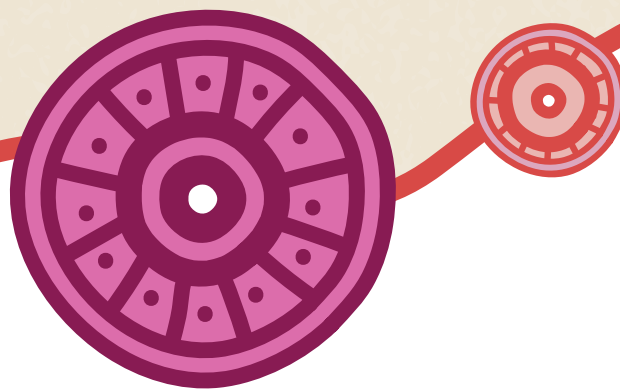
**Priority Reform Three** – Transforming government organisations.

**Priority Reform Four** – Shared access to data and information at a regional level.

The National Workforce Plan is also based on the five principles designed to affirm the United Nations Declaration on the Rights of Indigenous Peoples (further details at Appendix 4). These principles guide how all levels of government, in partnership with the Aboriginal and Torres Strait Islander community-controlled health sector, will achieve the vision and objectives of the National Workforce Plan.







## National consultation

Extensive national consultation and research informed the National Workforce Plan's understanding of the health system's complexity and the current representation of the Aboriginal and Torres Strait Islander health workforce.

From late 2019 to early 2020, Aboriginal owned consultancy Cultural Fusion undertook an extensive face-to-face national consultation process to inform the draft National Workforce Plan.

From November 2020 to February 2021, the Australian Government Department of Health began a national online consultation to review the draft and inform this final document.

In total, 929 stakeholders, representing approximately 430 individuals and organisations were invited to provide feedback on the draft plan. Stakeholders included:

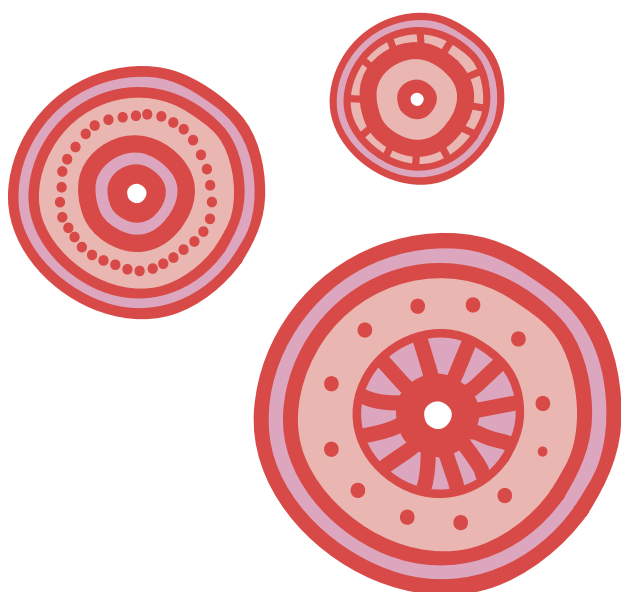
- the Aboriginal and Torres Strait Islander community-controlled health sector
- primary health care providers
- education and research institutions
- health workforce peak bodies
- mental health organisations
- local hospital and health services
- state and territory governments
- Australian Government agencies.

## Key issues identified

Consultation and research identified some consistent themes and issues, including:

- access to and continuity of educational opportunities and supportive pathways from school to tertiary education<sup>\*</sup> and into practice
- institutional and other forms of racism and its crippling impact on education and workforce recruitment, retention and progression
- the need to improve the quality, reach, scope, and impact of activities to strengthen cultural safety<sup>\*\*</sup> within education and training sectors and across the health workforce
- developing models of care that are patient-centred and less professionally siloed to support multi-disciplinary care into the future
- short-term program funding
- the implications of funding mechanisms on the Aboriginal and Torres Strait Islander health workforce's sustainability, training and job opportunities which negatively impact on models of care and patient outcomes
- establishing a single, practical approach to implementation that is flexible enough to consider regional difference and robust enough to support sustainable outcomes that can be delivered within the timeframe.

The Australian Government, in partnership with the Project Reference Group, ensured all consultation feedback was adequately considered and incorporated into this final National Workforce Plan, where appropriate.



<sup>\*</sup>Tertiary education refers to all post-secondary study, including vocational education and training (VET) and higher education (university-level study). Refer to Appendix 5.

<sup>\*\*</sup>Cultural safety as defined within the Australian Health Practitioner Regulation Agency's Aboriginal and Torres Strait Islander Health and Cultural Safety Strategy 2020–2025

# Building on the strengths

Aboriginal and Torres Strait Islander health professionals bring unique and invaluable perspectives to the Australian health sector and are highly dedicated and motivated to work in health across many roles and areas to improve the health and wellbeing of their communities.<sup>9</sup>

## Evidence shows the Aboriginal and Torres Strait Islander health workforce delivers better outcomes for Aboriginal and Torres Strait Islander clients.

The unique skillsets, lived experiences and cultural insights Aboriginal and Torres Strait Islander people bring to their health care roles<sup>10</sup> are driving factors in this National Workforce Plan. The strength, determination and resilience of this workforce is so important now and in the future.

## Growth of the Aboriginal and Torres Strait Islander health workforce

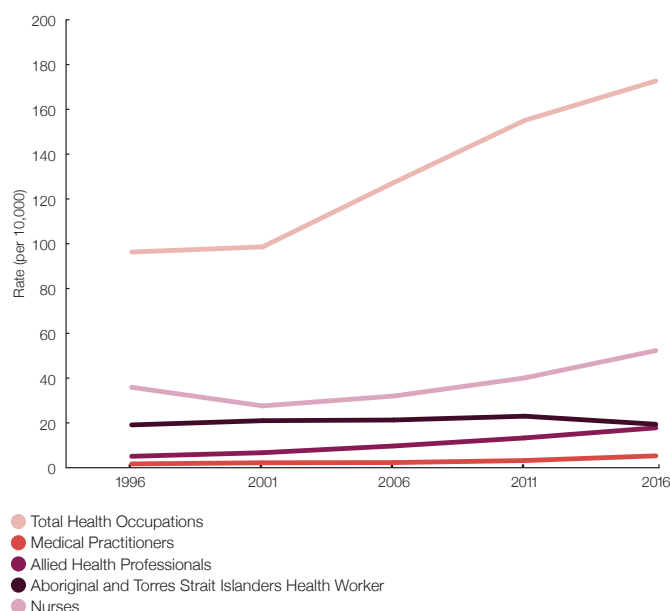
The number of Aboriginal and Torres Strait Islander doctors, nurses, dentists and allied health professionals is growing:

- In 2016, 11,161 Aboriginal and Torres Strait Islander Australians were employed in various health-related roles across the sector.<sup>11</sup>
- Between 1996 and 2016 Aboriginal and Torres Strait Islander people employed in health-related occupations increased from 96 to 173 per 10,000<sup>12</sup> – however, this is still significantly lower than the rate of employment for other Australians in 2016 (369 per 10,000) based on an analysis of AIHW and ABS Census of Population and Housing data.

Over the past 50 years, Aboriginal Community Controlled Health Services (ACCHS) have provided a wide range of health, social and emotional wellbeing services.

At 30 June 2019, there were 7,981 full-time equivalent workers employed in ACCHS, of which 52% were filled by Aboriginal and Torres Strait Islander people<sup>13</sup>, making ACCHS the second largest employer of Aboriginal and Torres Strait Islander people nationally.

## Indigenous persons aged 15 and over employed in health-related occupations, by health-related occupation, 1996-2016



AIHW and ABS analysis of Census of Population and Housing (2016).

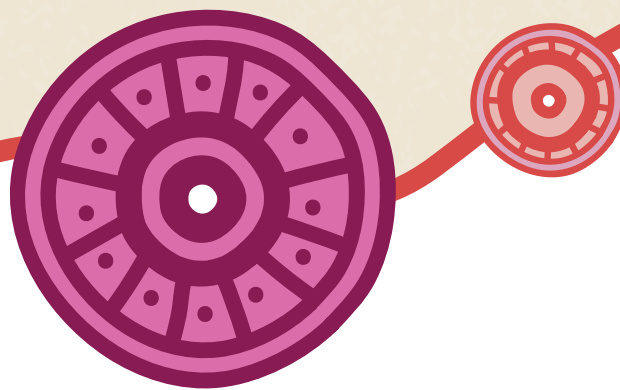
## Diversity of health workforce roles

There has also been positive progress outside of clinical roles, such as within research fields. Research that is led by or done in partnership with Aboriginal and Torres Strait Islander people can reshape the research agenda into one that is more positive and culturally informed.<sup>14</sup>

The Aboriginal and Torres Strait Islander health workforce encompasses a variety of roles, ranging from:

- clinical services
- health promotion and health literacy
- care and system navigation
- research
- leadership within their communities.

This workforce's interaction with clients goes beyond the mainstream model. Where the mainstream separates the personal and the professional, interactions with the Aboriginal and Torres Strait Islander health workforce in and out of formal health settings helps build trust. This can better help clients overcome cultural and communication barriers to accessing care.<sup>15</sup>



## Culture at the centre

Like the National Aboriginal and Torres Strait Islander Health Plan 2021–2031 (Health Plan), the Workforce Plan takes a strengths-based, preventative and holistic approach to Aboriginal and Torres Strait Islander health. Together with the Health Plan, the National Workforce Plan contributes to a future where all policy making and implementation is holistic and done in genuine partnership with, and led by, Aboriginal and Torres Strait Islander people.

In keeping with Aboriginal and Torres Strait Islander conceptions of health, the National Workforce Plan takes a cultural determinants and social determinants approach. This means considering the connection between the physical, environmental, social, emotional and cultural wellbeing of families and communities across the whole life course. It also means using trauma-aware and healing-informed approaches to respond to historical factors that influence health, such as the impacts of colonisation and the Stolen Generations. By putting culture at the centre, the National Workforce Plan embeds a recognition of the positive and protective impact that culture has on Aboriginal and Torres Strait Islander health interventions and outcomes.

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**‘Aboriginal health’ is not just the physical wellbeing of an individual. It also refers to the social, emotional and cultural wellbeing of the whole community in which each individual is able to achieve their full potential, thereby bringing about the total wellbeing of their community. It is a whole-of-life view and includes the cyclical concept of life-death-life.<sup>16</sup>**

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The Mayi Kuwayu National Study of Aboriginal and Torres Strait Islander Wellbeing<sup>17</sup> identified a range of cultural determinants of health which act as protective factors to enhance resilience, strengthen identity and support good health, and social and emotional wellbeing. These include:

- Connection to Country
- family, kinship and community
- beliefs and knowledge
- cultural expression and continuity
- language
- self-determination
- leadership.

That means for education or workforce initiatives to be successful they must:

- recognise the centrality of Aboriginal and Torres Strait Islander culture
- involve a government commitment to improve the social factors that negatively impact the health and wellbeing of Aboriginal and Torres Strait Islander peoples.

Addressing the social and environmental determinants of health will help strengthen and sustain the Aboriginal and Torres Strait Islander health workforce and contribute to the education and employment outcomes in this document.

Supporting the cultural determinants of health promotes a strengths-based perspective, acknowledging that stronger connections to culture and country build stronger individuals and collective identities, self-esteem, resilience and outcomes.

## Strengths-based approach

A strengths-based approach means focusing on the strengths of people, communities and organisations as a driving force for change. By taking a strengths-based approach, this plan shifts away from negative stereotypes, which impact Aboriginal and Torres Strait Islander health and wellbeing and overlook the impacts of systemic inequity. It provides alternative solutions to addressing disadvantage.<sup>18</sup>

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**The National Workforce Plan recognises that Aboriginal and Torres Strait Islander health outcomes can only improve when Aboriginal and Torres Strait Islander people are decision-making partners. The National Agreement on Closing the Gap acknowledges the only effective way to close the gap is by Aboriginal and Torres Strait Islander people leading and driving solutions through strong partnerships with governments.**

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# Acknowledging the challenges

While the National Workforce Plan emphasises strengths and enablers to grow the Aboriginal and Torres Strait Islander health workforce, barriers still exist. There are significant issues to address around recruitment, retention and workforce growth and stability.

## Underrepresentation in the health workforce

While the number of people in the workforce has grown, the Aboriginal and Torres Strait Islander proportion of the total health workforce has not. The overall size of this workforce remains low, retention is poor and workforce growth in some areas is not equal with the size of the population.<sup>19</sup>

For example, in 2019:

- 4,926 nurses and midwives identified as Aboriginal or Torres Strait Islander, representing 1.4% of all employed and registered nurses and midwives
- 0.7% of all employed medical practitioners identified as Aboriginal or Torres Strait Islander
- an average of 0.8% of registered allied health professions identified as Aboriginal and Torres Strait Islander.<sup>20</sup>

Similarly, there are well-known health disparities and inequities between the Aboriginal and Torres Strait Islander population and the rest of the population.

## Implementation challenges

Feedback from the national consultation highlighted specific challenges to address in the National Workforce Plan. Part 2 of this document has implementation strategies that address these from a workforce perspective. These align with the objectives and strategies of the Health Plan and the National Medical Workforce Strategy.

The plan also highlights an extensive list of support initiatives that target:

- burden of disease
- social determinants of health
- rural and remote locations
- education
- employment
- disability.

## Burden of disease

Understanding the inequitable burden of disease experienced by Aboriginal and Torres Strait Islander peoples and communities is necessary to ensure that workforce distribution meets community health needs beyond 2031.

In 2011, Aboriginal and Torres Strait Islander peoples experienced an overall burden of disease that was 2.3 times the rate of other Australians.<sup>21</sup> Addressing burden of disease is complex. The burden differs across geographic location and socioeconomic groups, for example, across remote areas.

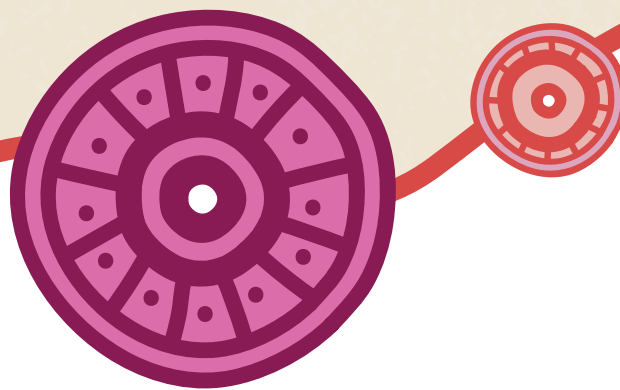
To respond to the burden of disease, the National Workforce Plan aims to increase Aboriginal and Torres Strait Islander representation across all locations, levels and professions within the health sector. Its implementation strategies consider the professions required to address this burden over the next decade and beyond. This includes more environmental health practitioners to maintain critical health infrastructure, including water, food, pest control and housing, which can significantly improve individual and community health outcomes.

The burden of disease also extends beyond medical conditions, with injuries (including suicide) representing one of the leading causes of death for Aboriginal and Torres Strait Islander peoples.<sup>22</sup> This means that there must also be a focus on addressing risk factors, including by increasing the social and emotional wellbeing workforce to support community wellbeing and mental health, and contribute to a reduction in suicide.

## Social determinants of health

Social determinants of health account for 34% of the total health gap between Aboriginal and Torres Strait Islander peoples and other Australians. The main causes are household income, employment and hours worked, and health risk factors, such as smoking and obesity.<sup>23</sup>

In alignment with the National Aboriginal and Torres Strait Islander Health Plan 2021–2031, the National Workforce Plan recognises that addressing the cultural determinants and social determinants of health is critical to reducing the burden of disease in Aboriginal and Torres Strait Islander populations.



## Racism

One of the most impactful social determinants for Aboriginal and Torres Strait Islander peoples is racism.<sup>24</sup> While increasing the number of Aboriginal and Torres Strait Islander people in the health workforce is one strategy to address this issue, systemic changes in the Australian health system are needed to address people's experience of racism. This includes for those who are part of the health workforce, as well as those who are accessing health care.

The role and impact of racism and intergenerational trauma on health outcomes is not yet well understood or recognised in health care settings. Systemic racism is evidenced in:

- the differences in treatment access and models of service delivery
- the conscious and unconscious biases of health professionals
- funding inequity
- cultural barriers to the use of health care services.

People who experience these factors encounter noticeable differences in health outcomes. This is supported by the Aboriginal and Torres Strait Islander Health Performance Framework 2020 Report<sup>25</sup>, which found that Aboriginal and Torres Strait Islander people are discharged from hospital against medical advice at 6.1 times the rate of other Australians. However, the reporting system that records discharge information does not recognise or acknowledge that racism may influence decisions to discharge early. This puts blame on individuals and not the health system.

If systemic racism continues, these workplace operations and behaviours will affect Aboriginal and Torres Strait Islander people's ability to get and give appropriate care and impact their resulting wellbeing.<sup>26</sup>

## Cultural safety training and development

Across the life of this plan, a supportive, culturally safe health and education system will enable the Aboriginal and Torres Strait Islander health workforce to grow. This will require significant improvements to strengthen cultural safety, including:

- sector-level change in education and training
- training across the health and community services workforces
- training for professionals across the whole health system to ensure Aboriginal and Torres Strait Islander peoples experience culturally safe and responsive health care
- measuring behaviours and experiences to ensure that cultural safety training and development is translating into improved cultural safety outcomes.

In partnership with peak bodies, health and education providers, the National Workforce Plan will support career development and contribute to cultural safety. It promotes more mentoring, personal and professional development opportunities so the Aboriginal and Torres Strait Islander health workforce stays innovative in health technology and research.

The plan builds Aboriginal and Torres Strait Islander leadership across the health system through:

- enhancing peer support networks and mentoring opportunities
- increasing representation in leadership and governance positions, on boards and in other decision-making bodies
- strengthening Aboriginal and Torres Strait Islander health peak bodies.

## Rural and remote locations

Workforce distribution must be place-based and responsive to local populations, including responding to cultural determinant and social determinant factors. In 2016, the Aboriginal and Torres Strait Islander population made up:

- 3.3% of the Australian population, with just over one-third living in major cities, 6.7% in remote areas, and just under 12% in very remote locations<sup>27</sup>
- 2% of the total major city population and 47% in very remote areas.<sup>28</sup>

The protective aspects of culture mean there are many benefits to Aboriginal and Torres Strait Islander peoples being able to live and remain on country, such as better access to traditional lands and languages.<sup>29</sup> However, where Country is remote, there can be additional barriers to health, education, and employment, including:

- a lack of jobs
- distance and transport
- inadequate education, training and skills.<sup>30</sup>

Broadly, Aboriginal and Torres Strait Islander peoples have a lower employment rate than other Australians, however this rate is even lower in very remote areas compared to those living in major cities – 35% compared to 59% during the period 2018–19.<sup>31</sup>

Those living outside of major cities also experience greater educational disadvantage. Addressing this is vital to increasing the Aboriginal and Torres Strait Islander health workforce. The Close the Gap 2020 Report showed a year 12 attainment rate of 38% for Aboriginal and Torres Strait Islander youth in very remote areas, compared to 85% for those in major cities.



Aboriginal and Torres Strait Islander peoples in remote and very remote areas are also more likely to be disengaged in education, compared to their city counterparts. For example, in 2014–15, approximately 15% of Aboriginal and Torres Strait Islander youth in very remote areas reported being fully engaged in study or work, compared to 58% for those in major cities.<sup>32</sup>

The National Workforce Plan's implementation strategies are responsive and tailored to all sectors and locations, including a focus on education and employment constraints for people living in rural and remote locations. Implementation strategies recommend enhancing a range of supports, including financial, access and reliability of information technology, and flexible workplace and education arrangements.

## Education

The National Workforce Plan recognises that education is central to a person's personal and professional development, and ability to contribute to society and have a fulfilling life. Education provides independence, confidence and skills required to get and keep jobs and continue to be competitive throughout adulthood.<sup>33</sup> It has a strong association with employability, income, health, and level of independence.<sup>34</sup>

Due to ongoing and historical systemic factors, Aboriginal and Torres Strait Islander peoples may experience a number of barriers to education, including:

- limited awareness of services
- out of pocket costs
- administrative complexity
- a lack of transport or locally available services
- a lack of confidence in the value of early education
- prior educational experiences
- family supports
- access to secondary schools
- fear of racism and judgment<sup>35</sup>
- a lack of culturally safe services and caring responsibilities<sup>36</sup>
- having to study 'off Country'.

However, for Aboriginal and Torres Strait Islander people with a higher level of tertiary education, there is almost no employment gap. Year 12 attainment is a main indicator of educational achievement and is vital to growing the Aboriginal and Torres Strait Islander health workforce. Attainment is increasing (21 percentage points, from around 45% in 2008 to 66% in 2018–19).<sup>37</sup>

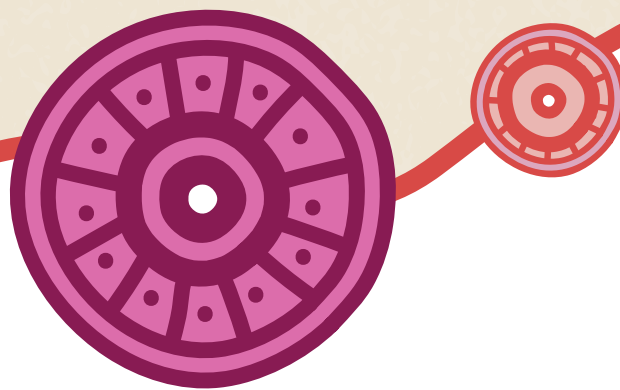
## Employment

Growing the Aboriginal and Torres Strait Islander health workforce is a key employment opportunity for Aboriginal and Torres Strait Islander peoples and communities. In 2018–19, 49% (243,800) of Aboriginal and Torres Strait Islander people aged 15 to 64 were employed, compared to 76% of non-Indigenous Australians in the same age group.<sup>38</sup>

There are a variety of social, historical and cultural factors that impact on many Aboriginal and Torres Strait Islander Australians' ability to retain employment and fully participate in the workforce, including:

- family responsibilities
- education
- disability
- history of incarceration.<sup>39</sup>

A key barrier to employment for Aboriginal and Torres Strait Islander peoples is racism, including a lack of culturally appropriate employment and workplaces. For example, Aboriginal and Torres Strait Islander environmental health workers have reported experiencing barriers to promoting best practice in land management, including limited respect, recognition, and support for Aboriginal and Torres Strait Islander knowledge.<sup>40</sup>



## Top 5 difficulties finding work

Remote	Non-remote
No jobs in local area or line of work – 44% (5,700)	No jobs in local area or line of work – 38% (15,500)
No jobs at all – 38% (4,900)	Don't have driver's licence – 33% (13,500)
Transport problems/distance – 27% (3,500)	Transport problems/distance – 33% (13,300)
Insufficient education, training, skills – 22% (2,800)	Insufficient education, training, skills – 32% (13,000)
Don't have driver's licence – 19% (2,400)	No jobs at all – 22% (8,800)

*Unemployed Indigenous Australians aged 15 to 64 (2014–15). 'Non-remote' includes Major cities, Inner regional and Outer regional areas, 'Remote' includes Remote and Very remote areas. Source: HPF Table D2.07.10 – AIHW and ABS analysis of National Aboriginal and Torres Strait Islander Social Survey 2014–15.*

The National Workforce Plan aims to address these issues through actions that support Aboriginal and Torres Strait Islander people to successfully transition into or return to the health workforce, with access to clear career pathways and options that support this transition or return.

## Disability

A responsive Aboriginal and Torres Strait Islander disability workforce is necessary to address the needs of Aboriginal and Torres Strait Islander people living with a disability. In Australia, as of 2018, there were approximately 139,700 Aboriginal and Torres Strait Islander people (24% of the total First Nations population surveyed) residing in a private dwelling, who had some form of disability.<sup>41</sup>

Individuals living with a disability are more likely to experience poorer health and be less engaged in education and employment.<sup>42</sup> Living in regional and remote areas compounds the difficulties in accessing services for Aboriginal and Torres Strait Islander people with a disability; for example, they experience greater barriers in the quality and frequency of care needed as a result of geographic location and culture.<sup>43</sup>

Findings from the 2018 Disability, Ageing and Carers Survey (2018) show that:

- 33.1% of Aboriginal and Torres Strait Islander people with a disability aged 15 to 64 years were employed in the labour force, compared to 64.5% of Aboriginal and Torres Strait Islander people in the same age group without a disability.<sup>44</sup>
- In the previous 12 months, just under half (46.2%) of Aboriginal and Torres Strait Islander people with a disability aged over 15 years reported having avoided situations because of their disability.<sup>45</sup>
- More than two-thirds (96,300 people) of Aboriginal and Torres Strait Islander people identified with a disability, required support with at least one activity of daily living.<sup>46</sup>
- Of the Aboriginal and Torres Strait Islander people surveyed – an estimated 22% who lived in outer regional areas reported having a disability, and 18.1% in remote.<sup>47</sup>

Workforces must be able to provide accessible and person-centred care to people with a disability. This includes responding to the systemic social determinant factors that impact health and wellbeing.

In 2019, the National Disability Insurance Scheme (NDIS) produced the Aboriginal and Torres Strait Islander Participants Report, which provided information about the experiences of Aboriginal and Torres Strait Islander participants and the NDIS.<sup>48</sup> In 2021, Aboriginal and Torres Strait Islander participants made up 6.9% (32,396) of the active participants.<sup>49</sup>

The report highlighted that after one year in the scheme, the rate of Aboriginal and Torres Strait Islander employment (aged between 15–24 years) increased by 3% and community participation by 4%. Participants also reported having a greater choice of supports to access and engage with.

One of the anticipated longer-term benefits of the NDIS is the expected increase of economic activity for people with a disability.<sup>50</sup>

The National Workforce Plan's implementation strategies are intended to support participation in the workforce for all Aboriginal and Torres Strait Islander peoples, including people with a disability. This includes through partnerships with broader disability reforms.

# Policy alignment

All levels of the Australian Government are committed to improving health outcomes and achieving health equity for Aboriginal and Torres Strait Islander peoples. The National Workforce Plan was not considered or developed in isolation. Underpinned by the National Agreement on Closing the Gap 2020, it also aligns with the National Aboriginal and Torres Strait Islander Health Plan and the National Medical Workforce Strategy.

## National Agreement on Closing the Gap (2020)

The National Agreement was developed in genuine partnership with Coalition of Peak representatives and all Australian Governments. It follows on from the 2008 National Indigenous Reform Agreement, which established the Closing the Gap initiative.

Its objective is to change how Aboriginal and Torres Strait Islander people and governments work together to overcome the inequality experienced by Aboriginal and Torres Strait Islander peoples and achieve life outcomes equal to all Australians.

The National Agreement was built around four Priority Reforms determined by Aboriginal and Torres Strait Islander people. These reforms alter how governments work with Aboriginal and Torres Strait Islander people and communities.<sup>51</sup> The full list of Priority Reforms and Targets are at Appendix 6.

The National Agreement sets out new accountability measures for governments and new monitoring and implementation arrangements, with:

- independent reporting by the Productivity Commission
- a First Nations-led review
- implementation plans and annual reporting by all parties.

**The National Workforce Plan will directly impact multiple Closing the Gap targets, including those that support both students and employment, noting that the flow on effects of a strong Aboriginal and Torres Strait Islander health workforce will directly impact the health and wellbeing of Aboriginal and Torres Strait Islander people accessing the health system. These impacted targets include:**

### Education & Employment Impacts

#### Target 5

Increase the proportion of Aboriginal and Torres Strait Islander people (age 20-24) attaining year 12 or equivalent qualification to 96% by 2031

#### Target 6

Increase the proportion of Aboriginal and Torres Strait Islander people aged 25-34 years who have completed a tertiary qualification (Certificate III and above) to 70%, by 2031

#### Target 7

Increase the proportion of Aboriginal and Torres Strait Islander youth (15-24 years) who are in employment, education or training to 67% by 2031

#### Target 8

Increase the proportion of Aboriginal and Torres Strait Islander people ages 25-64 who are employed to 62%, by 2031

### Health System Impacts

#### Target 1

Close the Gap in life expectancy within a generation, by 2031

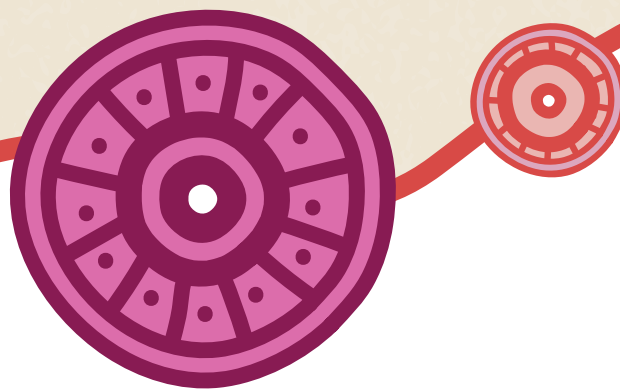
#### Target 2

Increase the proportion of Aboriginal and Torres Strait Islander babies with a healthy birthweight to 91% by 2031

#### Target 14

Significant and sustained reduction in suicide of Aboriginal and Torres Strait Islander peoples towards zero.





## National Aboriginal and Torres Strait Islander Health Plan

The National Workforce Plan has been developed within the overall policy context of the refreshed Health Plan, which provides a single, overarching policy framework to improve health outcomes for Aboriginal and Torres Strait Islander peoples over the next 10 years.

The National Workforce Plan shares the Health Plan's vision: that Aboriginal and Torres Strait Islander peoples enjoy long, healthy lives centred in culture, with access to services that are prevention-focused, culturally safe and responsive, equitable and free of racism.

The Health Plan contributes to a future where all policy making and implementation happens in genuine partnership led by Aboriginal and Torres Strait Islander people and is viewed in a holistic context. This means embedding the cultural determinants and social determinants across the whole life course.

Consistent with the four Priority Reforms of the National Agreement, the Health Plan:

- prioritises the delivery of care through Aboriginal community-controlled organisations
- embeds the accountability of the mainstream health system to provide accessible, culturally safe and responsive care.

The Health Plan includes the following workforce strategies informed by the National Workforce Plan:

- Strategy 3.1. Implement strategies to grow the Aboriginal and Torres Strait Islander Health workforce across health, mental health, disability and aged care
- Strategy 3.2. Improve cultural safety in workplaces across the health, mental health, disability and aged care systems
- Strategy 3.3. Continue to support the leadership role of the Aboriginal and Torres Strait Islander community controlled health workforce organisations.

## National Medical Workforce Strategy

The National Medical Workforce Strategy and the National Workforce Plan were developed at the same time. The strategy will guide long-term collaborative medical workforce planning across Australia and will identify achievable, practical actions to build a sustainable, highly trained medical workforce.

One of the strategy's priority themes is growing the Aboriginal and Torres Strait Islander medical workforce and improving cultural safety.

Although there has been steady growth in the number of Aboriginal and Torres Strait Islander medical graduates, they are still under-represented in the workforce. Overall, the numbers remain low relative to the size of the Indigenous population, particularly in non-GP specialties. In 2019, there were 488 employed (excluding long leave) Aboriginal and Torres Strait Islander doctors.<sup>52</sup>

In 2019, 46 Aboriginal and Torres Strait Islander doctors graduated from medical programs in Australia.<sup>53</sup> This accounts for 1.3% of domestic medical graduates. The gap widens further with only 184 Aboriginal and Torres Strait Islander medical specialists (and a 30% drop-out rate) compared to 61,907 medical specialists nationally.<sup>54</sup>

Aboriginal and Torres Strait Islander students and doctors often have cultural obligations and community expectations on top of medical training. In the 2020 Medical Training Survey, a higher proportion of Aboriginal and Torres Strait Islander doctors expressed concern about completing their training compared with the national average.<sup>55</sup>

The strategy highlights pressure points impacting Aboriginal and Torres Strait Islander medical students and practitioners, including:

- family, community and Country responsibilities
- conscious and unconscious bias, and interpersonal and organisational racism
- fewer numbers of Aboriginal and Torres Strait Islander mentors and role models, which can increase the sense of isolation for trainees and practitioners
- reduced familiarity with some teaching and training methods
- financial constraints
- lack of resources to study off campus, particularly in rural and remote locations
- culturally unsafe learning and clinical practice environments.

The strategy aims to support these issues and contribute to the National Workforce Plan outcomes through actions that:

- grow the Aboriginal and Torres Strait Islander medical workforce
- help the medical workforce to maintain culturally safe environments for Aboriginal and Torres Strait Islander doctors, patients and other health professionals.

Appendix 7 has the strategy's actions that support these goals and align with the intended outcomes of the National Workforce Plan.

## Other workforce-specific reforms

A number of other national and jurisdictional-specific workforce reforms and policies exist to attract, retain and develop the capacity and capability of the Aboriginal and Torres Strait Islander health workforce across the Australian health system. Some of these strategies focus on the whole of the health workforce, while others, such as the National Nursing Strategy and the National Mental Health Workforce Strategy focus on specific parts of the health workforce.

As with the Health Plan, to ensure its successful implementation, the National Workforce Plan requires cross-portfolio linkages across the Australian Government, and within each state and territory.

Other work that aligns with this plan, and which will assist in strengthening the Aboriginal and Torres Strait Islander health workforce, include:

- the Royal Commissions into the aged care and disability sectors – which highlighted the need for culturally safe workforces in areas of high risk and need, which the National Workforce Plan will support
- the Improvement of Access, Quality and Distribution of Allied Health Services in Regional, Rural and Remote Australia report by the National Rural Health Commissioner – which states it will help meet objectives of the National Workforce Plan and makes recommendations relevant to and aligned with the plan.

All national and jurisdictional plans and programs to address skills shortages and increase the skills, education, employment and broader wellbeing of Aboriginal and Torres Strait Islander peoples should consider the benefits of increasing the Aboriginal and Torres Strait Islander health workforce.

Developing the capability of the Aboriginal and Torres Strait Islander health workforce must be integrated across all health professions and systems. The following policies directly relate to, reinforce and will be advanced by the development and implementation of the National Workforce Plan.

## Education and training reform

Transformational reform in Vocational Education and Training (VET) and in mainstream employment services will significantly increase the support available to Aboriginal and Torres Strait Islander Australians to build the skills and work readiness to gain employment in the health sector.

The Australian Government continuously monitors and evaluates the delivery of programs and services to ensure they are supporting stronger labour market outcomes for Aboriginal and Torres Strait Islander peoples.

The Australian Government has been working with states and territories and industry to undertake fundamental structural and long-term reforms to improve the VET system to support the future growth and prosperity of Australia.

In 2020, all governments signed up to the Heads of Agreement for Skills Reform, committing to reforming the VET system to ensure all Australians can access high quality and relevant training. The Heads of Agreement for Skills Reform commits to enhancing industry engagement and qualifications, and quality reforms. It signals longer term reform as part of the negotiations for a new National Skills Agreement.

Key priorities under the new agreement include:


- adopting a new funding model that improves national consistency for students, integrates subsidies and loans and is linked with efficient pricing and the skills needed by employers
- a simpler more accessible system for students, employers and Registered Training Organisations (RTO)
- improving the quality and relevance of VET courses
- providing stronger support for foundation skills and ensuring access for all Australians with language, literacy, numeracy and digital literacy needs
- promoting apprenticeships and other employment-based training, including pre-apprenticeships, and undertaking reforms to boost geographic mobility and labour supply
- greater transparency and clear evidence and data to support VET funding decisions
- improving the coherency and integration of the VET system with schooling, skilled migration and higher education to support lifelong learning.

Working closely with all jurisdictions and lead agencies, the Government is making significant investment in the training system to deliver skills where they are needed, including in critical areas of growing demand such as health and the broader care sectors.

More information on these policies is at Appendix 7.



## National Agreement on Closing the Gap (2020)



National Aboriginal and Torres Strait Islander  
Health Workforce Strategic Framework and  
Implementation Plan 2021-2031

National Aboriginal and Torres Strait  
Islander Health Plan 2021-2031


....together will guide Aboriginal and Torres Strait Islander health workforce policy and implementation...

....supported by

Other Commonwealth  
workforce strategies'




Cultural Respect Framework  
for Aboriginal and Torres Strait  
Islander Health 2016-2026




State and Territory Aboriginal  
and Torres Strait Islander  
health workforce strategies  
and action plans

'National  
Disability  
Insurance  
Scheme  
(NDIS)  
Workforce  
Plan: 2021-  
2025




'National  
Medical  
Workforce  
Strategy




'National  
Alcohol and  
other Drug  
Workforce  
Development  
Strategy  
2015-2018



'A Matter  
of Care:  
Australia's  
Aged Care  
Workforce  
Strategy




'National  
Nursing  
Strategy




'National  
Mental Health  
Workforce  
Strategy

Australia's Disability Strategy  
2021-2031




National Safety and Quality  
Health Services Standards




National Registration and  
Accreditation Scheme

National Health and Medical  
Research Council (NHMRC)  
Roadmap 3




Universities Australia  
Indigenous Strategy  
2017-2020




National Strategic  
Framework for Aboriginal and  
Torres Strait Islander Peoples'  
Mental Health and Social and  
Emotional Wellbeing 2017-2023

Stronger Rural  
Health Strategy



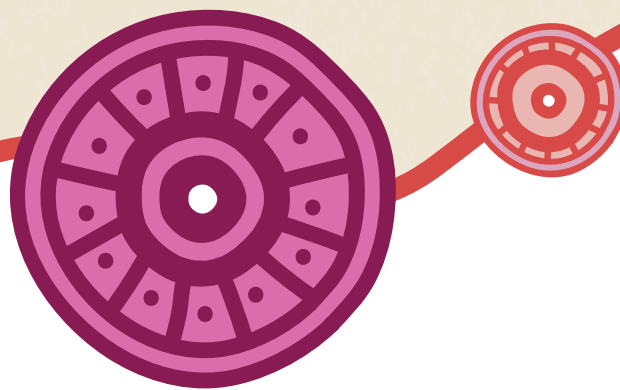
Aboriginal and  
Torres Strait Islander Health  
Curriculum Framework



Primary Health Care  
10 Year Plan



## Part 2 – Strategic Framework and Implementation Plan



# Strategic Framework overview

The National Workforce Plan succeeds and builds on the achievement of the National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework 2016–2023.

The refreshed framework provides six overarching strategic directions to help achieve the plan's vision and objectives through:

- developing the size, capability and capacity of the Aboriginal and Torres Strait Islander health workforce, so they can meet Aboriginal and Torres Strait Islander peoples' needs across Australia's health system
- fostering an environment for Aboriginal and Torres Strait Islander peoples to thrive and experience equity in health and life outcomes
- supporting stakeholder partnerships and collaboration with Aboriginal and Torres Strait Islander health leaders and organisations.

This requires better coordination of Aboriginal and Torres Strait Islander health workforce policies across jurisdictions, service settings, professional groups, and the education, training and regulation sectors, to maximise investment in the health workforce.

## Intended outcomes

The Strategic Framework's overarching aim is improved health care access and outcomes for Aboriginal and Torres Strait Islander peoples in all health care and related settings. This aligns with the National Aboriginal and Torres Strait Islander Health Plan.

The following outcomes are needed to achieve this:

- Aboriginal and Torres Strait Islander peoples are supported to be innovative in the development of new approaches that will improve health outcomes
- A collaborative approach is taken to health workforce planning that involves all relevant stakeholders, and Aboriginal and Torres Strait Islander peoples are strongly represented across all health disciplines
- Representation of Aboriginal and Torres Strait Islander peoples in the health workforce is appropriate to meet the needs of Aboriginal and Torres Strait Islander peoples and communities
- Workplaces attract, encourage and strengthen the talents of Aboriginal and Torres Strait Islander health professionals

- The Aboriginal and Torres Strait Islander health workforce is supported to research, respond and adapt to changing health needs and service delivery environments
- The Aboriginal and Torres Strait Islander health workforce is supported to lead the development of social, human, economic, intellectual and cultural capital within the health workforce
- The whole health system recognises and values the skill sets, cultural knowledge and lived experience of the Aboriginal and Torres Strait Islander workforce
- Cultural safety, respect and social and emotional wellbeing is embedded, measured and evaluated within all Aboriginal and Torres Strait Islander models of care.<sup>56</sup>

## Strategic Directions

The following six strategic directions guide implementation:

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

**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.

**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.

**Strategic Direction 4:** There are sufficient 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 peoples.

**Strategic Direction 5:** Aboriginal and Torres Strait Islander health students have successful transitions into the workforce and access clear career pathway options.

**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.

Each strategic direction addresses the structural, systemic, organisational and personal barriers to recruiting and retaining Aboriginal and Torres Strait Islander people across the health landscape. Further details can be found at Appendix 2.





# Implementation Plan overview

Through extensive consultations, implementation strategies have been identified to achieve the desired outcomes of the six strategic directions, from short-term interventions to longer-term systemic reforms. Many of the actions require communities, stakeholders and all governments to collaborate.

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**The National Workforce Plan supports and guides all health, education and training sectors, roles and professions that contribute to effective health service delivery for Aboriginal and Torres Strait Islander peoples.**

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## Leads, partners and supports

Each implementation strategy identifies Lead, Partner and Support organisations. The following definitions apply:

- **Lead** – Lead organisations will coordinate the actions of their own, partner and support organisations and take responsibility for ensuring the desired outcomes of the strategy are delivered
- **Partner** – Partner organisations will work collaboratively with Lead organisations to deliver actions to ensure the desired outcomes
- **Support** – Support organisations will provide information and guidance to support implementation of the strategy and its desired outcomes.

## Tertiary education

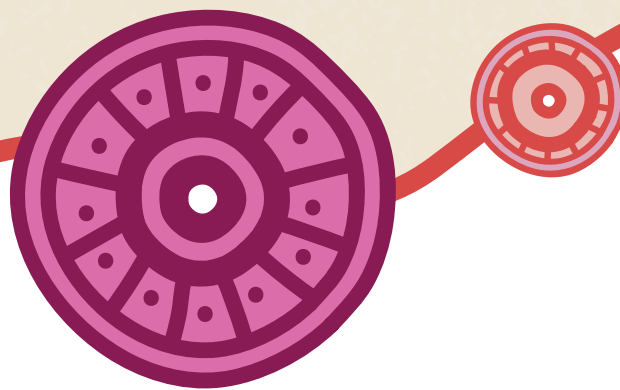
Throughout the National Workforce Plan, ‘tertiary education’ refers to all post-secondary study, including vocational education and training (VET) and higher education (university-level study). Where an implementation strategy only applies to one part of the education sector (higher education or VET), these have been listed individually.

## Australian Government implementation

The Australian Government is accountable for the implementation of the National Workforce Plan at a national level. This includes through a partnership approach that embraces the leadership of Aboriginal and Torres Strait Islander organisations – including Aboriginal Community Controlled Health Services (ACCHS) – and communities. The Australian Government will also be responsible for influencing mainstream service providers, organisations and regulators. This will help drive the systemic and structural change to realise the National Workforce Plan’s vision.

## State and territory implementation

The National Workforce Plan recognises the unique needs across jurisdictions and regions and the importance of communities shaping their own priorities. States and territories will have the flexibility to work with their implementation partners to implement the National Workforce Plan in line with their own current and planned policies and frameworks, such as their respective Aboriginal and Torres Strait Islander health workforce plans and strategies. This includes accountability for progressing the plan’s implementation strategies, timeframes, and reporting mechanisms.



## Implementation partners

Aboriginal and Torres Strait Islander organisations advocate for and deliver care that responds to the priorities of Aboriginal and Torres Strait Islander communities. They must lead partnerships with mainstream health services to make the health system accountable and responsive to the diverse needs of Aboriginal and Torres Strait Islander peoples across their regions and communities.

Leadership and partnership groups for implementing the National Workforce Plan include:

- the ACCHS sector – including the National Aboriginal Community Controlled Health Organisation (NACCHO) and state and territory affiliates – who deliver services on the frontline
- Aboriginal and Torres Strait Islander peak and professional community-controlled organisations – including those under the National Health Leadership Forum (NHLF) and broader organisations across aged care and disability.

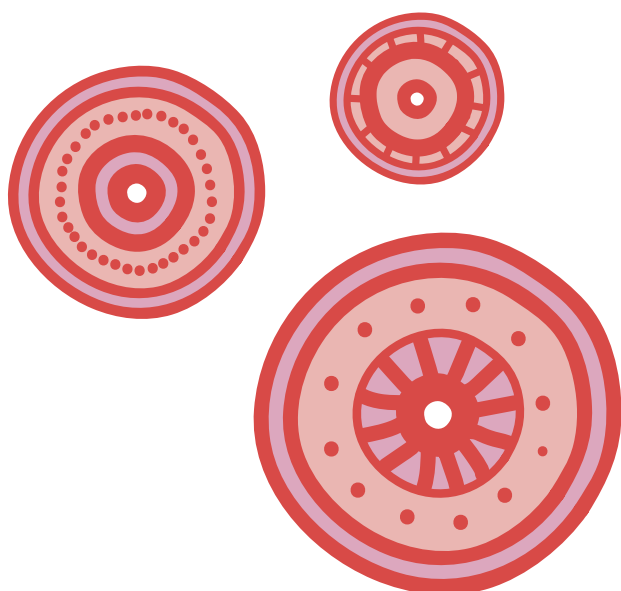
There are other services across government, non-government and community organisations that deliver health-related services, supports and advocacy to Aboriginal and Torres Strait Islander communities. These include:

- disability support
- workforce support
- development
- mental health and social and emotional wellbeing services
- aged care services.

For implementation to be flexible, the National Workforce Plan does not usually reference specific roles or professions. This ensures full coverage of the Aboriginal and Torres Strait Islander workforce across the Australian health sector.

Implementation strategies can apply across all health-related sectors and professions, including:

- aged care
- disability
- mental health and social and emotional wellbeing services
- environmental health
- mainstream health services
- allied health
- health research, data and evaluation
- the Aboriginal community-controlled health sector.





# Monitoring and reporting

Each implementation strategy has indicators and timeframes. This approach aligns reporting systems, data development priorities and targets with the six strategic directions.

While all responsible leads, partners and supporters identified in the National Workforce Plan will be accountable for the outcomes, different communities and jurisdictions may have differing priorities. To ensure responsive and place-based approaches, there is flexibility in actions and reporting to ensure practical implementation in smaller jurisdictions and workforces.

## Monitoring and Evaluation Framework

A detailed Monitoring and Evaluation Framework will be developed to track the implementation and impact of the National Workforce Plan in meeting its objectives. The framework will:

- be based on the overarching program logics (Appendix 1)
- assess the cultural safety, responsiveness, appropriateness, efficiency, effectiveness, sustainability and impact of the National Workforce Plan.

The framework will include:

- evaluation questions that support each implementation strategy
- measurement indicators
- proposed data sources and data collection methods
- timeframes.

Like the National Workforce Plan, the Monitoring and Evaluation Framework will be co-designed between Aboriginal and Torres Strait Islander health peak bodies and governments.

While the Monitoring and Evaluation Framework will guide high-level evaluation of the National Workforce Plan, stakeholders delivering actions should also conduct monitoring and evaluation to ensure actions are efficient, effective and appropriate.

The framework will also incorporate an evaluation of the various programs and initiatives reflected in the National Workforce Plan. This is fundamental to ensuring those programs and initiatives contribute to the key activities and outcomes of the plan.

## Review

The National Workforce Plan will be formally reviewed twice.

### Mid-term review in 2026

An independent mid-cycle review will be undertaken in partnership with Aboriginal and Torres Strait Islander stakeholders to evaluate progress towards achieving the outcomes of the National Workforce Plan. This will inform any shifts that may be needed to account for emerging trends and changing priorities. A report detailing outcomes of the mid-term review will be made publicly available in mid to late 2026.

### Final review in 2031

An independent final review will be undertaken in partnership with Aboriginal and Torres Strait Islander stakeholders to evaluate and review progress over the duration of the National Workforce Plan and identify priorities for the Aboriginal and Torres Strait Islander health workforce moving forward.



## Governance and accountability

All governments are committed to:

- high quality monitoring and evaluation
- public accountability to deliver culturally safe, appropriate and responsive services to Aboriginal and Torres Strait Islander peoples
- growing the Aboriginal and Torres Strait Islander health workforce.

All parties agree to strengthen existing partnerships to enhance place-based workforce development and growth according to local community needs and aspirations.

Sharing data and information will assist localised partnerships to develop workforce plans and enable performance monitoring of the National Workforce Plan through achievable workforce targets. Timely and clearly described public reporting of workforce data will promote transparency and accountability.

The publication of regular reports regarding the implementation of the National Workforce Plan, including the growth of the Aboriginal and Torres Strait Islander workforce, will strengthen partnerships and ensure the public monitoring of progress. This is important for dismantling institutional racism.<sup>57</sup>

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**New governance arrangements will be determined within six months of the National Workforce Plan's release. These governance arrangements will embed the leadership of Aboriginal and Torres Strait Islander people.**


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Accountability is a shared responsibility and will be embedded through public review reports.

All jurisdictions and the Aboriginal and Torres Strait Islander community-controlled health sector will be engaged in this process.

## Resourcing

Resources to support the implementation of the National Workforce Plan will be negotiated by the Australian Government and state and territory governments.



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

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**This strategic direction lifts Aboriginal and Torres Strait Islander representation across the health workforce.**

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Implementation strategies for Strategic Direction 1 are designed so that:

- Aboriginal and Torres Strait Islander health professionals can work to their full scope of practice
- fit-for-purpose, place-based education and training options are available and accessible for Aboriginal and Torres Strait Islander people
- clear career pathways and succession planning, and associated resources, are in place for mainstream and targeted (identified) positions across a range of health disciplines, roles and functions
- there is an increase in the number and proportion of Aboriginal and Torres Strait Islander health staff in the health sector across all health disciplines, roles and functions.

## Links to Closing the Gap Priority Reforms

**Priority Reform 1 – Formal partnerships and shared-decision making.**

**Priority Reform 2 – Building the community-controlled sector.**

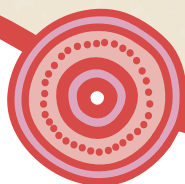
## Existing supporting initiatives

The Australian Government recognises existing programs and initiatives across governments that support the intended outcomes of the National Workforce Plan.

These are some of the Australian Government and state and territory programs and initiatives that support Strategic Direction 1 (see Appendix 9 for a full list of programs and initiatives mentioned in the National Workforce Plan):

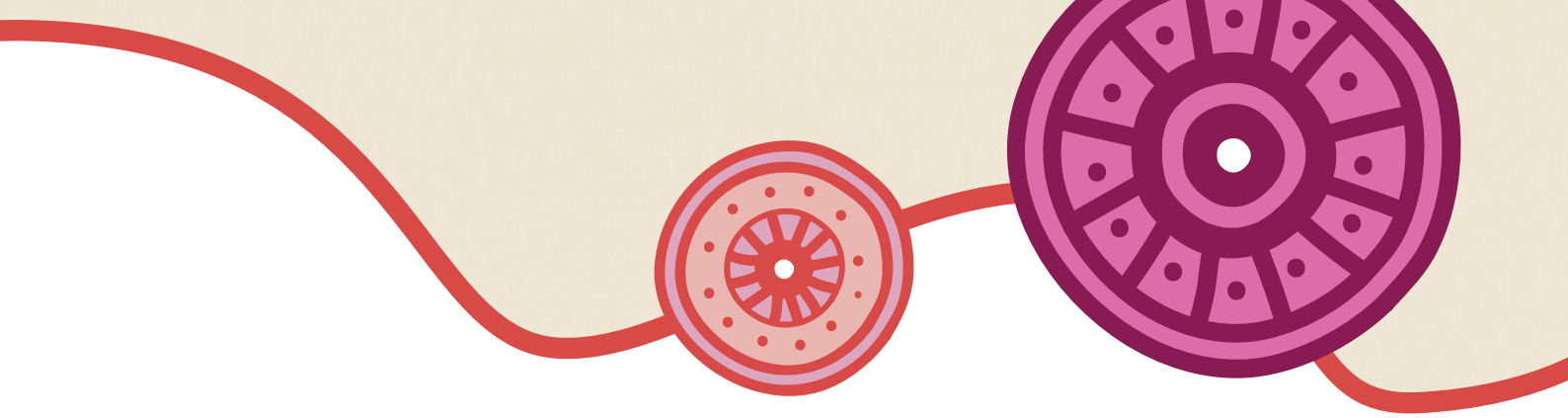
- **Indigenous Health Workforce Traineeships (IHWT) Program** supports the Australian Government to improve Aboriginal and Torres Strait Islander peoples' health outcomes by ensuring they have access to culturally appropriate health care services. It intends to increase the number of skilled Aboriginal and Torres Strait Islander people working in Aboriginal and Torres Strait Islander primary health care, creating viable career pathways and building the capacity of Aboriginal Community Controlled Health Services (ACCHS)
- **Workforce Incentive Program (WIP)** gives financial incentives to encourage doctors to deliver services in rural and remote areas, and to support general practices and hospitals to engage Aboriginal and Torres Strait Islander doctors, health workers, nurses, and eligible allied health professionals
- **New Careers for Aboriginal People Program (NCAP)** funds organisations to employ and train people as NCAP officers who are in touch with community needs to assist Aboriginal people into jobs and/or training
- **NSW Ambulance Australian Aboriginal and Torres Strait Islander candidates** provides a designated employment pathway for Aboriginal people as graduate paramedics, trainee paramedics, control centre officers and communications assistants.





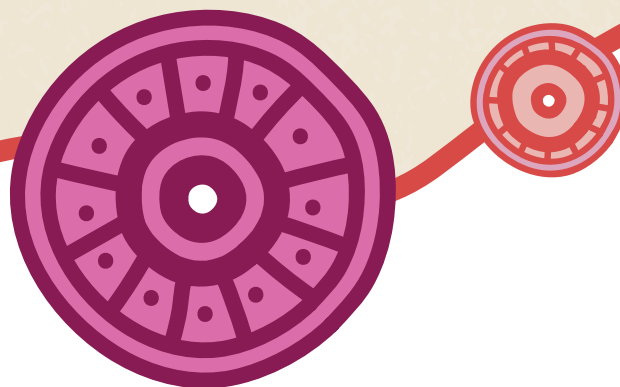
## Strategic Direction 1 – Implementation Framework

Implementation strategies	What this looks like in practice	Timeframe for completion	Responsible
<i>What strategies must be implemented to support the outcome?</i>		<i>Short (within 4 years), Medium (within 6 years) or Long term (10+ years).</i>	<i>Who is responsible for the action (Lead, Partner and Support)?</i>
<b>1.1. Revise, expand and nationally standardise the professional scopes of practice for:</b> <ul style="list-style-type: none"><li>• Aboriginal and Torres Strait Islander Health Workers (ATSIHW)</li><li>• Aboriginal and Torres Strait Islander Health Practitioners (ATSIHP).</li></ul>	<p><b>What success looks like</b></p> <p>Key health and education stakeholders work collaboratively to revise the scopes of practice and associated education pathways. ATSIHWs and ATSIHPs report a high level of acceptance of the nationally standardised scopes of practice across all models of care.</p> <p><b>The difference this will make</b></p> <p>The role and scope of ATSIHWs' and ATSIHPs' work is nationally supported, understood and respected. ATSIHWs and ATSIHPs are meaningfully incorporated in mainstream models of care. The scopes of practice provide the foundation for individual scopes of practice within local service models, clinical governance and legislation. More ATSIHWs and ATSIHPs report they are working to scopes of practice.</p>	<p><b>Medium</b></p> <p>Professional scopes of practice are finalised by 2026.</p>	<p><b>Leads</b></p> <p>National Association of Aboriginal and Torres Strait Islander Health Workers and Practitioners (NAATSIHWP). Aboriginal and Torres Strait Islander Health Practice Board of Australia (ATSIHPBA).</p> <p><b>Partners</b></p> <p>Aboriginal and Torres Strait Islander Health Worker Industry Reference Committee. Australian Government Department of Health. State and territory departments with responsibility for education and training. State and territory departments with responsibility for health. National Aboriginal Community Controlled Health Organisations (NACCHO) and Affiliates. Aboriginal Community Controlled Health Services (ACCHS). Registered Training Organisations (RTO).</p>
<b>1.2. Harmonise medicines authorities across all jurisdictions for Aboriginal and Torres Strait Islander health practitioners, aligned to the defined professional scopes of practice.<sup>3</sup></b>	<p><b>What success looks like</b></p> <p>Key health stakeholders work collaboratively to review and define the scope of ATSIHPs that harmonises medicines authorities across all jurisdictions.</p> <p><b>The difference this will make</b></p> <p>Competent, responsive and consistent medicines supply and administration for Aboriginal and Torres Strait Islander health practitioners across Australia.</p>	<p><b>Medium</b></p> <p>Jurisdictional medicine authorities are harmonised by 2026.</p> <p>Medicines authorities are implemented within consistent clinical governance arrangements by 2026.</p>	<p><b>Leads</b></p> <p>Australian Government. State and territory departments with responsibility for health.</p> <p><b>Partners</b></p> <p>NAATSIHWP. Congress of Aboriginal and Torres Strait Islander Nurses and Midwives (CATSiNaM). ATSIHPBA. NACCHO and Affiliates.</p>



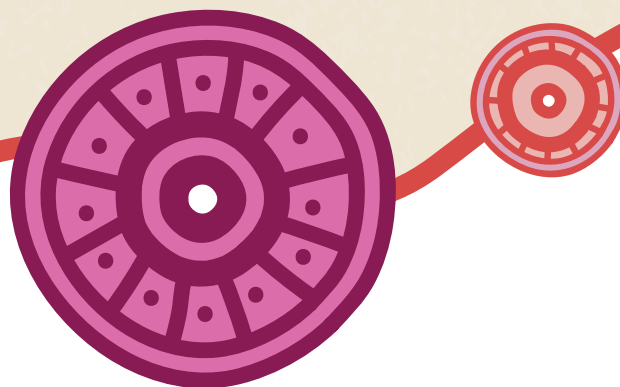
Implementation strategies	What this looks like in practice	Timeframe for completion	Responsible
<i>What strategies must be implemented to support the outcome?</i>		<i>Short (within 4 years), Medium (within 6 years) or Long term (10+ years).</i>	<i>Who is responsible for the action (Lead, Partner and Support)?</i>
<b>1.3. Implement attractive and accessible pathways:</b> <ul style="list-style-type: none"> <li>for Aboriginal and Torres Strait Islander people to return to work across the health sector</li> <li>to retain and grow the existing Aboriginal and Torres Strait Islander health workforce.</li> </ul>	<p><b>What success looks like</b></p> <p>Relevant support and incentives to return to the health sector are available in all jurisdictions for the Aboriginal and Torres Strait Islander health workforce.</p> <p>Specific supports and incentives are available to support Aboriginal and Torres Strait Islander people with disability to work in health.</p> <p>Tailored marketing campaigns on returning to the health sector are available in all jurisdictions for ATSIHWs and ATSIHPs.</p> <p>Relevant courses to refresh and develop new skills are available in all jurisdictions for Aboriginal and Torres Strait Islander people who return to and remain in the health workforce.</p> <p><b>The difference this will make</b></p> <p>An increase in the number and proportion of Aboriginal and Torres Strait Islander people who return to and remain in the health workforce.</p> <p>An increase in the number and proportion of Aboriginal and Torres Strait Islander people with disability employed in the health workforce.</p>	<p><b>Short</b></p>	<p><b>Leads</b></p> <p>State and territory departments with responsibility for education and training.</p> <p>Australian Government Department of Social Services (DSS).</p> <p>National Disability Insurance Agency (NDIA).</p> <p>NACCHO and Affiliates.</p> <p>National Aboriginal and Torres Strait Islander Health Professional Organisations (ATSIHPOs).</p> <p><b>Partners</b></p> <p>Employers of Aboriginal and Torres Strait Islander health workforce.</p> <p>Tertiary Education Sector.</p> <p><b>Supports</b></p> <p>National boards.</p> <p>Primary Health Networks (PHN).</p> <p>Mainstream employment services.</p>

<sup>3</sup> Inconsistent medicines authorities across jurisdictions means the scope of Aboriginal and Torres Strait Islander Health Practitioners changes per jurisdiction. This makes it difficult for the mobility of Aboriginal and Torres Strait Islander Health Practitioners and their employment opportunities across jurisdictions. Harmonising medicines authorities will enable consistency in the competent and responsive supply and administration of drugs by Aboriginal and Torres Strait Islander Health Practitioners across Australia and support Aboriginal and Torres Strait Islander Health Practitioners working to their full scopes of practices.



Implementation strategies	What this looks like in practice	Timeframe for completion	Responsible
<i>What strategies must be implemented to support the outcome?</i>		<i>Short (within 4 years), Medium (within 6 years) or Long term (10+ years).</i>	<i>Who is responsible for the action (Lead, Partner and Support)?</i>
<b>1.4. Implement flexible workplace and education arrangements, and place-based education.</b>	<p><b>What success looks like</b></p> <p>Key health and education stakeholders work collaboratively on new ways to deliver on the job training and/or release from work to attend education and training.</p> <p>A partnership of ACCHS and other key health and education stakeholders develops a suite of micro-credentialed courses to support skills development for the new and existing Aboriginal and Torres Strait Islander workforce.</p> <p><b>The difference this will make</b></p> <p>An increase in the number of practical pathways for on-the-job training and flexible workplace arrangements available.</p> <p>An increase in the number and proportion of Aboriginal and Torres Strait Islander staff accessing education and training, particularly those in rural and remote locations, and people with disability.</p>	<p><b>Short to medium</b></p>	<p><b>Leads</b></p> <p>State and territory departments with responsibility for education and training.</p> <p>NACCHO and Affiliates.</p> <p>ATSIHPOs.</p> <p><b>Partners</b></p> <p>Private hospital associations.</p> <p>Private general practices.</p> <p>Specialist medical colleges.</p> <p>Australian Commission on Safety and Quality in Health Care.</p> <p>Employers of Aboriginal and Torres Strait Islander health workforce.</p> <p>DSS.</p> <p>NDIA.</p> <p><b>Supports</b></p> <p>Aboriginal and Torres Strait Islander Health Worker Industry Reference Committee.</p> <p>Tertiary Education Sector.</p>

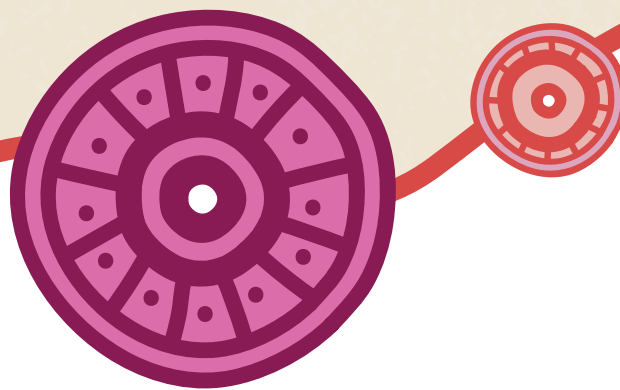
Implementation strategies	What this looks like in practice	Timeframe for completion	Responsible
<i>What strategies must be implemented to support the outcome?</i>		<i>Short (within 4 years), Medium (within 6 years) or Long term (10+ years).</i>	<i>Who is responsible for the action (Lead, Partner and Support)?</i>
1.5. Expand and enhance clinical, workplace and cultural peer support mentoring and leadership programs at the national and jurisdictional level.	<p><b>What success looks like</b></p> <p>Clinical, workplace and cultural peer support mentoring programs for Aboriginal and Torres Strait Islander staff are delivered nationally and in all jurisdictions.</p> <p>Aboriginal and Torres Strait Islander participants report programs are culturally safe.</p> <p><b>The difference this will make</b></p> <p>Aboriginal and Torres Strait Islander participants report improved job satisfaction, more effective support and career development opportunities.</p>	Short	<p><b>Leads</b></p> <p>NACCHO and Affiliates. ATSIHPOs. Lowitja Institute. State and territory departments with responsibility for health.</p> <p><b>Partners</b></p> <p>Private hospital associations. Private general practices.</p>
1.6. Enhance existing and establish new Aboriginal and Torres Strait Islander health workforce peer support networks in all jurisdictions.	<p><b>What success looks like</b></p> <p>Aboriginal and Torres Strait Islander health workforce peer support networks are accessible in all jurisdictions.</p> <p>Health organisations seek and act on advice from peer support networks about effective workforce support strategies.</p> <p><b>The difference this will make</b></p> <p>Aboriginal and Torres Strait Islander participants report improved support structures and skill development.</p>	Short	<p><b>Leads</b></p> <p>State and territory departments with responsibility for health. NACCHO and Affiliates. ATSIHPOs. Lowitja Institute.</p> <p><b>Partners</b></p> <p>PHNs. Private hospital associations. Private general practices.</p> <p><b>Supports</b></p> <p>Australian Government.</p>



Implementation strategies	What this looks like in practice	Timeframe for completion	Responsible
<i>What strategies must be implemented to support the outcome?</i>		<i>Short (within 4 years), Medium (within 6 years) or Long term (10+ years).</i>	<i>Who is responsible for the action (Lead, Partner and Support)?</i>
<b>1.7. Grow and support the Aboriginal and Torres Strait Islander Environmental Health Workforce.</b>	<p><b>What success looks like</b></p> <p>Environmental health is recognised as a critical component for improving Aboriginal and Torres Strait Islander peoples health outcomes.</p> <p>Environmental health practitioners and health officers are locally recruited.</p> <p><b>The difference this will make</b></p> <p>An increase in the number and proportion of Aboriginal and Torres Strait Islander people studying and graduating with qualifications in environmental health.</p> <p>Enough environmental health practitioners and health officers employed in all jurisdictions to meet community needs.</p>	Medium	<p><b>Lead</b></p> <p>State and territory departments with responsibility for health.</p> <p><b>Partners</b></p> <p>State and territory departments with responsibility for education and training.</p> <p>Expert Reference Panel on Aboriginal and Torres Strait Islander Environmental Health.</p> <p>NACCHO and Affiliates.</p> <p>Environmental Health Australia.</p> <p>Lowitja Institute.</p> <p><b>Supports</b></p> <p>Tertiary Education Sector.</p> <p>Indigenous Land Councils.</p> <p>Local government authorities.</p> <p>State and territory departments responsible for housing and environment.</p> <p>ACCHS.</p>



Implementation strategies	What this looks like in practice	Timeframe for completion	Responsible
<i>What strategies must be implemented to support the outcome?</i>		<i>Short (within 4 years), Medium (within 6 years) or Long term (10+ years).</i>	<i>Who is responsible for the action (Lead, Partner and Support)?</i>
<b>1.8. Grow and support the Aboriginal and Torres Strait Islander workforce for social and emotional wellbeing, mental health, suicide prevention, and alcohol and other drugs.</b>	<p><b>What success looks like</b></p> <p>Aboriginal and Torres Strait Islander workforce elements of these current and future plans are fully implemented:</p> <ul style="list-style-type: none"> <li>• National Strategic Framework for Aboriginal and Torres Strait Islander Mental Health and Social and Emotional Wellbeing 2017–2023</li> <li>• 5th National Mental Health and Suicide Prevention Plan: Implementation Plan and future plans</li> <li>• National Framework for Alcohol, Tobacco and Other Drug Treatment (2019–2029)</li> <li>• National Aboriginal and Torres Strait Islander Suicide Prevention Strategy 2021–2031.</li> </ul> <p><b>The difference this will make</b></p> <p>An increase in the number and proportion of Aboriginal and Torres Strait Islander people studying and graduating with qualifications in social and emotional wellbeing and mental health.</p> <p>Culturally and clinically appropriate specialist health care including traditional and cultural healing is available in all jurisdictions, according to need.</p>	Short to medium	<p><b>Leads</b></p> <p>State and territory departments with responsibility for health.</p> <p>Australian Government Department of Health.</p> <p>ATSIHPOs.</p> <p>Gayaa Dhuwi (Proud Spirit).</p> <p><b>Partners</b></p> <p>NIAA.</p> <p>PHNs.</p> <p>Private hospital associations.</p> <p>Private general practices.</p> <p>Outreach providers.</p> <p>NACCHO and Affiliates.</p> <p>ACCHS.</p> <p><b>Supports</b></p> <p>Tertiary Education Sector.</p>



## Case Studies

### **Establishing culturally safe models of care: the importance of the Aboriginal and Torres Strait Islander Health Worker and Health Practitioner workforces.**

Any health care service for Aboriginal and Torres Strait Islander peoples, across the whole health system, must never inflict harm or neglect. Systemic racism and a lack of cultural safety remain significant barriers to health care access and better health outcomes for Aboriginal and Torres Strait Islander peoples.

Within Australia's health system Aboriginal and Torres Strait Islander Health Workers and Health Practitioners are often the only culturally safe and responsive source of care for Aboriginal and Torres Strait Islander peoples.

Together, these professions connect Aboriginal and Torres Strait Islander peoples to health care, filling a critical gap in Australia's health system. With a combination of clinical, cultural, and community development skills, they act as cultural brokers and health system navigators, and provide a high standard of culturally safe care. They have a holistic understanding of health and value cultures, giving them the ability to support community members to navigate a disparate health system.

Of the professions, Aboriginal and Torres Strait Islander Health Practitioners, have a particularly high level of clinical skills and are trained to work autonomously. To recognise this, they must meet practice standards and register under the Australian Health Practitioner Regulation Agency (Ahpra) national registration and accreditation scheme with the Aboriginal and Torres Strait Islander Health Practice Board. This has been a requirement since 2012.

The professional integration of Aboriginal and Torres Strait Islander Health Workers and Health Practitioners into health care teams is critical to best practice models of care. It leads to:

- improved access and take up of services
- more effective diagnoses and treatments
- early intervention and prevention.

Evidence directly connects the cultural care this workforce provides to improved health outcomes across the life course. It shows that providing services to Aboriginal and Torres Strait Islander peoples must be shaped and guided through a cultural lens.

Investing in the professional integration and expansion of the Aboriginal and Torres Strait Islander Health Worker and Health Practitioner workforce delivers governments and Aboriginal and Torres Strait Islander peoples health, employment and education outcomes.

## Dr Andrea Simpson: allied health research.

Allied health professionals play a vital role in the sector, delivering health care services that contribute to a person's physical, sensory, psychological, cognitive, social, emotional and cultural wellbeing. Aboriginal and Torres Strait Islander allied health professionals play a critical role in delivering health care in a manner that is culturally safe and responsive to community needs.<sup>58</sup>

However, despite Aboriginal and Torres Strait Islander Australians being 1.5 times more likely to work in the health and social services sector than other Australians, only 0.6% of registered allied health professionals identify as Aboriginal or Torres Strait Islander.<sup>59</sup> Dr Andrea Simpson, an Equity Fellow at the National Centre for Student Equity in Higher Education, is undertaking research to combat this.

Her research aims to understand the experiences of Aboriginal and Torres Strait Islander people entering allied health professions and to identify strategies to strengthen the pipeline between VET qualifications and higher education allied health coursework. In doing so, she hopes to increase Aboriginal and Torres Strait Islander representation in the allied health sector to allow for more culturally safe care.

Dr Simpson's research highlights key barriers for Aboriginal and Torres Strait Islander people entering the allied health profession, including:

- unclear pathways to transition from VET to higher education
- lack of integration with and access to support outside Indigenous support units
- feeling unsafe on placements and in the workplace.<sup>60</sup>

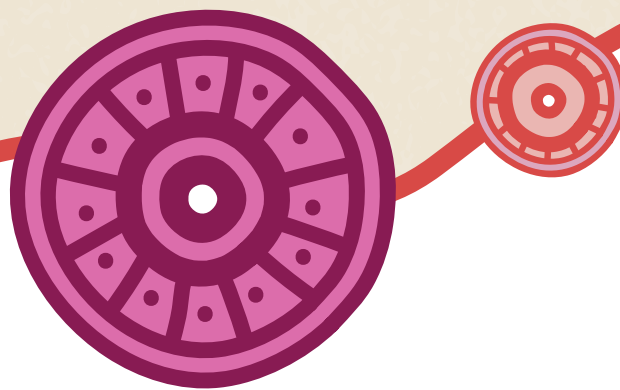
With many graduates frequently being the only First Nations students in their class, Indigenous Support Units provide much-needed respite and a sense of community. These units also go beyond academic support, providing students with a place of cultural safety. Many graduates expressed that these units provided a sense of community and belonging and were essential in supporting them throughout their degrees.

Dr Simpson's comparison of socio-demographic profiles showed allied health was a more accessible career than others for Aboriginal and Torres Strait Islander people. Out of the several indicators in the findings, regional campuses and multiple entry pathways contributed to higher Aboriginal and Torres Strait Islander enrolments.

Cathy, an Indigenous social work graduate interviewed by Dr Simpson, highlighted the importance of the Indigenous Support Unit at her university in getting her through her studies. Like many, Cathy was motivated by a desire to make a difference. Cathy decided to enrol in a social work degree as a mature age student and join her daughter at university. She had previously enrolled in university but left after her second semester before completing TAFE qualifications in community services. Her previous studies and work experience had allowed her to gain credits for her first year of study. Despite having significant caring responsibilities, without a place to study at home and no internet, Cathy completed her degree in four years. She attributes this to her Indigenous Support Unit, which provided her with a place to study and a community to feel connected.<sup>61</sup>

Dr Simpson's research highlights that significant barriers still exist for Aboriginal and Torres Strait Islander Australians entering the allied health professions. Despite this, her research paves a path forward for higher education to support individuals like Cathy to a career in allied health.

For more information about allied health support refer to Strategic Direction 4.



## 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

**This strategic direction recognises the cultural value that the Aboriginal and Torres Strait Islander health workforce provides across all health disciplines.**

Implementation strategies for Strategic Direction 2 support skill development and capacity building, so that:

- Aboriginal and Torres Strait Islander people are regularly and meaningfully involved in state, regional and local workforce planning, management, decision making and governance activities
- Aboriginal and Torres Strait Islander health staff enhance their leadership capability at all levels, from entry-level to leadership positions
- clinical and cultural supervision is effective, tailored to community needs, and free of racism and discrimination
- personal and professional development opportunities for Aboriginal and Torres Strait Islander health professionals are tailored to their needs and support inter-professional collaboration and networks
- new health professionals graduate with skills to advocate for and deliver culturally safe health care for Aboriginal and Torres Strait Islander peoples
- Aboriginal and Torres Strait Islander people can access micro-credentialed health workforce training that is linked to employment opportunities across health career pathways.

### Links to Closing the Gap Priority Reforms

**Priority Reform 1 – Formal partnerships and shared decision making.**

**Priority Reform 2 – Building the community-controlled sector.**

### Existing supporting initiatives

The Australian Government recognises existing programs and initiatives across governments that support the intended outcomes of the National Workforce Plan.

These are some of the Australian Government and state and territory programs and initiatives that support Strategic Direction 2 (see Appendix 9 for a full list of programs and initiatives mentioned in the National Workforce Plan):

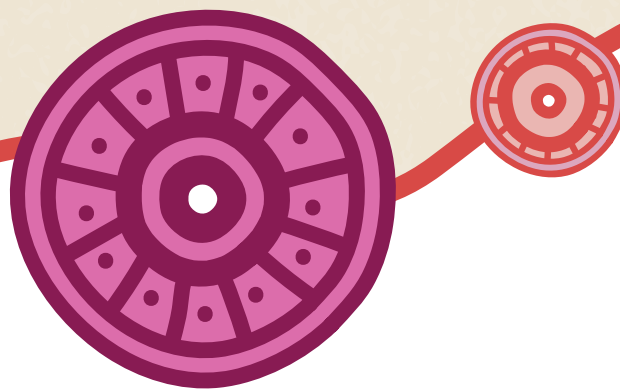
- **Leaders in Indigenous Medical Education (LIME) Network** is a program of Medical Deans Australia and New Zealand, funded by the Australian Government Department of Health. The LIME Network key objectives are to ensure:
  - quality and effective teaching and learning of Aboriginal and Torres Strait Islander health in medical education
  - best practice in recruiting and retaining Aboriginal and Torres Strait Islander medical students.
- **Leaders in Indigenous Nursing and Midwifery Education Network (LINMEN)** is a project of the Congress of Aboriginal and Torres Strait Islander Nurses and Midwives (CATSINaM), funded by the Australian Government Department of Health. LINMEN was created to establish a network to improve the quality of cultural safety education and training for students and educators in nursing and midwifery.

- **The Way Ahead for Aboriginal People** provides mentoring services for Aboriginal apprentices and trainees who need additional support in the workplace. Mentors are chosen because of their experience and acceptance within Aboriginal and Torres Strait Islander communities. Aboriginal mentors guide and support the apprentice or trainee, visit their workplace if needed, and talk to employers and other supports.
- **Workforce Development and Support Units (WDSU)** operate across the country, working with local Aboriginal and Torres Strait Islander community organisations and workers to identify training needs and facilitate access to education, training and professional development opportunities. This supports the skill sets organisations require and the upskilling and support needs of the SEWB and AOD workforces.


## Strategic Direction 2 – Implementation Framework

Implementation strategies	What this looks like in practice	Timeframe for completion	Responsible
<i>What strategies must be implemented to support the outcome?</i>		<i>Short (within 4 years), Medium (within 6 years) or Long term (10+ years).</i>	<i>Who is responsible for the action (Lead, Partner and Support)?</i>
<b>2.1 Establish and resource 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.</b>	<p><b>What success looks like</b></p> <p>All members of each formal partnership at state, regional and local levels report a high level of satisfaction with their new partnership model and how they are resourced.</p> <p><b>The difference this will make</b></p> <p>The new partnership models create co-designed, jurisdictional Aboriginal and Torres Strait Islander health workforce plans and initiatives at state, regional and local levels.</p>	<b>Short</b>	<p><b>Partners</b></p> <p>State and territory departments with responsibility for education and training.</p> <p>State and territory departments with responsibility for health.</p> <p>Local Health Networks (LHN).</p> <p>Aboriginal and Torres Strait Islander Health Professional Organisations (ATSIHPOs).</p> <p>National Aboriginal Community Controlled Health Organisations (NACCHO) and Affiliates.</p> <p>Torres Strait Regional Authority (TSRA).</p> <p>Tertiary Education Sector.</p> <p>Primary Health Networks (PHN).</p> <p><b>Support</b></p> <p>Australian Government Department of Health.</p>

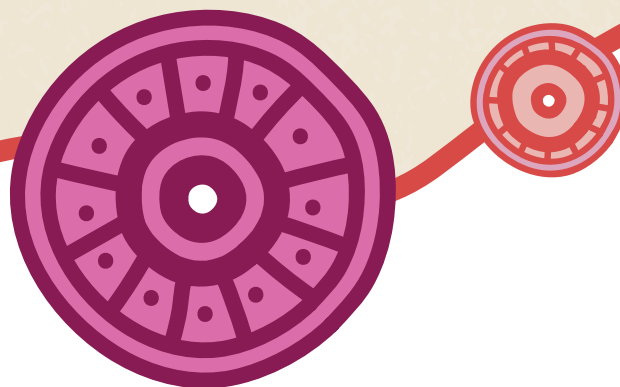




Implementation strategies	What this looks like in practice	Timeframe for completion	Responsible
<i>What strategies must be implemented to support the outcome?</i>		<i>Short (within 4 years), Medium (within 6 years) or Long term (10+ years).</i>	<i>Who is responsible for the action (Lead, Partner and Support)?</i>
<b>2.2 Develop and deliver jurisdictional Aboriginal and Torres Strait Islander health workforce plans and initiatives.</b>	<p><b>What success looks like</b></p> <p>Jurisdictional Aboriginal and Torres Strait Islander workforce plans are stand-alone documents, which are:</p> <ul style="list-style-type: none"> <li>consistent with the intended outcomes of this National Workforce Plan</li> <li>co-designed with the Aboriginal and Torres Strait Islander community-controlled health sector, in partnership with the higher education providers.</li> </ul> <p>All jurisdictional workforce plans include meaningful and measurable key performance indicators (KPI), including:</p> <ul style="list-style-type: none"> <li>mandatory minimum Indigenous participation requirements for employment</li> <li>procurement policies to increase opportunities for Aboriginal and Torres Strait Islander people.</li> </ul> <p><b>The difference this will make</b></p> <p>Regular and relevant data on progress and outcomes against KPIs contribute to evaluation of the National Workforce Plan.</p> <p>Aboriginal and Torres Strait Islander health professionals report a strengthening of their clinical and non-clinical skills, capabilities and knowledge.</p>	<p><b>Short</b></p> <p>All jurisdictions have Aboriginal and Torres Strait Islander stand-alone health workforce plans and initiatives by 2024.</p>	<p><b>Leads</b></p> <p>State and territory departments with responsibility for health. LHNs. ATSIHPOs. Australian Government Department of Health and contracted bodies, such as Rural Health Workforce Agencies, Rural Health Multidisciplinary Training (RHMT) funded bodies and PHNs.</p> <p><b>Partner</b></p> <p>Tertiary Education Sector.</p>

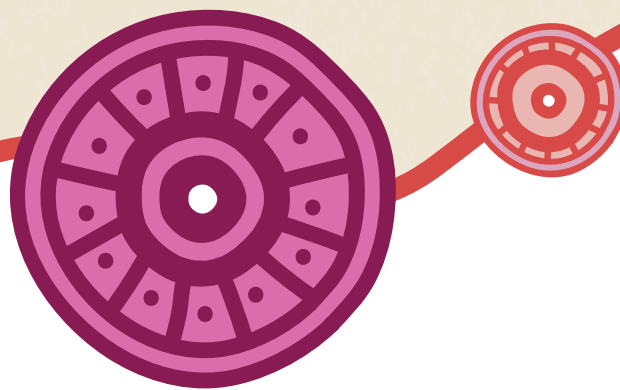


Implementation strategies	What this looks like in practice	Timeframe for completion	Responsible
<i>What strategies must be implemented to support the outcome?</i>		<i>Short (within 4 years), Medium (within 6 years) or Long term (10+ years).</i>	<i>Who is responsible for the action (Lead, Partner and Support)?</i>
<b>2.3 Expand opportunities to strengthen the Aboriginal and Torres Strait Islander health workforce's leadership capabilities.</b>	<p><b>What success looks like</b></p> <p>Customised Aboriginal and Torres Strait Islander workforce development leadership programs, professional development or mentoring are accessible in all jurisdictions.</p> <p>Aboriginal and Torres Strait Islander participants report a high level of satisfaction with program relevance and quality.</p> <p><b>The difference this will make</b></p> <p>Aboriginal and Torres Strait Islander participants report that leadership programs assisted them to apply for and secure leadership roles in health, health policy and health research.</p> <p>An increase in the number and proportion of Aboriginal and Torres Strait Islander people in health, health policy and health research leadership roles and high-level governance structures.</p>	Short	<p><b>Leads</b></p> <p>Australian Government Department of Health.</p> <p>State and territory departments with responsibility for health.</p> <p>ATSIHPOs.</p> <p><b>Support</b></p> <p>Tertiary Education Sector.</p>




Implementation strategies	What this looks like in practice	Timeframe for completion	Responsible
<i>What strategies must be implemented to support the outcome?</i>		<i>Short (within 4 years), Medium (within 6 years) or Long term (10+ years).</i>	<i>Who is responsible for the action (Lead, Partner and Support)?</i>
<b>2.4 Enhance and strengthen the capacity, capability and leadership of ATSIHPOs.</b>	<p><b>What success looks like</b></p> <p>ATSIHPOs' membership has a high proportion of Aboriginal and Torres Strait Islander health professionals.</p> <p>ATSIHPO members report a high level of satisfaction with ATSIHPO activities and the support they can access.</p> <p>ATSIHPOs report they have capacity to meet their role in implementing the National Workforce Plan.</p> <p><b>The difference this will make</b></p> <p>ATSIHPOs gain long-term funding.</p> <p>ATSIHPOs contribute to:</p> <ul style="list-style-type: none"> <li>improved recruitment, retention and career progression in the Aboriginal and Torres Strait Islander health workforce</li> <li>more effective health career pathway programs with Aboriginal and Torres Strait Islander communities.</li> </ul>	<p><b>Short</b></p>	<p><b>Leads</b></p> <p>Australian Government Department of Health.</p> <p>ATSIHPOs.</p> <p><b>Partner</b></p> <p>State and territory departments with responsibility for health.</p> <p><b>Support</b></p> <p>Tertiary Education Sector.</p>

Implementation strategies	What this looks like in practice	Timeframe for completion	Responsible
<i>What strategies must be implemented to support the outcome?</i>		<i>Short (within 4 years), Medium (within 6 years) or Long term (10+ years).</i>	<i>Who is responsible for the action (Lead, Partner and Support)?</i>
<b>2.5 Establish a network that focuses on leaders in Indigenous allied health education and training.</b>	<p><b>What success looks like</b></p> <p>Educators, universities and Registered Training Organisations (RTOs) delivering allied health courses:</p> <ul style="list-style-type: none"> <li>• are well-represented in the network membership</li> <li>• have high participation rates in network activities and events.</li> </ul> <p><b>The difference this will make</b></p> <p>Educators, universities and RTOs delivering allied health courses and students report improved capacity to:</p> <ul style="list-style-type: none"> <li>• develop and deliver cultural safety curricula</li> <li>• create culturally safe learning environments</li> <li>• graduate health professionals with skills and leadership in cultural safety.</li> </ul> <p>There is comprehensive implementation of the National Aboriginal and Torres Strait Islander Health Curriculum Framework in allied health.</p>	Medium	<p><b>Lead</b></p> <p>Indigenous Allied Health Australia (IAHA).</p> <p><b>Partners</b></p> <p>Australian Government Department of Health.            Australian Rural Health Education Network.            Australian Council of Deans of Health Sciences.            Tertiary Education Sector.</p> <p><b>Supports</b></p> <p>Australian Government Department of Education Skills and Employment.            Royal Australian College of General Practitioners (RACGP),            Australian College of Rural and Remote Medicine (ACRRM)            and other peak training organisations.</p>

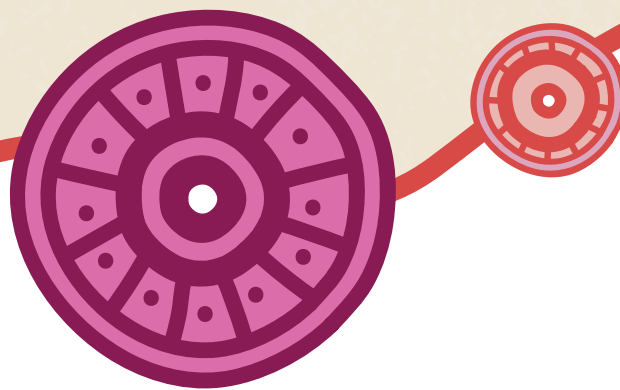


Implementation strategies	What this looks like in practice	Timeframe for completion	Responsible
<i>What strategies must be implemented to support the outcome?</i>		<i>Short (within 4 years), Medium (within 6 years) or Long term (10+ years).</i>	<i>Who is responsible for the action (Lead, Partner and Support)?</i>
<p><b>2.6 Enhance and expand investment in networks that focus on:</b></p> <ul style="list-style-type: none"> <li><b>leaders in Indigenous medical education</b></li> <li><b>leaders in Indigenous nursing and midwifery education.</b></li> </ul>	<p><b>What success looks like</b></p> <p>Educators, universities and RTOs delivering medicine, nursing and midwifery courses are:</p> <ul style="list-style-type: none"> <li>well represented in the membership of these networks</li> <li>have high participation rates in the networks' activities and events.</li> </ul> <p><b>The difference this will make</b></p> <p>Educators, universities and RTOs delivering medicine, nursing and midwifery courses and students report improved capacity to:</p> <ul style="list-style-type: none"> <li>develop and deliver cultural safety curricula</li> <li>create culturally safe learning environments</li> <li>graduate health professionals with skills and leadership in cultural safety.</li> </ul> <p>There is comprehensive implementation of the National Aboriginal and Torres Strait Islander Health Curriculum Framework in medicine, nursing and midwifery.</p>	<p><b>Medium</b></p>	<p><b>Leads</b></p> <p>Australian Indigenous Doctors' Association (AIDA).</p> <p>Congress of Aboriginal and Torres Strait Islander Nurses and Midwives (CATSINaM).</p> <p>Medical Deans Australia and New Zealand.</p> <p>Nursing and Midwifery Deans of Australia and New Zealand.</p> <p><b>Partners</b></p> <p>Tertiary Education Sector.</p> <p>Australian Government Department of Health.</p> <p>Council of Presidents of Medical Colleges (CPMC).</p> <p><b>Supports</b></p> <p>RACGP, ACRRM and other peak training organisations.</p>





Implementation strategies	What this looks like in practice	Timeframe for completion	Responsible
<i>What strategies must be implemented to support the outcome?</i>		<i>Short (within 4 years), Medium (within 6 years) or Long term (10+ years).</i>	<i>Who is responsible for the action (Lead, Partner and Support)?</i>
<b>2.7 Review and address micro-credential needs based on health workforce plans and initiatives at state, regional and local levels (Strategies 2.1 and 2.2), and the career pathways mapping project (Strategy 5.1).</b>	<p><b>What success looks like</b></p> <p>Existing micro-credentialing options and gaps are identified and mapped to relevant health workforce roles and needs.</p> <p>In partnership with Aboriginal Community Controlled Health Organisations (ACCHOs) and other key health providers, education providers develop a suite of micro-credentialed courses to support skills development for new and existing Aboriginal and Torres Strait Islander workforce.</p> <p><b>The difference this will make</b></p> <p>Existing and emerging Aboriginal and Torres Strait Islander health workforce enrol in micro-credentialing options that meet their employment and career-development needs.</p>	<p><b>Medium</b></p> <p>The review report is delivered within a year of health workforce plans and the career pathways mapping project being completed.</p>	<p><b>Lead</b></p> <p>Australian Government Department of Health.</p> <p><b>Partners</b></p> <p>ATSIHPOs. NACCHO and Affiliates. Employers of Aboriginal and Torres Strait Islander health workforce.</p> <p><b>Support</b></p> <p>Tertiary Education Sector.</p>



# Case Study

## Workforce Development and Support Units

In its capacity as a Registered Training Organisation (RTO), Nunkuwarrin Yunti, an Aboriginal community-controlled organisation, delivers accredited and non-accredited courses that meet industry demand and community needs. The Adelaide-based Workforce Development and Support Unit (WDSU) has done valuable work over the last two decades.<sup>§ 62</sup>

They support the Aboriginal and Torres Strait Islander health workforce to develop skills and build capacity, particularly in the social and emotional wellbeing (SEWB) sector.

One example is the Diploma of Narrative Approaches for Aboriginal People – a highly regarded course for health workers and other community workers on giving counselling and non-clinical mental health services to Aboriginal and Torres Strait Islander peoples. This Diploma, designed by Aboriginal and Torres Strait Islander people for Aboriginal and Torres Strait Islander peoples, enables the delivery of care that Aboriginal and Torres Strait Islander communities expect.<sup>63</sup>

Regina Newchurch, a 2016 Diploma graduate and Australian Counselling Association Outstanding Award winner, has experienced the benefits of this course firsthand.

‘The experience of the Diploma of Narrative Approaches helped open up a new way of communicating and listening to “the story” of where it all began and the reasons behind why it is now,’ Regina said.


‘It is not only great for enhancing your skills with work deliveries to your own communities around SEWB, it also creates moments for yourself in regard to your own self-care and self-reflection. This allows you to become stronger within yourself which in the end enables you to encourage others to take the same journey to experience it for themselves.’<sup>64</sup>

Nunkuwarrin Yunti is one of seven WDSUs operating across the country. These organisations work with Aboriginal and Torres Strait Islander community organisations and workers to provide needs-based support to National Indigenous Australians’ Agency-funded SEWB and alcohol and other drugs workforces.

They do this by:

- providing access to culturally responsive, nationally recognised training
- facilitating continuing professional development opportunities
- promoting the importance of professional supervision, regular debriefing, cultural mentoring and peer support
- coordinating access to professional networks and knowledge sharing.

WDSUs continue to make great progress in supporting Aboriginal and Torres Strait Islander people to access essential skills so they can participate in the health workforce.



# 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

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**This strategic direction ensures Aboriginal and Torres Strait Islander people work in culturally safe and responsive health workplaces that are free from racism and discrimination.**

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Implementation strategies for Strategic Direction 3 are designed so that:

- workplaces are free of racism and supportive of Aboriginal and Torres Strait Islander staff, clients, community members and students
- staff across the whole health system are better equipped and supported to create culturally safe and responsive environments
- new health professionals graduate with skills to advocate for and deliver culturally safe health care for Aboriginal and Torres Strait Islander peoples
- all health professionals have the skills to advocate for and deliver culturally safe health care for Aboriginal and Torres Strait Islander peoples
- organisations value and recognise the unique knowledge and skillsets of their Aboriginal and Torres Strait Islander health staff
- mechanisms are in place to ensure that cultural safety training translates into improved experiences and outcomes for Aboriginal and Torres Strait Islander workers.

## Links to Closing the Gap Priority Reforms

**Priority Reform 1 – Formal partnerships and shared decision making.**

**Priority Reform 2 – Building the community-controlled sector.**

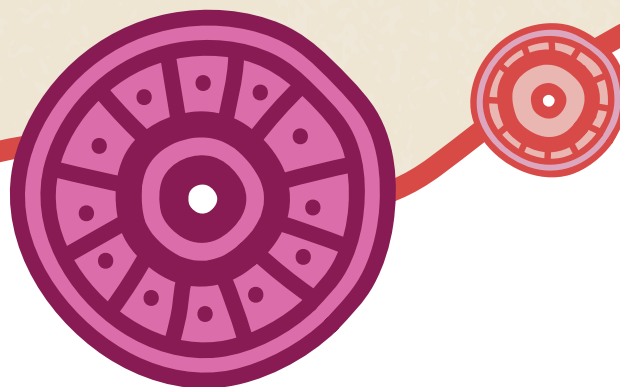
**Priority Reform 3 – Transforming government organisations.**

## Existing supporting initiatives

The Australian Government recognises existing programs and initiatives across governments that support the intended outcomes of the National Workforce Plan.

These are some of the Australian Government and state and territory programs and initiatives that support Strategic Direction 3 (see Appendix 9 for a full list of programs and initiatives mentioned in the National Workforce Plan).

- **Feeling Deadly, Working Deadly resource toolkit** is aimed at reducing stress and burnout for Aboriginal and Torres Strait Islander alcohol and other drug (AOD) workers and enhancing their wellbeing. It forms part of the National Centre for Education and Training on Addiction's (NCETA) efforts on Aboriginal and Torres Strait Islander Worker wellbeing.
- **Indigenous Employment Initiatives (IEI)** aims to improve the cultural appropriateness of aged care services available to older Aboriginal and Torres Strait Islander people. The IEI program funds over 100 Aboriginal and Torres Strait Islander aged care services to employ support staff and provide them with accredited training.



- **Respecting the Difference: Aboriginal Cultural Training Framework for NSW Health** helps build cultural competencies and greater understanding of processes and protocols for delivering health services to Aboriginal people. The purpose of the training is to motivate NSW Health staff to build positive and meaningful relationships with Aboriginal clients, visitors and staff.
- **Stepping Up** is an online recruitment resource for Aboriginal and Torres Strait Islander applicants and hiring managers. Stepping Up helps:
  - job applicants apply for roles in NSW Health by clarifying the recruitment process
  - hiring managers by addressing their challenges so they can structure recruitment to roles within NSW Health.

### Strategic Direction 3 – Implementation Framework

Implementation strategies	What this looks like in practice	Timeframe for completion	Responsible
<i>What strategies must be implemented to support the outcome?</i>		<i>Short (within 4 years), Medium (within 6 years) or Long term (10+ years).</i>	<i>Who is responsible for the action (Lead, Partner and Support)?</i>
<p><b>3.1. Government and non-government organisations undertake cultural safety reviews and remedial actions to address the legacy of institutional racism in the health, education and training sectors.</b></p>	<p><b>What success looks like</b></p> <p>Aboriginal and Torres Strait Islander staff and community members are involved in designing and implementing cultural safety reviews and responding to outcomes.</p> <p>Organisations, their Aboriginal and Torres Strait Islander staff and community members co-design revised or new policies, procedures, and practices that address cultural safety review outcomes.</p> <p>All health staff can readily access face-to-face and online cultural safety training, and cultural mentoring, support and/or supervision.</p> <p>All health and education settings have safe, supportive, reliable and confidential ways to report racism.</p> <p><b>The difference this will make</b></p> <p>Aboriginal and Torres Strait Islander health staff report reduced racism and improved cultural safety in organisations.</p> <p>Aboriginal and Torres Strait Islander clients, community members and/or students report</p>	Short to medium	<p><b>Leads</b></p> <p>Australian Government.</p> <p>State and territory departments with responsibility for education and training.</p> <p>State and territory departments with responsibility for health.</p> <p><b>Partners</b></p> <p>National Indigenous Australians Agency (NIAA).</p> <p>Local Health Networks (LHN).</p> <p>Health professional associations.</p> <p>Tertiary Education Sector.</p> <p><b>Supports</b></p> <p>Aboriginal Community Controlled Health Services (ACCHS) working with mainstream health, education and training sectors.</p> <p>Primary Health Networks (PHN).</p> <p>Aboriginal Liaison Officers (ALOs).</p> <p>Health and education accreditation bodies.</p>
<p><b>3.2. Government and non-government organisations develop, implement and evaluate cultural safety initiatives to eliminate all forms of racism and improve cultural safety in the health, education and training sectors.</b></p>			

### Implementation strategies

*What strategies must be implemented to support the outcome?*

### What this looks like in practice

reduced racism and improved cultural safety in organisations. Cultural safety training and skill development is embedded as a requirement in performance management and professional development for all staff in health, education and training sectors.

All staff recognise when they need cultural support and advice and seek it.

Organisations demonstrate reductions in racism and improvements in cultural safety.

Increased number and retention of Aboriginal and Torres Strait Islander workers across the health workforce.

### Timeframe for completion

*Short (within 4 years), Medium (within 6 years) or Long term (10+ years).*

### Responsible

*Who is responsible for the action (Lead, Partner and Support)?*

### 3.3. Develop an accreditation assessor's workforce of Aboriginal and Torres Strait Islander people and others who are culturally safe and aware.

#### What success looks like

Experienced and qualified Aboriginal and Torres Strait Islander accreditation assessors are members of all health and education accreditation assessment panels.

All non-Indigenous assessors complete mandated Aboriginal and Torres Strait Islander developed and led cultural safety training (as outlined at action 3.7).

#### The difference this will make

Increased accountability of all health professions in mainstream public and private sector services regarding the provision of culturally safe services and environments.

Medium

#### Lead

National boards and accreditation bodies.

#### Partner

Australian Health Practitioner Regulation Agency (Ahpra).

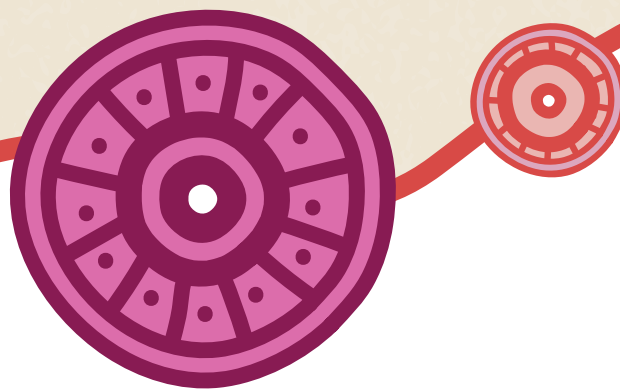
#### Supports

Australian Commission of Safety and Quality in Health Care.


Aboriginal and Torres Strait Islander Health Professional Organisations (ATSIHPOs).

National Aboriginal Community Controlled Health Organisation (NACCHO) and Affiliates.

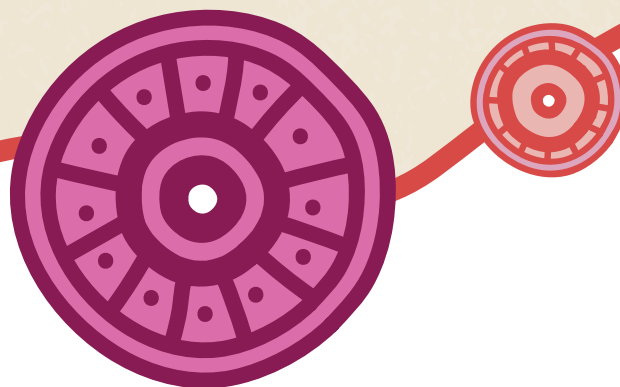




Implementation strategies	What this looks like in practice	Timeframe for completion	Responsible
<i>What strategies must be implemented to support the outcome?</i>		<i>Short (within 4 years), Medium (within 6 years) or Long term (10+ years).</i>	<i>Who is responsible for the action (Lead, Partner and Support)?</i>
<b>3.4. Establish and implement national standards for cultural safety training in health, education, training and research sectors and across governments.</b>	<p><b>What success looks like</b></p> <p>Development of the standards is led by Aboriginal and Torres Strait Islander industry experts. The standards are endorsed by national Aboriginal and Torres Strait Islander health organisations.</p> <p><b>The difference this will make</b></p> <p>Cultural safety training in health, education, training, and research sectors and across governments is consistent with the national standards.</p> <p>All tertiary education providers deliver cultural safety learning consistent with the national standards.</p>	Medium	<p><b>Lead</b></p> <p>Australian Government Department of Health.</p> <p><b>Partners</b></p> <p>ATSIHPOs. Tertiary Education Sector. Accreditation providers. Universities Australia. NACCHO and Affiliates. Lowitja Institute. All Australian Government departments. State and territory departments with responsibility for education and training. State and territory departments with responsibility for health. Universities Australia Curriculum accreditors.</p> <p><b>Supports</b></p> <p>Medical Deans. Nursing and Midwifery Deans. Health Science (Allied Health) Deans.</p>

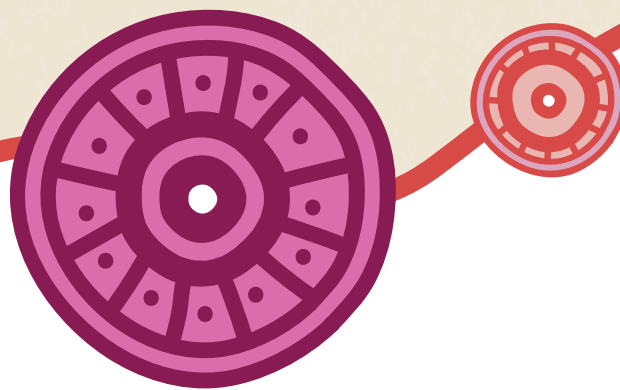


Implementation strategies	What this looks like in practice	Timeframe for completion	Responsible
<i>What strategies must be implemented to support the outcome?</i>		<i>Short (within 4 years), Medium (within 6 years) or Long term (10+ years).</i>	<i>Who is responsible for the action (Lead, Partner and Support)?</i>
<b>3.5. Develop a national Aboriginal and Torres Strait Islander cultural safety website.</b>	<p><b>What success looks like</b></p> <p>Health, education and training, research staff and other organisations can readily access and adapt resources to support in-house cultural safety training.</p> <p>Hiring managers have access to resources that include information on building and supporting a trauma informed workforce.</p> <p><b>The difference this will make</b></p> <p>Staff in health, education and training sectors, and research staff and organisations, use the website to support culturally safe health services and environments.</p> <p>Health, education, training, and research staff and organisations access information about existing cultural safety training and resources and can use them in any setting.</p>	Short	<p><b>Lead</b></p> <p>Australian Government Department of Health.</p> <p><b>Partners</b></p> <p>All members of the National Health Leadership Forum.</p> <p>Australian Commission of Safety and Quality in Health Care.</p> <p>Ahpra.</p> <p><b>Supports</b></p> <p>Accreditation bodies.</p> <p>ACCHS.</p> <p>NIAA.</p> <p>Elders.</p> <p>Traditional Owners.</p> <p>Training and education networks for specific health professionals (for example, the National Alliance for Pharmacy).</p>



Implementation strategies	What this looks like in practice	Timeframe for completion	Responsible
<i>What strategies must be implemented to support the outcome?</i>		<i>Short (within 4 years), Medium (within 6 years) or Long term (10+ years).</i>	<i>Who is responsible for the action (Lead, Partner and Support)?</i>
<b>3.6. Implement the Aboriginal and Torres Strait Islander Health Curriculum Framework in all health education and training programs.</b>	<p><b>What success looks like</b></p> <p>Aboriginal and Torres Strait Islander Elders, community leaders and/or experts in cultural safety are involved in planning, development and delivery of curriculum content.</p> <p>Tertiary education providers give evidence on how they're implementing the framework in line with its principles and elements.</p> <p><b>The difference this will make</b></p> <p>Aboriginal and Torres Strait Islander and other students have undertaken clinical placements in Aboriginal community-controlled health services, Aboriginal and Torres Strait Islander communities and appropriate mainstream public and private health and related settings before graduating.</p> <p>Cultural safety and Aboriginal and Torres Strait Islander strengths, cultures, and knowledge are embedded in all health education and training programs as a tertiary graduation requirement.</p>	<p>Medium</p>	<p><b>Leads</b></p> <p>Health and education accreditation bodies.</p> <p>State and territory departments with responsibility for education and training.</p> <p><b>Partners</b></p> <p>Tertiary education sector.</p> <p>Australian Government Department of Health.</p> <p>Aboriginal and Torres Strait Islander education networks.</p> <p>State and territory departments with responsibility for health.</p> <p><b>Supports</b></p> <p>ATSIHPOs.</p> <p>NACCHO and Affiliates.</p> <p>Lowitja Institute.</p> <p>Aboriginal and Torres Strait Islander Health Worker Industry Reference Committee.</p>
<b>3.7. Embed mandatory and ongoing Aboriginal and Torres Strait Islander developed and led cultural safety training into Continuing Professional Development for all health professionals.</b>	<p><b>What success looks like</b></p> <p>Cultural safety is a Continuing Professional Development requirement in all health professions and is place-based – the community identifies their own needs.</p> <p><b>The difference this will make</b></p> <p>An increasing proportion of health professionals meet the cultural safety Continuing Professional Development requirement.</p>	<p>Short to medium</p>	<p><b>Leads</b></p> <p>National health professional boards and accreditation authorities.</p> <p>Health professional associations.</p> <p>ATSIHPOs.</p> <p><b>Partners</b></p> <p>State and territory departments with responsibility for education and training.</p> <p>State and territory departments with responsibility for health.</p> <p>ACCHS.</p>

Implementation strategies	What this looks like in practice	Timeframe for completion	Responsible
<i>What strategies must be implemented to support the outcome?</i>		<i>Short (within 4 years), Medium (within 6 years) or Long term (10+ years).</i>	<i>Who is responsible for the action (Lead, Partner and Support)?</i>
<b>3.8. Recognise and appropriately remunerate Aboriginal and Torres Strait Islander staff for their location and contribution to improved care and outcomes for Aboriginal and Torres Strait Islander clients and their communities.</b>	<p><b>What success looks like</b></p> <p>The Aboriginal and Torres Strait Islander health workforce report a high level of satisfaction with the new wage structure.</p> <p><b>The difference this will make</b></p> <p>Aboriginal and Torres Strait Islander staff receive a competitive wage across all disciplines, roles and functions.</p> <p>Remuneration for health care workers servicing remote and rural communities increases.</p> <p>Health organisations employ and value Aboriginal and Torres Strait Islander professionals in culturally specific roles, such as cultural brokers, navigators, consultants and liaison officers.</p>	<p><b>Short</b></p> <p>The initial independent review with recommendations is completed within 18 months of the release of this plan.</p>	<p><b>Leads</b></p> <p>Australian Government Department of Health.</p> <p>State and territory departments with responsibility for health.</p> <p>ACCHS.</p> <p><b>Partners</b></p> <p>Employers of Aboriginal and Torres Strait Islander health workforce.</p> <p>Australian Government Department of Education, Skills and Employment.</p>
<b>3.9 Extend Indigenous mental health first aid training to a wider range of staff across all health settings, including administration, transport, aged care and other non-medical areas.</b>	<p><b>What success looks like</b></p> <p>Indigenous Mental Health First Aid Training is accessible in all jurisdictions for Aboriginal and Torres Strait Islander staff in non-medical areas.</p> <p><b>The difference this will make</b></p> <p>Aboriginal and Torres Strait Islander staff in non-medical areas report they are more confident and equipped to identify and respond to mental health concerns for clients and colleagues.</p>	<p><b>Short</b></p>	<p><b>Lead</b></p> <p>Australian Government Department of Health.</p> <p><b>Partners</b></p> <p>State and territory departments with responsibility for health.</p> <p>NACCHO and Affiliates.</p> <p>Employers of Aboriginal and Torres Strait Islander health workforce.</p> <p><b>Supports</b></p> <p>Indigenous mental health first aid training providers.</p>



## Case Study

### **Australian Indigenous Doctors' Association (AIDA) – The Specialist Trainees in the Medical Workforce project: a partnership and collaboration to grow the Aboriginal and Torres Strait Islander medical specialist workforce**

Of Australia's approximately 71,700 medical specialists<sup>65</sup>, currently only around 110 (0.15%) identify as Aboriginal and/or Torres Strait Islander". In 2017, the Department of Health commissioned AIDA to work with specialist medical colleges to address this under-representation with practical, achievable ways to increase the recruitment and retention of Aboriginal and Torres Strait Islander doctors into specialties.

At the beginning of the project, AIDA asked all colleges to provide a list of activities they were already doing to meet this goal. An AIDA-led group of medical education, training and regulation college representatives and organisations then worked closely with the colleges for two years. Using those existing activities as a baseline they developed a set of nine minimum standards and six best practice standards.

Implementing the standards will build the capacity of colleges and their members to:


- provide culturally safe care to Aboriginal and Torres Strait Islander patients
- foster a more culturally safe work and learning environment for Aboriginal and Torres Strait Islander doctors
- provide improved support to Aboriginal and Torres Strait Islander doctors throughout their training and into successful fellowship.

College presidents endorsed the standards at a meeting of the Council of Presidents of Medical Colleges (CPMC) in 2019 and agreed to publicly report their progress towards implementing those standards every two years. The Growing the number of Aboriginal and Torres Strait Islander medical specialists report was published in May 2020. For the first time, it provides colleges' self-assessment of their progress with implementing measures to support the growth of the Aboriginal and Torres Strait Islander medical specialist workforce.

AIDA established a cross-college group of senior education and policy staff. It continues to work with the CPMC to actively progress the implementation of the standards. AIDA is encouraging the exchange of ideas, fostering collaborations between colleges and with Aboriginal and Torres Strait Islander health peaks, and holding colleges publicly accountable for their progress in improving cultural safety and growing the number of Aboriginal and Torres Strait Islander medical specialists. This and the continuing collaboration between colleges and with AIDA will go some way towards attracting, recruiting and retaining more Aboriginal and Torres Strait Islander doctors into specialties.

\*\*Based on information received from specialist medical colleges in February and March 2020.





## Strategic Direction 4: There are sufficient 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 peoples

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**This strategic direction ensures enough Aboriginal and Torres Strait Islander students study and complete health qualifications to meet future health needs.**

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Implementation strategies for Strategic Direction 4 are designed so that:

- there is a consistent flow of secondary students and mature age students entering tertiary education across a diverse range of areas leading to health careers
- students in and entering tertiary education are well supported and prepared to pursue health-related careers
- translation skills and recognition of prior learning are embedded for people wishing to move into the health workforce
- long-term, adequate resourcing is committed for traineeships, scholarships, internships, fellowships, mentoring and tutoring
- traineeship, scholarship, internship, fellowship, mentoring and tutoring programs are allocated equitably across disciplines based on Aboriginal and Torres Strait Islander peoples needs
- all staff and students are better equipped and supported to create culturally safe and responsive tertiary education environments

- completion rates and graduation numbers for qualifications in health-related areas improve significantly over the next decade
- workforce demand for Aboriginal and Torres Strait Islander health professionals, administrators and researchers is met across roles and disciplines.

### Links to Closing the Gap Priority Reforms

**Priority Reform 1 – Formal partnerships and shared decision making.**

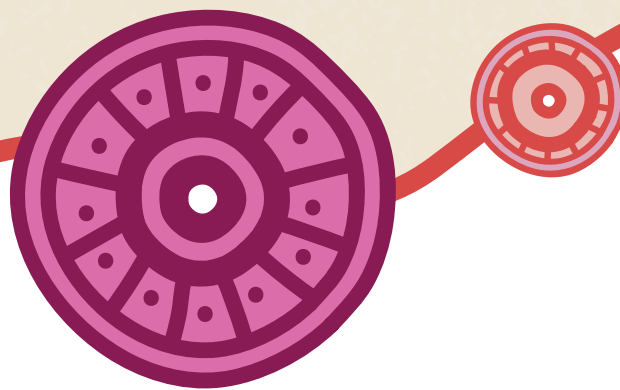
**Priority Reform 2 – Building the community-controlled sector.**

### Existing supporting initiatives

The Australian Government recognises existing programs and initiatives across governments that support the intended outcomes of the National Workforce Plan.

These are some of the Australian Government and state and territory programs and initiatives that support Strategic Direction 4 (see Appendix 9 for a full list of programs and initiatives mentioned in the National Workforce Plan).

- **Puggy Hunter Memorial Scholarship Scheme (PHMSS)** provides financial support to Aboriginal and Torres Strait Islander undergraduate students studying health-related disciplines in a university or a TAFE/RTO. The PHMSS aims



to increase Aboriginal and Torres Strait Islander people's participation in the health workforce.

- **Royal Flying Doctor Service** provides scholarships to Aboriginal and Torres Strait Islander health students to undertake a clinical placement in remote and rural Australia to build a skilled workforce. Under the program, Indigenous Allied Health Australia (IAHA) will administer allied health-specific scholarship funding to Aboriginal and Torres Strait Islander allied health students to undertake a remote or rural clinical placement of at least four weeks.
- **Indigenous Allied Health Australia National Aboriginal and Torres Strait Islander Health Academy (IAHA National Academy)** is an education and training

program providing information, support and opportunities for Aboriginal and Torres Strait Islander high school students to consider, explore and pursue a career in health. Through the Academy, participants enter a school-based traineeship pathway. They complete a Year 12 qualification, gain work experience and a Certificate III qualification in allied health assistance.

- **Rural Health Multidisciplinary Training (RHMT)** offers health students rural training through a network of rural clinical schools, university departments of rural health, and dental faculties offering extended rural placements.

## Strategic Direction 4 – Implementation Framework

Implementation strategies	What this looks like in practice	Timeframe for completion	Responsible
<i>What strategies must be implemented to support the outcome?</i>		<i>Short (within 4 years), Medium (within 6 years) or Long term (10+ years).</i>	<i>Who is responsible for the action (Lead, Partner and Support)?</i>
<b>4.1. Implement a national campaign that promotes health careers to Aboriginal and Torres Strait Islander peoples.</b>	<p><b>What success looks like</b></p> <p>Culturally relevant health career campaigns with multiple media (for example, place-based solutions, promotional videos, social media promotions and brochures) are available:</p> <ul style="list-style-type: none"> <li>• in all jurisdictions</li> <li>• across all levels of education, from early education (kindergarten) school onwards.</li> </ul> <p>Campaigns are planned and implemented nationally and sequentially and adapted locally as part of a broader training, education and employment pipeline.</p> <p>Schools, universities, training and health service providers undertake promotional activities to expand student understanding of health career opportunities, including:</p>	<b>Short</b>	<p><b>Leads</b></p> <p>Australian Government Department of Health.</p> <p><b>Partners</b></p> <p>National Aboriginal Community Controlled Health Organisations (NACCHO) and Affiliates.</p> <p>Aboriginal and Torres Strait Islander Health Professional Organisations (ATSIHPOs).</p> <p>National Careers Institute.</p> <p>Employers of Aboriginal and Torres Strait Islander health workforce.</p> <p>Tertiary Education Sector.</p> <p>Primary and secondary education sector.</p>

## Implementation strategies

*What strategies must be implemented to support the outcome?*

## What this looks like in practice

- school excursions to universities and health service providers, training and working facilities to expand understanding of career opportunities
- health careers expos introducing Aboriginal and Torres Strait Islander health professionals in a variety of fields to ensure visibility to students through the schooling year
- specific discipline engagement programs to keep connected to students who show an interest in a training pathway
- university engagement programs for Aboriginal and Torres Strait Islander children and young people to get exposure to university learning environments.

Aboriginal and Torres Strait Islander primary and secondary school students and potential mature age students, including those seeking a career change, are aware of health careers, and training and education pathways.

### **The difference this will make**

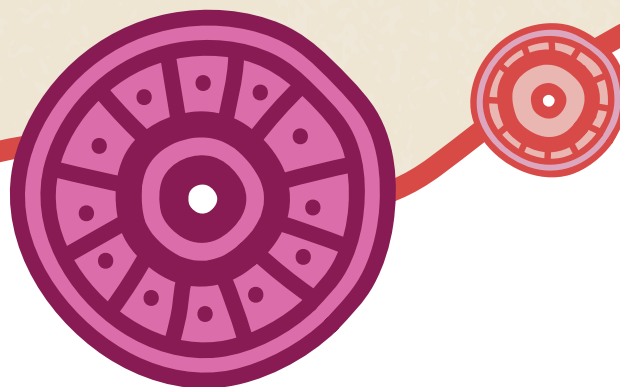
An increase in the number and proportion of eligible Aboriginal and Torres Strait Islander primary and secondary students and mature age students, including those seeking a career change, enrolling in health-related courses.

## Timeframe for completion

*Short (within 4 years), Medium (within 6 years) or Long term (10+ years).*

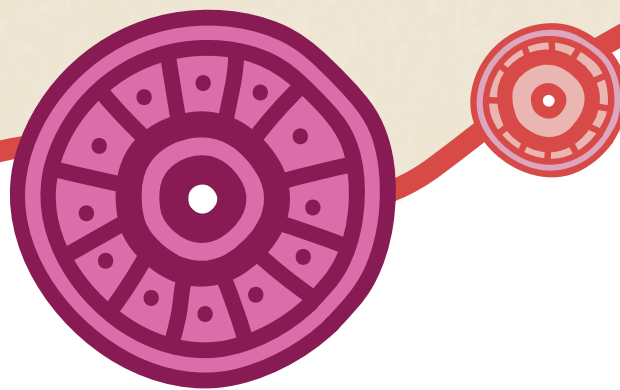
## Responsible

*Who is responsible for the action (Lead, Partner and Support)?*




Implementation strategies	What this looks like in practice	Timeframe for completion	Responsible
<i>What strategies must be implemented to support the outcome?</i>		<i>Short (within 4 years), Medium (within 6 years) or Long term (10+ years).</i>	<i>Who is responsible for the action (Lead, Partner and Support)?</i>
<b>4.2. Expand and enhance existing school-based traineeship programs to focus on Aboriginal and Torres Strait Islander designed and led initiatives.</b>	<p><b>What success looks like</b></p> <p>An increase in the number and proportion of Aboriginal and Torres Strait Islander students enrolling in school-based traineeship programs linked to health service roles and professions.</p> <p>Aboriginal and Torres Strait Islander students, family and community members report a high level of satisfaction with the program focus and available mentoring opportunities.</p> <p><b>The difference this will make</b></p> <p>An increase in the number and proportion of Aboriginal and Torres Strait Islander students:</p> <ul style="list-style-type: none"> <li>• completing school-based traineeships</li> <li>• gaining employment following traineeships.</li> </ul>	<b>Short</b>	<p><b>Leads</b></p> <p>Australian Government Department of Health.</p> <p>State and territory departments with responsibility for education and training.</p> <p><b>Partners</b></p> <p>ATSIHPOs.</p> <p>Aboriginal Community Controlled Health Services (ACCHS).</p> <p>Rural Health Workforce Agencies.</p> <p>Tertiary Education Sector.</p> <p>Employers of Aboriginal and Torres Strait Islander health workforce.</p>

Implementation strategies	What this looks like in practice	Timeframe for completion	Responsible
<i>What strategies must be implemented to support the outcome?</i>		<i>Short (within 4 years), Medium (within 6 years) or Long term (10+ years).</i>	<i>Who is responsible for the action (Lead, Partner and Support)?</i>
<b>4.3. Expand and enhance Aboriginal and Torres Strait Islander health workforce traineeship programs for the existing and new workforce in government and community controlled health sectors.</b>	<p><b>What success looks like</b></p> <p>An increase in the number and proportion of Aboriginal and Torres Strait Islander students studying nationally recognised health qualifications.</p> <p>Programs include a systematic recognition of prior learning for entry to health-related education and training.</p> <p>Programs demonstrate flexibility in design and course delivery.</p> <p>Programs provide direct links to employment.</p> <p><b>The difference this will make</b></p> <p>An increase in the number and proportion of Aboriginal and Torres Strait Islander students:</p> <ul style="list-style-type: none"> <li>• completing traineeships</li> <li>• gaining employment in the health sector following traineeships.</li> </ul>	Short	<p><b>Leads</b></p> <p>ATSIHPOs.</p> <p>Employers of Aboriginal and Torres Strait Islander health workforce.</p> <p><b>Partners</b></p> <p>VET sector.</p> <p>Australian Government Department of Health.</p> <p>National Indigenous Australians Agency (NIAA).</p> <p>State and territory departments with responsibility for education and training.</p> <p>Australian Apprenticeships Support Network.</p> <p><b>Supports</b></p> <p>NACCHO and Affiliates.</p> <p>Department of Education, Skills and Employment.</p>
<b>4.4. Expand and enhance existing scholarship and internship programs to prioritise emerging health roles and research based on health needs, such as the:</b> <ul style="list-style-type: none"> <li>• Puggy Hunter Memorial Scholarship Scheme</li> <li>• Lowitja Institute scholarships.</li> </ul>	<p><b>What success looks like</b></p> <p>Programs are being administered by Aboriginal and Torres Strait Islander organisations.</p> <p>An increase in the number and proportion of Aboriginal and Torres Strait Islander students studying for qualifications that reflect emerging health needs.</p> <p><b>The difference this will make</b></p> <p>An increase in the number and proportion of Aboriginal and Torres Strait Islander students completing diverse health and research qualifications.</p>	Short	<p><b>Leads</b></p> <p>Scholarship administrators.</p> <p>Australian Government Department of Health.</p> <p>Australian College of Nursing (ACN).</p> <p>Lowitja Institute.</p> <p>Specialist Medical Colleges.</p> <p>Higher education sector.</p> <p><b>Partners</b></p> <p>ATSIHPOs.</p> <p>Aurora Foundation.</p> <p>Career Trackers.</p>

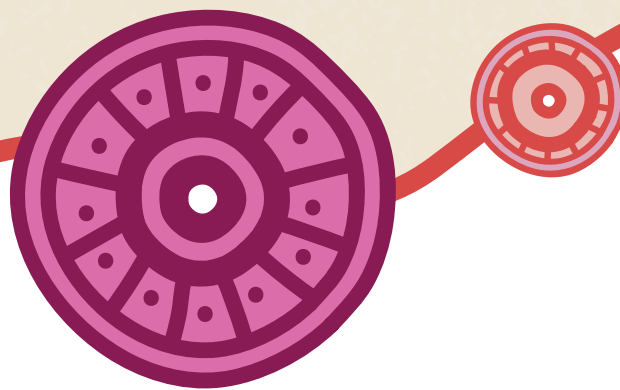


Implementation strategies	What this looks like in practice	Timeframe for completion	Responsible
<i>What strategies must be implemented to support the outcome?</i>		<i>Short (within 4 years), Medium (within 6 years) or Long term (10+ years).</i>	<i>Who is responsible for the action (Lead, Partner and Support)?</i>
<b>4.5. Design and/or redesign incentivised programs to allow for continuous progression within and across health, research and education to employment pathways.</b>	<p><b>What success looks like</b></p> <p>Eligibility criteria are aligned across incentivised programs, such as traineeships, scholarships, cadetships, internships and fellowships, and support partnership funding arrangements that eliminates gaps.</p> <p>There are programs specifically for rural and remote students.</p> <p>Aboriginal and Torres Strait Islander students and service coordinators report a high level of satisfaction with program design, criteria and support available.</p> <p><b>The difference this will make</b></p> <p>Aboriginal and Torres Strait Islander students can access consistent financial support and other incentives throughout their health and research education pathways.</p> <p>An increase in the number and proportion of Aboriginal and Torres Strait Islander students completing diverse health and research qualifications, including those based in rural and remote locations.</p>	<p><b>Short</b></p>	<p><b>Leads</b></p> <p>Australian Government Department of Health.</p> <p>State and territory departments with responsibility for education and training.</p> <p>Tertiary Education Sector.</p> <p><b>Partners</b></p> <p>State and territory departments with responsibility for health.</p> <p>ATSIHPOs.</p> <p>NACCHO and Affiliates.</p> <p>Lowitja Institute.</p> <p>Aurora Foundation.</p> <p>Career Trackers.</p>






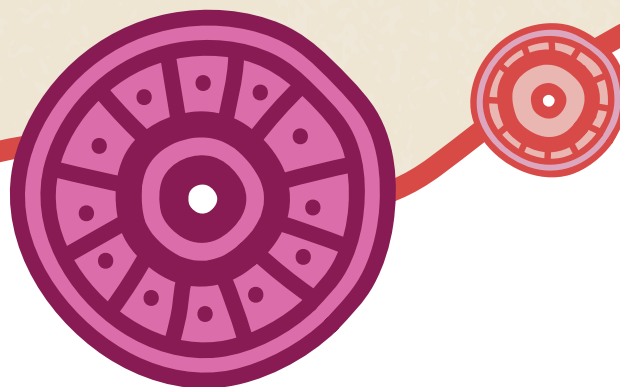
Implementation strategies	What this looks like in practice	Timeframe for completion	Responsible
<i>What strategies must be implemented to support the outcome?</i>		<i>Short (within 4 years), Medium (within 6 years) or Long term (10+ years).</i>	<i>Who is responsible for the action (Lead, Partner and Support)?</i>
<b>4.6. Develop and implement co-designed cultural safety initiatives in higher education with Aboriginal and Torres Strait Islander stakeholders.</b>	<p><b>What success looks like</b></p> <p>All higher education institutions develop and implement co-designed cultural safety initiatives that include clear targets, such as Aboriginal and Torres Strait Islander recruitment and completion rates.</p> <p>All faculty leaders and senior management are accountable for achieving cultural safety targets through their performance agreement plans.</p> <p>Aboriginal and Torres Strait Islander staff and students report they are culturally safe in their institutions.</p> <p><b>The difference this will make</b></p> <p>An increase in the number and proportion of Aboriginal and Torres Strait Islander people represented at all levels, including high-level governance structures, senior academic, research and management staff, and students.</p> <p>An increase in the number and proportion of Aboriginal and Torres Strait Islander students completing diverse health and research qualifications.</p>	Medium	<p><b>Lead</b></p> <p>Higher education sector.</p> <p><b>Partners</b></p> <p>Tertiary Education Quality and Standards Agency.</p> <p>Universities Australia.</p> <p><b>Supports</b></p> <p>Aboriginal and Torres Strait Islander Education Units and Student Support Networks.</p> <p>Australian Government Department of Education, Skills and Employment.</p> <p>National Aboriginal and Torres Strait Islander Higher Education Consortium.</p>



Implementation strategies	What this looks like in practice	Timeframe for completion	Responsible
<i>What strategies must be implemented to support the outcome?</i>		<i>Short (within 4 years), Medium (within 6 years) or Long term (10+ years).</i>	<i>Who is responsible for the action (Lead, Partner and Support)?</i>
<b>4.7. Expand and enhance Aboriginal and Torres Strait Islander Student Support Networks in higher education.</b>	<p><b>What success looks like</b></p> <p>Aboriginal and Torres Strait Islander Student Support Networks are available and resourced in all higher education institutions.</p> <p>Aboriginal and Torres Strait Islander health students can access peer support and professional development opportunities through the networks.</p> <p><b>The difference this will make</b></p> <p>Aboriginal and Torres Strait Islander health students report networks assist them to continue studying and complete their qualifications.</p> <p>An increase in the number and proportion of Aboriginal and Torres Strait Islander students completing diverse health and research qualifications.</p>	<p>Short</p>	<p><b>Lead</b></p> <p>Higher education sector.</p> <p><b>Supports</b></p> <p>State and territory departments with responsibility for education and training.</p> <p>ATSIHPOs.</p> <p>Lowitja Institute.</p> <p>Australian Government Department of Health.</p> <p>Australian Government Department of Education, Skills and Employment.</p>

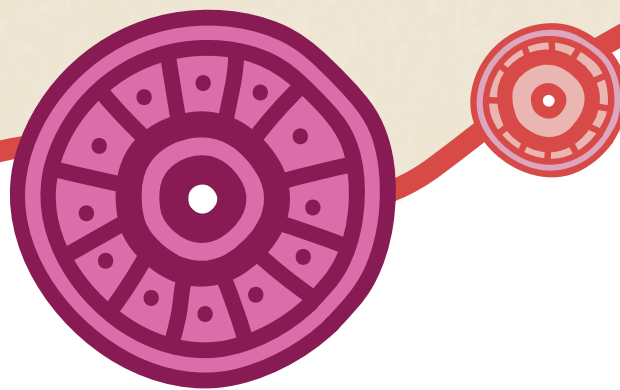


Implementation strategies	What this looks like in practice	Timeframe for completion	Responsible
<i>What strategies must be implemented to support the outcome?</i>		<i>Short (within 4 years), Medium (within 6 years) or Long term (10+ years).</i>	<i>Who is responsible for the action (Lead, Partner and Support)?</i>
<p><b>4.8. Expand and enhance Aboriginal and Torres Strait Islander student mentoring programs across all health and research disciplines.</b></p> <p><b>Note: Mentoring programs will be designed to support both students and graduates. This shared strategy also appears in Strategic Direction 5 where ‘the difference this will make’ reflects outcomes for graduates.</b></p>	<p><b>What success looks like</b></p> <p>Mentoring programs are available and resourced for Aboriginal and Torres Strait Islander students in all health disciplines.</p> <p>Aboriginal and Torres Strait Islander students report they are culturally safe in their mentoring program.</p> <p><b>The difference this will make</b></p> <p>Aboriginal and Torres Strait Islander health students report that mentoring supports them to continue studying and complete their qualifications.</p> <p>An increase in the number and proportion of Aboriginal and Torres Strait Islander health students completing diverse health and research qualifications.</p>	<p><b>Short</b></p>	<p><b>Leads</b></p> <p>ATSIHPOs.</p> <p>Tertiary education sector.</p> <p><b>Partners</b></p> <p>Australian Indigenous Mentoring Experience.</p> <p>Australian Government Department of Education, Skills and Employment.</p> <p><b>Support</b></p> <p>National Aboriginal and Torres Strait Islander Higher Education Consortium.</p>



Implementation strategies	What this looks like in practice	Timeframe for completion	Responsible
<i>What strategies must be implemented to support the outcome?</i>		<i>Short (within 4 years), Medium (within 6 years) or Long term (10+ years).</i>	<i>Who is responsible for the action (Lead, Partner and Support)?</i>
<b>4.9. Expand and enhance Aboriginal and Torres Strait Islander student tutoring programs and foundation skills courses across all health and research disciplines.</b>	<p><b>What success looks like</b></p> <p>Tutoring programs and foundation skills courses are available, individually tailored and resourced for Aboriginal and Torres Strait Islander students across all health disciplines.</p> <p>Aboriginal and Torres Strait Islander students report they are culturally safe in their tutoring program or foundation skills courses.</p> <p><b>The difference this will make</b></p> <p>Aboriginal and Torres Strait Islander health students report that tutoring and/or foundation skills courses support them to continue studying and complete their qualifications.</p> <p>An increase in the number and proportion of Aboriginal and Torres Strait Islander health students completing diverse health and research qualifications.</p>	<p><b>Short</b></p>	<p><b>Lead</b></p> <p>Australian Government Department of Health.</p> <p><b>Partners</b></p> <p>State and territory departments with responsibility for education and training.</p> <p><b>Supports</b></p> <p>Australian Government Department of Education, Skills and Employment.</p> <p>Tertiary Education Sector.</p> <p>ATSIHPOs.</p> <p>National Aboriginal and Torres Strait Islander Higher Education Consortium.</p>

Implementation strategies	What this looks like in practice	Timeframe for completion	Responsible
<i>What strategies must be implemented to support the outcome?</i>		<i>Short (within 4 years), Medium (within 6 years) or Long term (10+ years).</i>	<i>Who is responsible for the action (Lead, Partner and Support)?</i>
<b>4.10. Develop and implement co-designed enhancements to existing supports for Aboriginal and Torres Strait Islander health students from regional, rural and remote areas.</b>	<p><b>What success looks like</b></p> <p>Aboriginal and Torres Strait Islander students, family and community members from regional, rural and remote areas report a high level of connection and satisfaction with how support enhancements reflect their unique needs for accessing higher education and training. A diverse range of support is enhanced, including:</p> <ul style="list-style-type: none"> <li>• financial</li> <li>• accommodation</li> <li>• internet and mobile reliability, speed, coverage and reception</li> <li>• digital infrastructure</li> <li>• virtual networks</li> <li>• other information technology-based solutions and flexible delivery methods.</li> </ul> <p>Regional, rural and remote students who are part of incentivised programs (traineeships, scholarships, cadetships, internships and fellowships) are not disqualified from accessing the enhanced support.</p> <p><b>The difference this will make</b></p> <p>Aboriginal and Torres Strait Islander health students from regional, rural and remote areas report enhanced support enables them to enrol, continue studying and complete their qualifications. An increase in the number and proportion of Aboriginal and Torres Strait Islander health students from regional, rural and remote areas completing their qualifications.</p>	<p>Medium</p>	<p><b>Leads</b></p> <p>Higher education providers led by Deans Council and Vocational Education and Training (VET) equivalent. Australian Government. State and territory departments with responsibility for education and training.</p> <p><b>Partners</b></p> <p>ATSIHPOs. NACCHO and Affiliates.</p> <p><b>Supports</b></p> <p>Department of Infrastructure, Transport, Regional Development and Communications. National Broadband Network Co.</p>



Implementation strategies	What this looks like in practice	Timeframe for completion	Responsible
<i>What strategies must be implemented to support the outcome?</i>		<i>Short (within 4 years), Medium (within 6 years) or Long term (10+ years).</i>	<i>Who is responsible for the action (Lead, Partner and Support)?</i>
<b>4.11. Develop and implement a national framework for post graduate vocational specialist training in health professional fields that complement the Aboriginal and Torres Strait Islander Health Curriculum Framework.</b>	<p><b>What success looks like</b></p> <p>ATSIHPOs report the national framework adequately outlines how to integrate social and cultural determinants of health and cultural safety into specialist training curricula, workplace structures and trainee supervisory and mentoring arrangements.</p> <p>Post-graduate vocational specialist training programs provide evidence on how the framework is implemented in line with its principles and elements.</p> <p><b>The difference this will make</b></p> <p>Aboriginal and Torres Strait Islander and other trainees have undertaken clinical placements in Aboriginal community-controlled health services, Aboriginal and Torres Strait Islander communities, and appropriate mainstream public and private health and related settings, before graduating.</p> <p>Cultural safety and Aboriginal and Torres Strait Islander strengths, cultures, and knowledge are embedded in all post-graduate vocational specialist training programs as a graduation requirement.</p>	<p><b>Short to medium</b></p> <p>The national framework is developed and launched within two years of the release of this National Workforce Plan.</p>	<p><b>Lead</b></p> <p>Australian Government Department of Health.</p> <p><b>Partners</b></p> <p>ATSIHPOs.</p> <p>Specialist post-graduate colleges in all health professions.</p> <p>All health professional accreditation authorities.</p>



# Case Studies

## Indigenous Allied Health Australia National Aboriginal and Torres Strait Islander Health Academy

Indigenous Allied Health Australia (IAHA) is a national, member-based Aboriginal and Torres Strait Islander allied health organisation that supports Aboriginal and Torres Strait Islander allied health students nationally. IAHA links students into a broader interdisciplinary peer support network, providing culturally safe supports and professional and leadership development opportunities. Engagement from universities with IAHA can strengthen educational and development pathways and outcomes and support Aboriginal and Torres Strait Islander allied health students in their success.

The IAHA National Aboriginal and Torres Strait Islander Health Academy (IAHA National Academy) provides Aboriginal and Torres Strait Islander secondary students an opportunity to develop their knowledge and skills to feel confident in a pathway towards a career in health including the Aboriginal and Torres Strait Islander health and wellbeing context.

The IAHA National Academy supports Aboriginal and Torres Strait Islander students to build awareness of health professions and to make informed decisions about a health workforce career. It also aims to build strong networks, build confidence and to increase students' chances of success in the workforce through work readiness skills and employability skills alongside keeping them engaged with education and completing their year 12 certificate (or equivalent).

Academy students are supported to complete a qualification in Certificate III in Allied Health Assistance as a school-based trainee, spending two days a week in a university setting with an Aboriginal and Torres Strait Islander support team. The IAHA National Academy works on a model of connectedness, growth, strengths, transformation and leadership. Culturally safe and responsive support is provided at every step of the students' journey, to help participants pursue a health (or related) career while overcoming barriers, developing their strengths, and making meaningful connections with peers, employers, and the community.

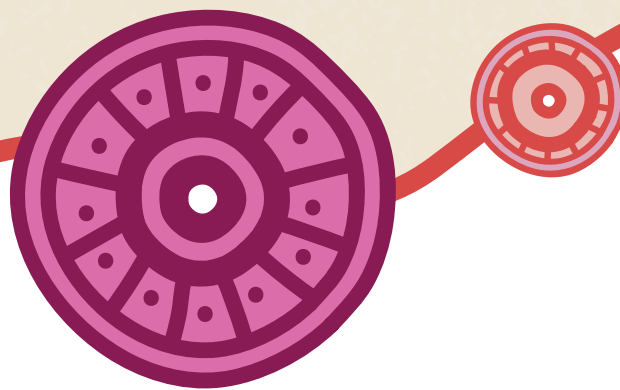
Students are employed throughout the traineeship and exposed to many learning and educational experiences through the IAHA National Academy, learning from inspiring Aboriginal and Torres Strait Islander health professionals, educators, trainers and cultural leaders while being mentored and supported in a culturally safe and responsive environment.

This nationally recognised training qualification in allied health is a pathway that enables students to continue into further education and training or commence work in entry-level positions across various areas in the health sector including non-clinical roles. These allied health careers enable students to provide patient care and encourage patients to complete specific treatment plans related to injury, illness, or disability-related physical issues. They address various health industry settings, including hospitals, medical practices, schools, and community health centres from a culturally informed lens.

The IAHA National Academy provides a pathway into future roles across all clinical and non-clinical roles in health, not limiting students experiences to allied health but providing the depth and diversity of the sector and related sectors such as disability, aged care, community services and mental health. Supported transitions into further vocational education and training or university are a priority of the IAHA National Academy aligning with placed-based workforce needs and opportunities.

The IAHA National Academy model contributes to:

- developing substantial, additional health workforce capacity across regions continuing to face chronic health workforce shortages and associated health disadvantage
- building the Aboriginal and Torres Strait Islander workforce required for health, aged care, disability support and other services to meet demand, which is set to grow sharply in the future
- increasing the cohort of Aboriginal and Torres Strait Islander health professionals needed to promote a safer, more culturally responsive health system to practice in and help transform the health system's capacity to provide culturally responsive and effective care to all Australians
- achieving health, education, and employment targets under Closing the Gap
- establishing an evidence-based, culturally centred, and transferable model/approach to building workforce capacity that is practical, innovative, and measurable, to meet community needs
- building Aboriginal and Torres Strait Islander health leadership across the sectors
- collaborating with community, Australian Government and state and territory efforts across the health, skills, employment, and education sectors
- generating capability and networks to help build skills, services and employment opportunities in related health and other career sectors.



The model is demonstrating the success of delivering Aboriginal and Torres Strait Islander led education and training, with graduating cohorts including many who are the first in their family to finish secondary schooling and who are continuing on successful pathways into employment and/or further education and training.

## Aboriginal Dental Assistant Scholarship Program

Rural and remote Aboriginal people experience higher rates of oral disease associated with limited access to dental practitioners. The Poche Centre for Indigenous Health, supported by the NSW Ministry of Health funding and Technical and Further Education (TAFE), provides Aboriginal Oral Health Scholarships to increase the number of Aboriginal people trained in oral health care to work as dental assistants. This will help improve oral health in Aboriginal communities.

The program has seven steps:

1. In choosing students, current motivation to complete the program is more important than past educational performance.
2. Aboriginal support staff are involved in all aspects of the program. All staff are engaged in ongoing cultural competence awareness and skill development.
3. Only Aboriginal and/or Torres Strait Islander students participate in the course. Students are supported and made to feel connected by picking them up from the airport and having them live in the same accommodation.
4. The application process and the program's structure ensures students feel welcomed and supported. This includes having an Aboriginal person on the interview panel.
5. Training and scholarships are designed and scheduled to take family responsibilities and financial circumstances into account.
6. Employers play a key role by approving leave for students to attend study blocks and providing paid study leave.
7. Students give feedback and are listened to.

Since the program commenced in 2014, over 159 students have graduated from TAFE oral health-related courses. Many students returned after completing a Certificate III Dental Assisting to undertake the Certificate IV, then the qualification in radiography.

The program has a course completion rate of around 87%. Past students have gone on to complete additional qualifications such as a Diploma in Dental Technology, a Bachelor of Oral Health and the Graduate Diploma in Indigenous Health Promotion.

Elements of co-design have been incorporated into this scholarship program:

1. Improved cultural safety – Aboriginal people feel safe and welcome.
2. Local employment – Aboriginal people work in the service and lead local delivery.
3. Skills development – Aboriginal people complete qualifications that are nationally recognised.
4. Long-term commitment – design and delivery of programs with sustainable funding.

The successful use of Aboriginal dental assistants in the Poche Centre has enabled oral health promotion programs in schools and has been extended successfully to the implementation of fluoride varnish programs. Aboriginal dental assistants have been trained in the Apply Fluoride Varnish Skill Set (VET qualification) and, in keeping with the National Oral Health Plan, have extended the reach of fluoride varnish programs in NSW. The Poche Centre is looking at making this a standard component of the Cert III Dental Assistant scholarships from 2021.

The Poche Centre is also working with TAFE, Australian Health and Hospitals Association (AHHA), and other partners such as the NSW Council of Social Services (NCOSS) and the Australian Dental Association NSW Branch, to develop:

- an Aboriginal Adolescent Oral Health Program
- a Water Fountain Program.

In both cases, links will be explored with the Poche Scholarships program.

This co-designed scholarship program is now in its sixth year with more than 500 qualifications awarded to Aboriginal scholars across the health sector. These skilled and credentialed workers are building and supporting culturally safe health care services within their communities and shaping health systems to deliver better outcomes for Aboriginal people. The overall Poche Centre scholarship program has a 93% completion rate.<sup>66</sup>

## Increasing Aboriginal Student Enrolments in Vocational Training

Raymond Steadman, 24, recently won Training NSW's People's Choice Aboriginal and Torres Strait Islander Student of the Year Award for establishing an innovative program at the Awabakal preschool. This program is aimed at making children aware of basic health problems, like ear infections.<sup>67</sup>

Raymond has a goal to expose young Aboriginal people to traditional customs from a young age. His studies are supporting him to achieve this goal, completing a Diploma of Early Childhood Education and Care and pursuing further study in Aboriginal Health.

This is possible because of outreach programs and courses to increase Aboriginal student enrolments in vocational training. Dr Kevin Lowe – an Indigenous education expert at University of NSW – suggests providers are increasingly trying to tailor content to what Indigenous and remote communities want to study.

The NSW Government's The Way Ahead for Aboriginal People mentoring program creates an invaluable support network for Aboriginal and Torres Strait Islander apprentices and trainees. Its objective is to improve commencement, retention and completion outcomes.

Under the program, Indigenous mentors guide and support their mentees to navigate workplace challenges and lifestyle pressures during their training. This recognises that many Aboriginal and Torres Strait Islander Australians live and work across cultures and may need the support of mentors who understand these pressures.

Through these initiatives, vocational trainers have been able to break down some of the barriers Aboriginal and Torres Strait Islanders students face in pursuing vocational education and provide training that is cognisant of the needs of these students and their communities.<sup>68</sup>

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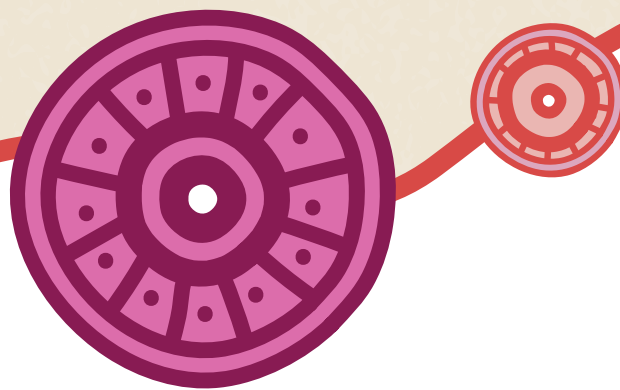
**'In more recent times, vocation education (providers) have developed really strong outreach programs to provide appropriate courses for particular groups who for various reasons were disconnected from further education.' – Dr Kevin Lowe.**

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Outreach programs, along with government programs that subsidise study for Aboriginal and Torres Strait Islander students, improve employment options while allowing students to stay in their local community without travelling long distances. For example, Training NSW has introduced programs to support Indigenous students doing VET qualifications, including:

- Smart and Skilled and Deadly
- The Way Ahead for Aboriginal People.

Under the Smart and Skilled and Deadly program, Aboriginal and Torres Strait Islander students are exempt from fees for any qualifications listed under the Smart and Skilled program. This includes qualifications from Certificate II to Advanced Diplomas and all apprenticeships and traineeships, improving access to VET training in priority skill areas.



# Strategic Direction 5: Aboriginal and Torres Strait Islander health students have successful transitions into the workforce and access clear career pathway options

**This strategic direction supports successful transitions into the workforce and access to clear career pathway options for Aboriginal and Torres Strait Islander health students.**

Implementation strategies for Strategic Direction 5 are designed so that:

- there is a consistent flow of Aboriginal and Torres Strait Islander people moving through the health and health research careers pipeline in diverse areas
- graduates entering the health and health research workforce are well supported and prepared for their careers
- adequate resourcing for cadetships, scholarships, fellowships and mentoring is committed on a long-term basis
- cadetship, scholarship, fellowship and mentoring programs are allocated equitably across disciplines based on Aboriginal and Torres Strait Islander people's needs
- the number and proportion of Aboriginal and Torres Strait Islander health graduates making successful transitions into the health and health research workforce improve significantly over the next decade.

## Links to Closing the Gap Priority Reforms

**Priority Reform 1 – Formal partnerships and shared decision making.**

**Priority Reform 2 – Building the community-controlled sector.**

**Priority Reform 3 – Transforming government organisations.**

## Existing support initiatives

The Australian Government recognises existing programs and initiatives across governments that support the intended outcomes of the National Workforce Plan.

These are some of the Australian Government and state and territory programs and initiatives that support Strategic Direction 5 (see Appendix 9 for a full list of programs and initiatives mentioned in the National Workforce Plan).

- **Aboriginal Mental Health Traineeship program** is a three-year program that pays trainees to work in Victorian health services while supported to complete a Bachelor of Health Science (Mental Health) from Charles Sturt University. On completion, the trainees can work in clinical roles, similar to a social worker or other clinicians in a mental health team.
- **Aboriginal and Torres Strait Islander Pharmacy Assistance Traineeship Scheme** aims to increase Aboriginal and Torres Strait Islander participation in the pharmacy workforce to better meet the pharmacy needs of their local communities. An allowance may be paid to an eligible community pharmacy that employs and supports an Aboriginal and/or Torres Strait Islander Pharmacy Assistant to complete a nationally accredited pharmacy assistant training course.
- **Country Enrolled Nursing Cadetship Program** is offered through the South Australian Department for Health and Wellbeing. It provides paid employment and training opportunities to Aboriginal and Torres Strait Islander people seeking to become enrolled nurses.
- **Royal Women's Hospital Aboriginal employment programs** increase Aboriginal and Torres Strait Islander employment in the hospital. The institution offers three programs to increase Aboriginal employment in their hospital:

- the Graduate Nurse and Midwifery program
- Victorian Aboriginal Nursing and Midwifery Cadetship program
- Victorian Aboriginal Allied Health Cadetship program.
- **Aboriginal Allied Health Cadetship program** is for Aboriginal people living in NSW who are studying, or intending to study, an allied health undergraduate degree. Aims of the NSW Ministry of Health program are to:

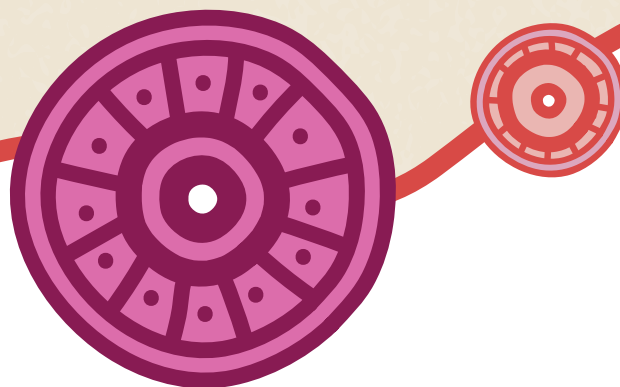
- increase the number of Aboriginal people working in allied health professions across NSW
- provide an opportunity for local health services to assist in improving Aboriginal and Torres Strait Islander health through education and employment.

The cadetship offers study allowance, support for books and equipment, work placement up to 12 weeks and other opportunities.

## Strategic Direction 5 – Implementation Framework

Implementation strategies <i>What strategies must be implemented to support the outcome?</i>	What this looks like in practice	Timeframe for completion <i>Short (within 4 years), Medium (within 6 years) or Long term (10+ years).</i>	Responsible <i>Who is responsible for the action (Lead, Partner and Support)?</i>
<b>5.1. Develop and promote a resource for career pipelines and pathways that maps journeys into and through a diverse range of health and research careers.</b>	<p><b>What success looks like</b></p> <p>Career pathways information is readily accessible in all jurisdictions through multiple media (for example, documents, a website, video clips and an interactive digital resource). Pathways are mapped for roles across the health workforce, including from entry-grade roles through to leadership positions and pathways for Aboriginal and Torres Strait Islander people to return to their community to practice.</p> <p>The resource is integrated into the national health careers campaign (Strategy 4.1) and includes information on incentivised programs, and other support and assistance.</p> <p><b>The difference this will make</b></p> <p>Health, education and training, and research staff and organisations use the resource to provide career pathways information to Aboriginal and Torres Strait Islander people.</p> <p>Aboriginal and Torres Strait Islander people interested in or within the health and health research sector understand the range of career pathways they can follow and the support they can access.</p>	<b>Short</b>	<p><b>Lead</b></p> <p>Australian Government Department of Health.</p> <p><b>Partners</b></p> <p>All members of the National Health Leadership Forum.</p> <p>Employers of Aboriginal and Torres Strait Islander health workforce.</p> <p>National Careers Institute.</p>





Implementation strategies	What this looks like in practice	Timeframe for completion	Responsible
<i>What strategies must be implemented to support the outcome?</i>		<i>Short (within 4 years), Medium (within 6 years) or Long term (10+ years).</i>	<i>Who is responsible for the action (Lead, Partner and Support)?</i>
<b>5.2. Expand and enhance career pathways into and within health research for Aboriginal and Torres Strait Islander peoples across diverse areas through multiple mechanisms.</b>	<p><b>What success looks like</b></p> <p>An increase in the number and proportion of scholarships that enable community-based researchers to access health research education and employment pathways.</p> <p>An increase in the number and proportion of higher degree research scholarships and fellowships that are available across a diverse range of areas relevant to health research, including:</p> <ul style="list-style-type: none"> <li>• population health</li> <li>• primary health care</li> <li>• genetics and genomics</li> <li>• medical science</li> <li>• clinical practice</li> <li>• biology</li> <li>• epidemiology</li> <li>• statistics</li> <li>• digital health</li> <li>• environmental health</li> <li>• mental health and trauma informed care</li> <li>• Aboriginal and Torres Strait Islander knowledge, including traditional health healing</li> <li>• knowledge translation.</li> </ul>	Medium	<p><b>Leads</b></p> <p>Australian Government Department of Health.</p> <p>Lowitja Institute.</p> <p>Australian Institute of Aboriginal and Torres Strait Islander Studies (AIATSIS).</p> <p><b>Partners</b></p> <p>Higher education sector.</p> <p>State and territory departments with responsibility for education and training.</p> <p>Aboriginal Community Controlled Health Services (ACCHS).</p> <p><b>Supports</b></p> <p>Kimberley Aboriginal Health Research Alliance.</p> <p>Aboriginal and Torres Strait Islander Health Professional Organisations (ATSIHPOs).</p> <p>National Health and Medical Research Council.</p> <p>Australian Government Department of Education, Skills and Employment.</p>



## Implementation strategies

*What strategies must be implemented to support the outcome?*

## What this looks like in practice

**Priority criteria for Aboriginal and Torres Strait Islander health research commissioning includes:**

- a high proportion of Aboriginal and Torres Strait Islander research team members
- the strength of their relationships with community.

### **The difference this will make**

An increase in the number and proportion of Aboriginal and Torres Strait Islander people completing VET and higher degree health-related research qualifications.

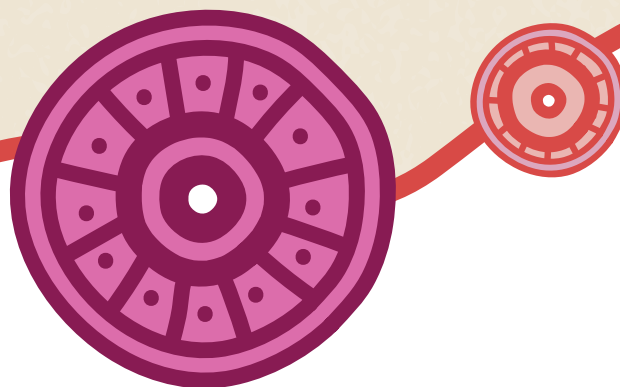
An increase in the number and proportion of Aboriginal and Torres Strait Islander people working in health research in diverse areas across all senior levels.

## Timeframe for completion


*Short (within 4 years),  
Medium (within 6 years)  
or Long term (10+ years).*

## Responsible

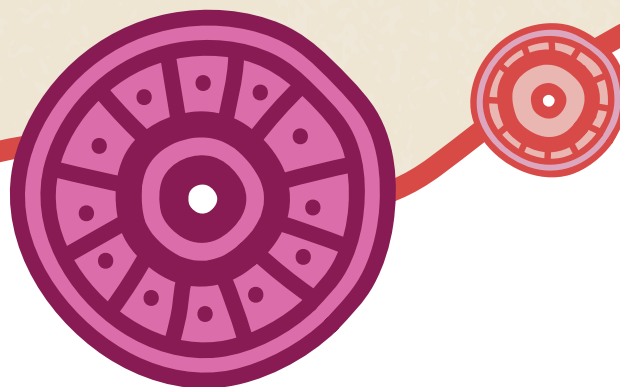
*Who is responsible for the action (Lead, Partner and Support)?*




Implementation strategies	What this looks like in practice	Timeframe for completion	Responsible
<i>What strategies must be implemented to support the outcome?</i>		<i>Short (within 4 years), Medium (within 6 years) or Long term (10+ years).</i>	<i>Who is responsible for the action (Lead, Partner and Support)?</i>
<b>5.3. Enhance and expand clinical placement programs across all health disciplines.</b>	<p><b>What success looks like</b></p> <p>Clinical placements are available in metropolitan, regional and remote areas for all health disciplines.</p> <p>Aboriginal and Torres Strait Islander students:</p> <ul style="list-style-type: none"> <li>• are prioritised to attend their preferred placements</li> <li>• can access financial support for placements that require travel and/or relocation.</li> </ul> <p>Aboriginal and Torres Strait Islander students report they are culturally safe in their clinical placements.</p> <p><b>The difference this will make</b></p> <p>Aboriginal and Torres Strait Islander health students report clinical placements provide opportunities to transition into the workforce.</p> <p>An increase in the number and proportion of Aboriginal and Torres Strait Islander health students transitioning into the workforce via clinical placements.</p>	Short to Medium	<p><b>Leads</b></p> <p>Higher education sector. Local Health Networks (LHN). ACCHS.</p> <p><b>Partners</b></p> <p>State and territory departments with responsibility for education and training. State and territory departments with responsibility for health. Australian Government Department of Health.</p> <p><b>Supports</b></p> <p>ATSIHPOs.</p>



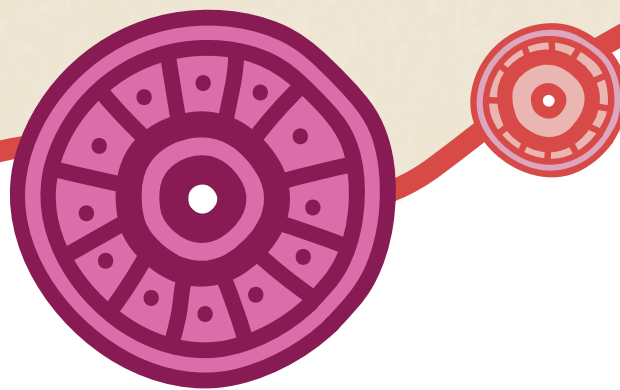
Implementation strategies	What this looks like in practice	Timeframe for completion	Responsible
<i>What strategies must be implemented to support the outcome?</i>		<i>Short (within 4 years), Medium (within 6 years) or Long term (10+ years).</i>	<i>Who is responsible for the action (Lead, Partner and Support)?</i>
<b>5.4. Expand and enhance cadetship programs across all health disciplines for Aboriginal and Torres Strait Islander health students.</b>	<p><b>What success looks like</b></p> <p>Cadetships are available in all jurisdictions and regions for all health disciplines, including ACCHS.</p> <p>Cadetship programs ensure Aboriginal and Torres Strait Islander students access financial support for placements that require travel and/or relocation.</p> <p>Aboriginal and Torres Strait Islander students report they are culturally safe in their cadetship placement.</p> <p><b>The difference this will make</b></p> <p>Aboriginal and Torres Strait Islander health students report that cadetships enable them to transition into the workforce.</p> <p>An increase in the number and proportion of Aboriginal and Torres Strait Islander health students transitioning into the workforce via cadetships.</p>	Short to Medium	<p><b>Leads</b></p> <p>Australian Government. LHNs. ACCHS.</p> <p><b>Partners</b></p> <p>Higher education sector.</p> <p><b>Supports</b></p> <p>ATSIHPOs.</p>



Implementation strategies	What this looks like in practice	Timeframe for completion	Responsible
<p><i>What strategies must be implemented to support the outcome?</i></p>		<p><i>Short (within 4 years), Medium (within 6 years) or Long term (10+ years).</i></p>	<p><i>Who is responsible for the action (Lead, Partner and Support)?</i></p>
<p><b>5.5. Enhance and expand graduate mentoring programs across all health disciplines for Aboriginal and Torres Strait Islander health graduates.</b></p> <p><b>Note: Mentoring programs will be designed to support both students and graduates. This shared strategy also appears in Strategic Direction 4 where ‘the difference this will make’ reflects outcomes for students.</b></p>	<p><b>What success looks like</b></p> <p>Mentoring programs are available and resourced for Aboriginal and Torres Strait Islander graduates in all health disciplines.</p> <p>Aboriginal and Torres Strait Islander graduates report they are culturally safe in their mentoring programs.</p> <p><b>The difference this will make</b></p> <p>Aboriginal and Torres Strait Islander health graduates report mentoring supports their understanding of career pathway options and successful transition into the workforce.</p> <p>An increase in the number and proportion of Aboriginal and Torres Strait Islander health graduates retained in the workforce over the next decade.</p>	<p><b>Short</b></p>	<p><b>Lead</b></p> <p>ATSIHPOs.</p> <p><b>Partners</b></p> <p>ACCHS.</p> <p>State and territory departments with responsibility for health.</p> <p>LHNs.</p>



Implementation strategies	What this looks like in practice	Timeframe for completion	Responsible
<i>What strategies must be implemented to support the outcome?</i>		<i>Short (within 4 years), Medium (within 6 years) or Long term (10+ years).</i>	<i>Who is responsible for the action (Lead, Partner and Support)?</i>
<b>5.6. Develop and implement a workplace transition program across all health disciplines for Aboriginal and Torres Strait Islander health graduates.</b>	<p><b>What success looks like</b></p> <p>Workplace transition programs are available and resourced for Aboriginal and Torres Strait Islander graduates in all health disciplines.</p> <p>Aboriginal and Torres Strait Islander graduates report they are culturally safe in their workplace transition program.</p> <p><b>The difference this will make</b></p> <p>Aboriginal and Torres Strait Islander health graduates report the workplace transition program supports their successful transition into the workforce.</p> <p>An increase in the number and proportion of Aboriginal and Torres Strait Islander health graduates retained in the workforce over the next decade.</p>	<p><b>Short</b></p>	<p><b>Leads</b></p> <p>ATSIHPOs.</p> <p>Employers of Aboriginal and Torres Strait Islander health workforce.</p> <p><b>Partners</b></p> <p>National Aboriginal Community Controlled Health Organisations (NACCHO) and Affiliates.</p> <p>ACCHS.</p> <p>State and territory departments with responsibility for education and training.</p> <p>State and territory departments with responsibility for health.</p> <p>LHNs.</p>



# Case Studies

## James Cook University – Indigenous Education and Research Centre

The Indigenous Education and Research Centre (IERC) at James Cook University (JCU) has done remarkable work on the graduation rate of Aboriginal and Torres Strait Islander students in higher education studies. In the last four years, the graduation rate has almost trebled.

There are currently over 600 Aboriginal and Torres Strait Islander students enrolled at the university. This includes:

- 104 students in nursing and midwifery courses
- 38 in social work
- 26 in physio/occupational health/speech pathology
- 19 in medicine
- 10 in dentistry
- 10 in vet science
- 3 in pharmacy
- 2 in bio-med.

The university's success is primarily to do with a new academic learning support model the IERC has adopted for Aboriginal and Torres Strait Islander students – one that is more in alignment with the excellent teaching being done in the discipline areas.

This model is based on long-running research undertaken by researchers at the IERC on Indigenous academic persistence in higher education studies, which largely targets the educational capacity and socio-emotional issues known to affect academic performance.

Almost 140 Aboriginal and Torres Strait Islander students will complete their courses in 2020 and be ready to enter their future professions.

News of this success rate is spreading around North Queensland, leading to record numbers of Queensland Tertiary Admissions Centre (QTAC) enrolment applications registering JCU as their first preference for studies in 2021.

JCU has also demonstrated in these recent years that it can respond quickly to the national priority for an Aboriginal and Torres Strait Islander health workforce.

## The Aurora Education Foundation

The Aurora Education Foundation is an Indigenous-led organisation that supports Aboriginal and Torres Strait Islander students and professionals to realise their full academic and employment potential – whether it is completing Year 12 or achieving a PhD from Oxford.


Aurora is seeking to change the conversation about what is possible for Aboriginal and Torres Strait Islander peoples. Aurora walks with students from high school through to university and the workplace, redefining Indigenous educational and employment success in health, policy and research to contribute to building Indigenous leadership in the health workforce.

Aurora aims to effect systemic change through significantly increasing employability. This is delivered through the **Aurora Internship Program**, which provides opportunities for valuable work experience and strengthens the capability of the Indigenous health sector.

The program benefits Aboriginal and Torres Strait Islander interns by providing funded internship opportunities and pathways to employment and supporting them to build and expand professional networks. These interns gain general workplace skills and exposure and the opportunity to further develop sector-specific skills. Some interns go on to gain employment with their host organisation after completing the internship. Indigenous host organisations that are experiencing resourcing constraints or high workloads gain meaningful support from Aurora interns and benefit from capability transfer.

Aurora has arranged over 3,300 internships at more than 240 organisations in and outside the Indigenous sector. In the health sector, Aurora has arranged internships for 111 Aboriginal and Torres Strait Islander interns, with a focus on health policy and research.





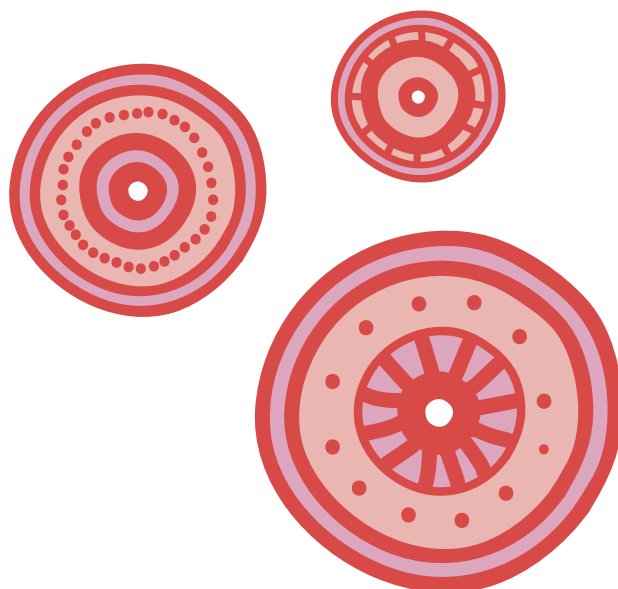
Aurora works with almost 30 host organisations in the health sector, including:

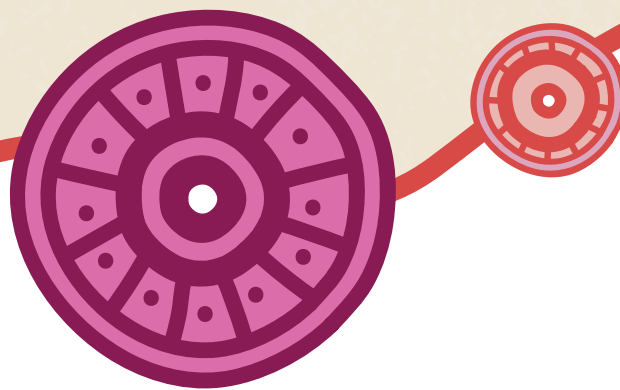
- the Aboriginal Health Council of Australia
- the Aboriginal Medical Services Alliance Northern Territory
- the Australian Indigenous Doctors' Association
- St John's Ambulance Northern Territory
- the Victorian Aboriginal Community Controlled Health Organisation
- the South Australian Health and Medical Research Institute
- Walter Eliza Hall for Medical Research.

Aurora also delivers programs that support Aboriginal and Torres Strait Islander students and graduates to engage in life-long learning and transition into jobs:

- **The Indigenous Pathways Portal** administers the largest online repository of Indigenous scholarships, more than 100 of which are in the health sector including health services and support, medicine, nursing, pharmacy and dentistry.
- **The International Scholarships and Bursaries Program** enables Aboriginal and Torres Strait Islander students and professionals to study at the world's best universities. Just over 170 students have participated in the Aurora International Study Tour, visiting the world's leading universities, including Oxford, Harvard and Cambridge. Of those who have gone on to apply to these universities, 94% have been accepted. More than 60 scholars have successfully completed studies, including a DPhil in Musculoskeletal Science at Oxford, a Master of Public Health at Columbia University, a Master of Public Health at Harvard and a Master of Science in Global Population Health at the London School of Economics.

These programs are part of a suite of pathways into and through health careers for Aboriginal and Torres Strait Islander students and professionals to determine their own education and career aspirations through life-long learning and shaping a new narrative about Aboriginal and Torres Strait Islander peoples in Australia's health sector.





## 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

**This strategic direction supports information and data development and sharing across health systems.**

Implementation strategies to support Strategic Direction 6 are designed so that:

- workforce development is informed by systematically collected and consistent data on retention, practice decisions, service impacts and health outcomes for Aboriginal and Torres Strait Islander peoples
- there are partnerships in place between Aboriginal and Torres Strait Islander representatives and government organisations to guide the improved collections, access, management and use of data to inform shared decision making for the benefit of Aboriginal and Torres Strait Islander peoples
- workforce data can help assess whether targets for cultural safety initiatives are being met
- the Aboriginal and Torres Strait Islander health workforce's goals and needs are embedded in workforce data strategies and guidelines
- workforce data is shared publicly and presented in a clear and accessible way
- workforce data reporting supports transparent and accountable workforce planning and decision making in Aboriginal Community Controlled Health Services (ACCHS) and mainstream health organisations in the public and private sectors

- Aboriginal and Torres Strait Islander communities and organisations are supported by governments to build capability and expertise in collecting, using and interpreting data in a meaningful way
- workforce data is collected in a way that acknowledges the data sovereignty of Aboriginal and Torres Strait Islander peoples and used in line with consent conditions.

### Links to Closing the Gap Priority Reforms

**Priority Reform 1 – Formal partnerships and shared decision making.**

**Priority Reform 2 – Building the community-controlled sector.**

**Priority Reform 3 – Transforming government organisations.**

**Priority Reform 4 – Shared access to data and information at the regional level.**

### Existing support initiatives

The Australian Government recognises existing programs and initiatives across governments that support the intended outcomes of the National Workforce Plan.

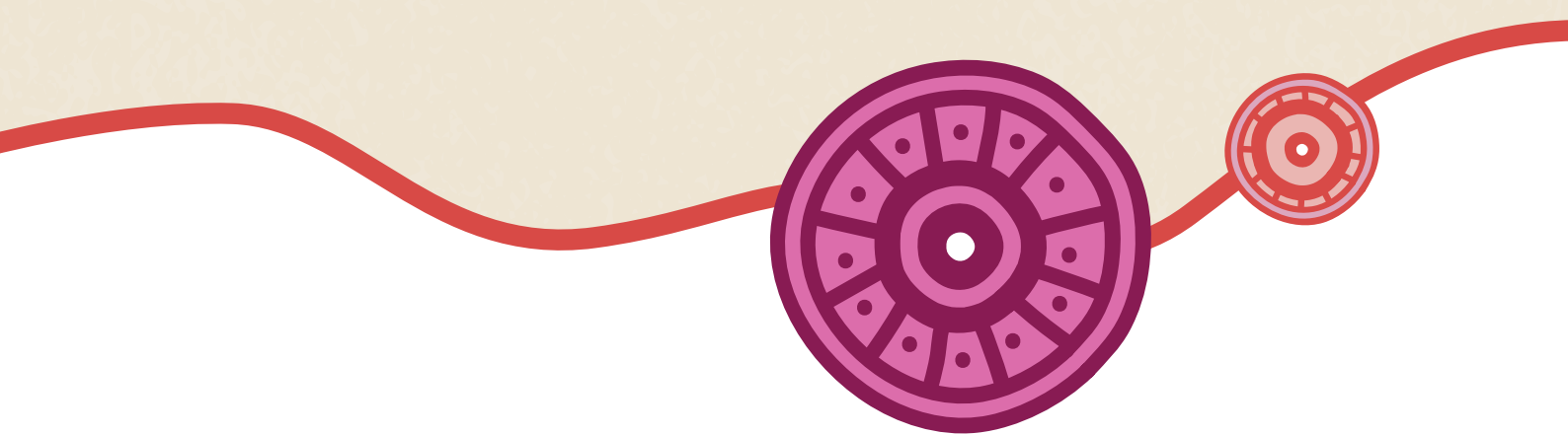
The following is an Australian Government initiative that supports Strategic Direction 6 (see Appendix 9 for a full list of programs and initiatives mentioned in the National Workforce Plan).

- **Health Demand and Supply Utilisation Patterns Planning (HeaDS UPP)** is a single source of information for governments and stakeholders. The HeaDS UPP Tool will:
  - improve consistency of the evidence base informing workforce planning, policy and program development, monitoring and evaluation activities
  - enable collaboration across the health network
  - increase confidence in government spending.

This tool is complemented by HeaDS UPP's Scenario Planner, which offers an advanced way to test the impact of different scenarios on workforce supply variations and inform planning decisions.

## Strategic Direction 6 – Implementation Framework

Implementation strategies <i>What strategies must be implemented to support the outcome?</i>	What this looks like in practice	Timeframe for completion <i>Short (within 4 years), Medium (within 6 years) or Long term (10+ years).</i>	Responsible <i>Who is responsible for the action (Lead, Partner and Support)?</i>
<b>6.1. Reform the national and jurisdictional collection and use of Aboriginal and Torres Strait Islander health workforce data across all health sectors.</b>	<p><b>What success looks like</b></p> <p>The scoping report identifies Aboriginal and Torres Strait Islander health workforce data collection activities in all health sectors and other relevant agencies and makes recommendations for improvements that are implemented.</p> <p>A data reform strategy is co-designed with Aboriginal and Torres Strait Islander industry experts and agreed and implemented by all health sectors and other relevant agencies.</p> <p>Best practice guidelines are written for the data reform strategy, including:</p> <ul style="list-style-type: none"> <li>• Aboriginal and Torres Strait Islander expert-led training in strengths-based data collection, analysis, interpretation and reporting</li> <li>• recognition of the social and cultural determinants of health.</li> </ul>	<p><b>Medium</b></p> <p>Scoping report completed by 2022.</p>	<p><b>Leads</b></p> <p>Australian Government Department of Health. Australian Institute of Health and Welfare (AIHW). Australian Bureau of statistics (ABS). National Indigenous Australians Agency (NIAA).</p> <p><b>Partners</b></p> <p>State and territory departments with responsibility for education and training. State and territory departments with responsibility for health. Primary Health Networks (PHN). National Aboriginal Community Controlled Health Organisation (NACCHO) and Affiliates. Australian Health Practitioner Regulation Agency (Ahpra).</p> <p><b>Supports</b></p> <p>Lowitja Institute. Tertiary Education Sector.</p>



Implementation strategies	What this looks like in practice	Timeframe for completion	Responsible
<i>What strategies must be implemented to support the outcome?</i>		<i>Short (within 4 years), Medium (within 6 years) or Long term (10+ years).</i>	<i>Who is responsible for the action (Lead, Partner and Support)?</i>

#### The difference this will make

Consistent workforce data is provided by all jurisdictions from all health sectors and other relevant agencies.

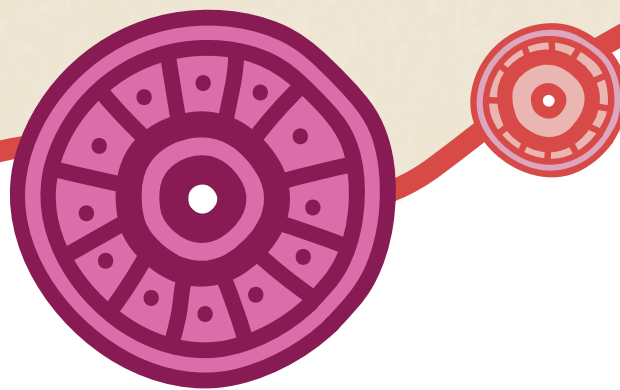
Workforce data can be analysed in a strengths-based manner and compared at national, jurisdictional and regional levels to:

- identify workforce supply issues
- recognise the social and cultural determinants of health.

Workforce data is available at the small geographical area (Indigenous Region) level and used to support local workforce planning.


There is increased use of Aboriginal and Torres Strait Islander health workforce data in government reports and publications.

Implementation strategies	What this looks like in practice	Timeframe for completion	Responsible
<i>What strategies must be implemented to support the outcome?</i>		<i>Short (within 4 years), Medium (within 6 years) or Long term (10+ years).</i>	<i>Who is responsible for the action (Lead, Partner and Support)?</i>
<b>6.2. Undertake a national review of Aboriginal and Torres Strait Islander workforce data for all health disciplines in terms of national, jurisdictional and regional distribution and health needs.</b>	<p><b>What success looks like</b></p> <p>Key health departments and organisations work collaboratively with data organisations to support data collection and analysis strategies at the jurisdictional and regional level.</p> <p><b>The difference this will make</b></p> <p>Jurisdictions can access and analyse workforce data based on regional distribution and health needs to guide workforce planning.</p> <p>There is greater and more accurate use of Aboriginal and Torres Strait Islander health workforce data in government reports and publications.</p>	<p><b>Short</b></p> <p>The first review is completed within one year of the release of this National Workforce Plan.</p>	<p><b>Leads</b></p> <p>Australian Government Department of Health. AIHW. ABS.</p> <p><b>Partners</b></p> <p>State and territory departments with responsibility for health. PHNs. NACCHO and Affiliates. Ahpra.</p> <p><b>Supports</b></p> <p>National Skills Commission. State and territory departments with responsibility for education and training. Australian Government Department of Education Skills and Employment.</p>
<b>6.3. Undertake a biennial Aboriginal and Torres Strait Islander health workforce barometer – a survey based on the Lowitja Institute 2020 Career Pathways research project.</b>	<p><b>What success looks like</b></p> <p>There is strong support for promoting survey participation from all health sectors and other relevant agencies.</p> <p>There is a high response rate to the biennial survey.</p> <p><b>The difference this will make</b></p> <p>Biennial comparisons to the 2020 baseline show improvements in all aspects of career support and pathway outcomes.</p> <p>Barometer outcomes inform all areas of work in the National Workforce Plan.</p>	<p><b>Short</b></p>	<p><b>Lead</b></p> <p>Lowitja Institute.</p> <p><b>Supports</b></p> <p>Australian Government Department of Health. State and territory departments with responsibility for health. PHNs. NACCHO and Affiliates. Aboriginal and Torres Strait Islander Health Professional Organisations (ATSIHPOs).</p>

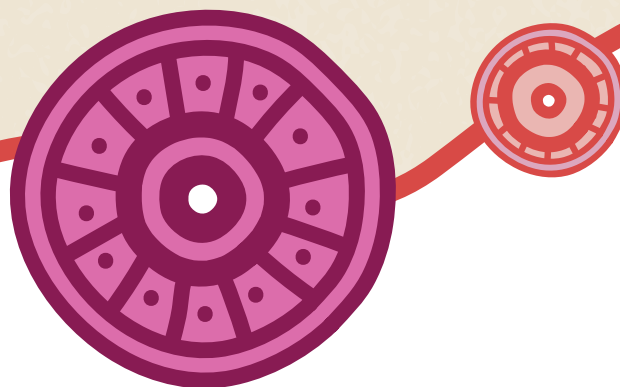


Implementation strategies	What this looks like in practice	Timeframe for completion	Responsible
<i>What strategies must be implemented to support the outcome?</i>		<i>Short (within 4 years), Medium (within 6 years) or Long term (10+ years).</i>	<i>Who is responsible for the action (Lead, Partner and Support)?</i>
<b>6.4. Expand the:</b> <ul style="list-style-type: none"> <li><b>National Health Workforce Dataset (NHWD)</b></li> <li><b>Health Demand and Supply Utilisation Patterns Planning (HeaDS UPP) Tool.</b></li> </ul>	<p><b>What success looks like</b></p> <p>The data expansion strategy identifies priority gaps to address need and is co-designed, agreed and implemented by all health sectors and other relevant agencies.</p> <p>All relevant stakeholders support expansions to data sharing arrangements.</p> <p>Aboriginal and Torres Strait Islander identifier data in the NHWD is reliable, consistent and culturally safe for Aboriginal and Torres Strait Islander people to choose to identify.</p> <p><b>The difference this will make</b></p> <p>An increase in the number and type of professions represented in the NHWD and HeaDS UPP.</p> <p>Health organisations use the NHWD and HeaDS UPP Tool to support jurisdictional, regional and local workforce planning.</p> <p>Workforce data is available at the small geographical area (Indigenous Region) level and used to enable a comprehensive understanding of workforce trends to inform local workforce planning.</p>	<p><b>Medium</b></p>	<p><b>Leads</b></p> <p>Australian Government Department of Health.</p> <p>AIHW.</p> <p><b>Partners</b></p> <p>State and territory departments with responsibility for health.</p> <p>PHNs.</p> <p>NACCHO and Affiliates.</p> <p>Ahpra.</p>





Implementation strategies	What this looks like in practice	Timeframe for completion	Responsible
<i>What strategies must be implemented to support the outcome?</i>		<i>Short (within 4 years), Medium (within 6 years) or Long term (10+ years).</i>	<i>Who is responsible for the action (Lead, Partner and Support)?</i>
<b>6.5. Develop capacity to access and analyse targeted Burden of Disease data or a detailed health needs analysis at the jurisdictional and regional level.</b>	<p><b>What success looks like</b></p> <p>Targeted health needs analysis or Burden of Disease data for Aboriginal and Torres Strait Islander peoples is:</p> <ul style="list-style-type: none"> <li>• accessible for jurisdictional and regional health organisations</li> <li>• can be analysed in relation to the distribution of the Aboriginal and Torres Strait Islander health workforce.</li> </ul> <p><b>The difference this will make</b></p> <p>Jurisdictional and regional health needs and Burden of Disease data is used to inform workforce planning to address place-based health needs.</p> <p>Workforce data is available at the small geographical area (Indigenous Region) level and used to support regional planning.</p>	Short to medium	<p><b>Lead</b></p> <p>State and territory departments with responsibility for health.</p> <p><b>Supports</b></p> <p>AIHW. PHNs.</p>



Implementation strategies	What this looks like in practice	Timeframe for completion	Responsible
<i>What strategies must be implemented to support the outcome?</i>		<i>Short (within 4 years), Medium (within 6 years) or Long term (10+ years).</i>	<i>Who is responsible for the action (Lead, Partner and Support)?</i>
<b>6.6. An Aboriginal and Torres Strait Islander identifying question is included in all human resource information systems.</b>	<p><b>What success looks like</b></p> <p>Aboriginal and Torres Strait Islander peoples can choose to identify in human resources systems and the information can easily be reported.</p> <p>Aboriginal and Torres Strait Islander peoples feel culturally safe identifying in these systems resulting in a higher proportion of identification.</p> <p><b>The difference this will make</b></p> <p>Data on the number and proportion of Aboriginal and Torres Strait Islander staff in the health workforce is more accurate.</p> <p>Workforce data is available at the small geographical area (Indigenous Region) level and used to support regional planning.</p>	Short	<p><b>Leads</b></p> <p>State and territory departments with responsibility for health.</p> <p>Australian Government Department of Health.</p>

# Case Study

## Enhancing the Aboriginal and Torres Strait Islander health workforce through data-led strategies with Dr Kalinda Griffiths

To be effective, Aboriginal and Torres Strait Islander health workforce development strategies must be based on community needs and evidence-based practice, supported by meaningful and reliable data.

Dr Kalinda Griffiths is a proud Yawuru woman and epidemiologist with over 20 years' experience across several roles in the research sector, including the Implementation Plan for the Aboriginal and Torres Strait Islander Health Workforce Plan. She emphasises the significance of obtaining quality data for health workforce planning and policy making.

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**'Data and information are the driving forces behind real evidence, differentiating real health narratives from subjective opinion pieces.' – Dr Kalinda Griffiths.**

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With a vision to drive health equity in Australia and globally, she is focused on resolving data sovereignty issues. She wants to improve data assets for Aboriginal and Torres Strait Islander peoples, particularly in developing data governance strategies and processes, which are crucial to informing key decision makers in the sector. These strategies require evidence-based processes and Aboriginal and Torres Strait Islander voices to be recognised and valued within the health system.

At the Centre for Big Data Research in Health at the University of New South Wales (UNSW), Dr Griffith's work focuses primarily on cancer epidemiology, providing a deeper understanding of health disparities in Australia and how these insights can be better measured through the identification and application of key indicators. This research is improving Aboriginal and Torres Strait Islander cancer services and enabling better data governance so Aboriginal and Torres Strait Islander peoples can control their own health narrative now and in the future.

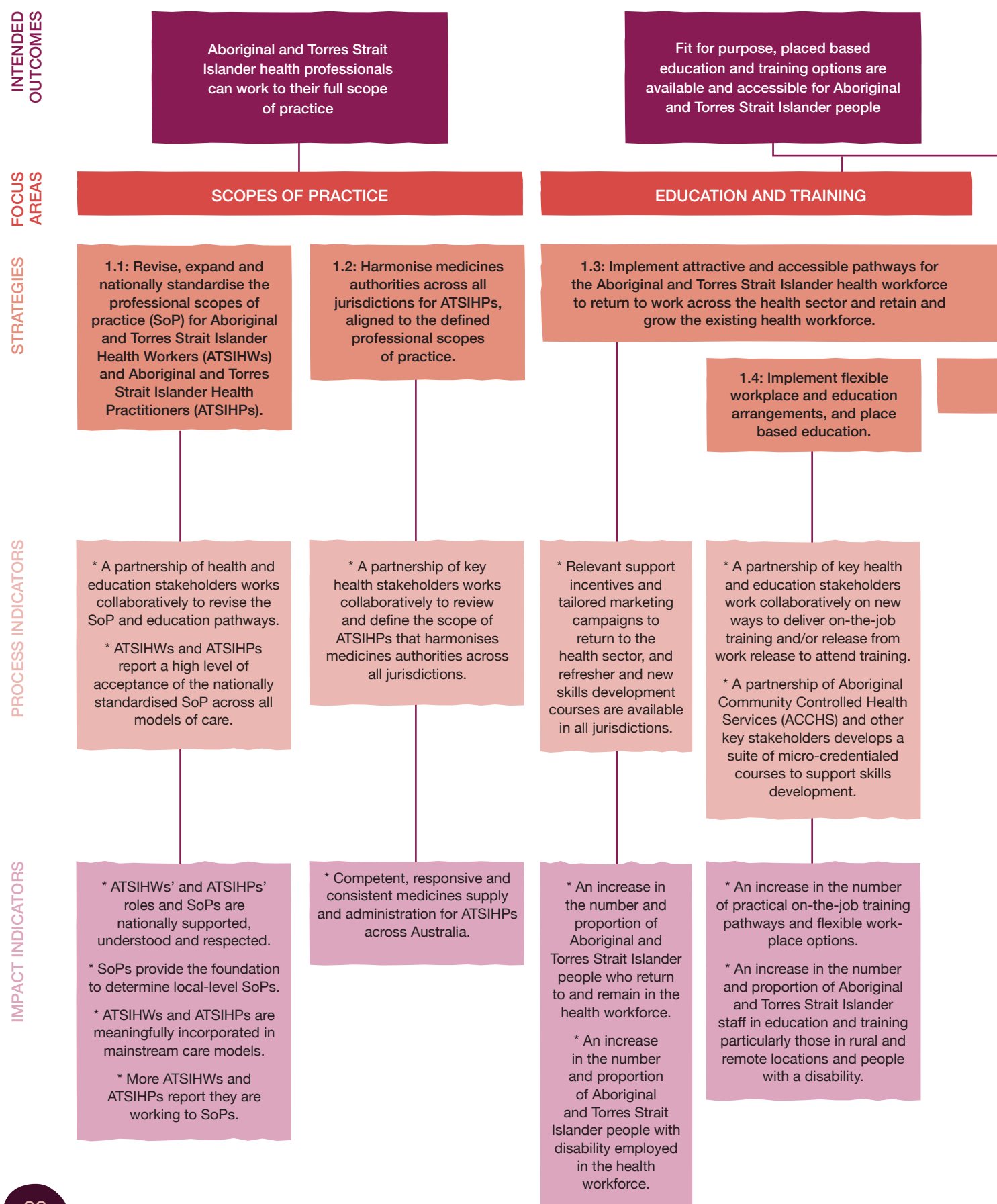
Dr Griffiths highlights the importance of infrastructure to appropriately store and extract information to produce an accurate picture of Aboriginal and Torres Strait Islander people working in health care around Australia. She has found that introducing harmonised ways for different health systems to work together is a challenge for the sector. The systems infrastructure used to collect and collate health data varies across locations and between health systems.

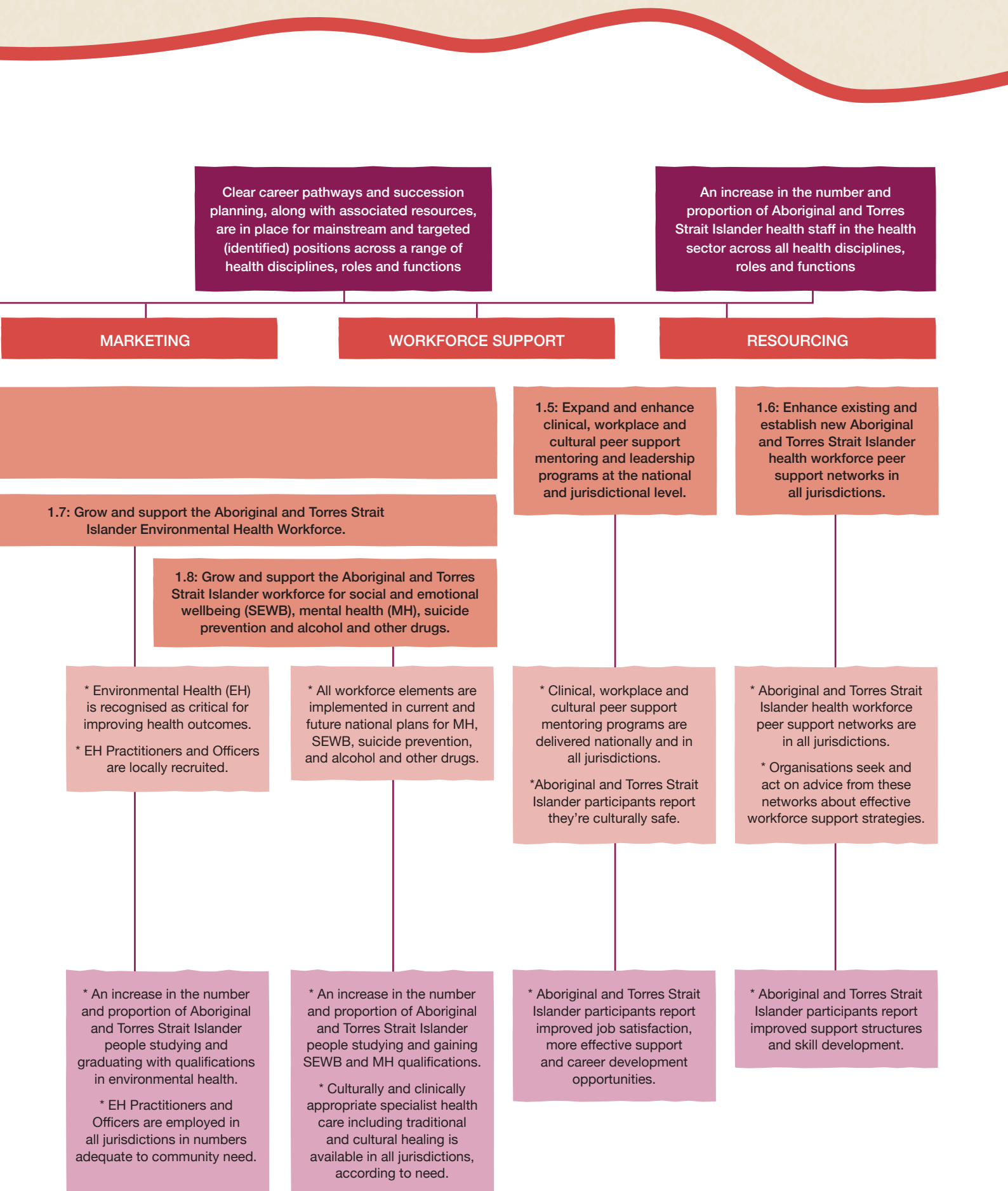
A clearer understanding of how many Aboriginal and Torres Strait Islander health workers are progressing their careers is also important, particularly for those in regional areas. Dr Griffiths has found that young Aboriginal and Torres Strait Islander people enter the workforce in their local areas but move quite early to urban areas, due to demand or career opportunity. They often don't return and that workforce capability is lost. Data governance and sovereignty are crucial in tracking their career movements to inform strategies to improve recruitment and retention in regional areas.

Having access to and learning from health research leaders was important for Dr Griffiths' career journey. Winning Lowitja Institute's Emerging Researcher Award for her work in Aboriginal and Torres Strait Islander health and data in 2019 earned her exposure and networks in the industry early in her career. Her hope is the next generation of young Aboriginal and Torres Strait Islander health data experts can be supported in their ambition to work in the sector through more recognition and investment in data governance and data sovereignty.

## APPENDIX 1: PROGRAM LOGICS

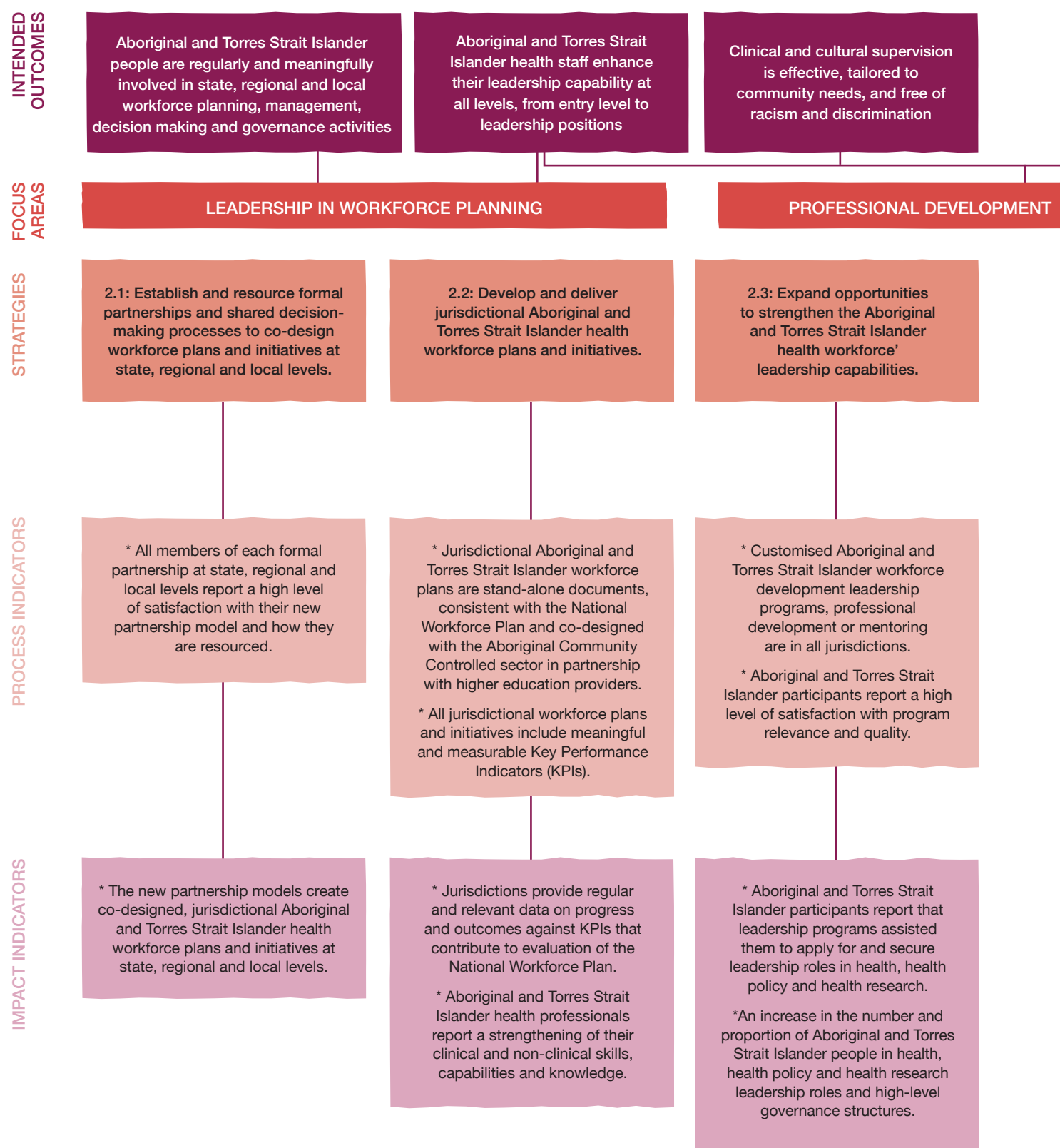
### Strategic Direction 1: Aboriginal and Torres Strait Islander people are represented and supported across all health disciplines, roles and functions





## APPENDIX 1: PROGRAM LOGICS

**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**





Professional development opportunities for Aboriginal and Torres Strait Islander health professionals are tailored to their needs and support inter-professional collaboration and networks

New health professionals graduate with skills to advocate for and deliver culturally safe health care for Aboriginal and Torres Strait Islander people

Aboriginal and Torres Strait Islander people can access micro-credentialled health workforce training that is linked to employment opportunities across health career pathways

## AND CULTURAL SUPPORT

## EDUCATION AND TRAINING

2.4: Enhance and strengthen the capacity, capability and leadership of Aboriginal and Torres Strait Islander Health Professional Organisations (ATSIHPOs).

2.5: Establish a network that focuses on leaders in Indigenous allied health education and training.

2.6: Enhance and expand investment in networks that focus on leaders in Indigenous medical education and leaders in Indigenous nursing and midwifery education.

2.7: Review and address micro-credential needs based on health workforce plans and initiatives at state, regional and local levels (Strategies 2.1 and 2.2), and the career pathways mapping project (Strategy 5.1).

\* ATSIHPOs' membership have a high proportion of Aboriginal and Torres Strait Islander health professionals.

\* ATSIHPO members report a high level of satisfaction with ATSIHPO activities and support.

\* ATSIHPOs report they can meet their role in implementing the National Workforce Plan.

\* Educators, universities and Registered Training Organisations (RTOs) delivering allied health courses are well represented in the network membership and have high participation rates in network activities and events.

\* Educators, universities and RTOs delivering medicine, nursing and midwifery courses are well represented in the membership of these networks and have high participation rates in the activities and events run by the networks.

\* Existing micro-credentialing options and gaps are identified and mapped to roles and needs.

\* In partnership with Aboriginal Community Controlled Health Organisations and other key health providers, education providers develop a suite of micro-credentialled courses to support skills development for new and existing Aboriginal and Torres Strait Islander workforce.

\* ATSIHPOs gain long-term funding.

\* ATSIHPOs contribute to improved recruitment, retention and career progression in the Aboriginal and Torres Strait Islander health workforce.

\* ATSIHPOs contribute to more effective health career pathway programs with Aboriginal and Torres Strait Islander communities.

\* Educators, universities and RTOs delivering allied health courses, and students, report improved capacity to develop and deliver cultural safety curriculum, create culturally safe learning environments, and graduate health professionals with skills and leadership in cultural safety.

\* There is comprehensive implementation of the National Aboriginal and Torres Strait Islander Health Curriculum Framework in allied health.

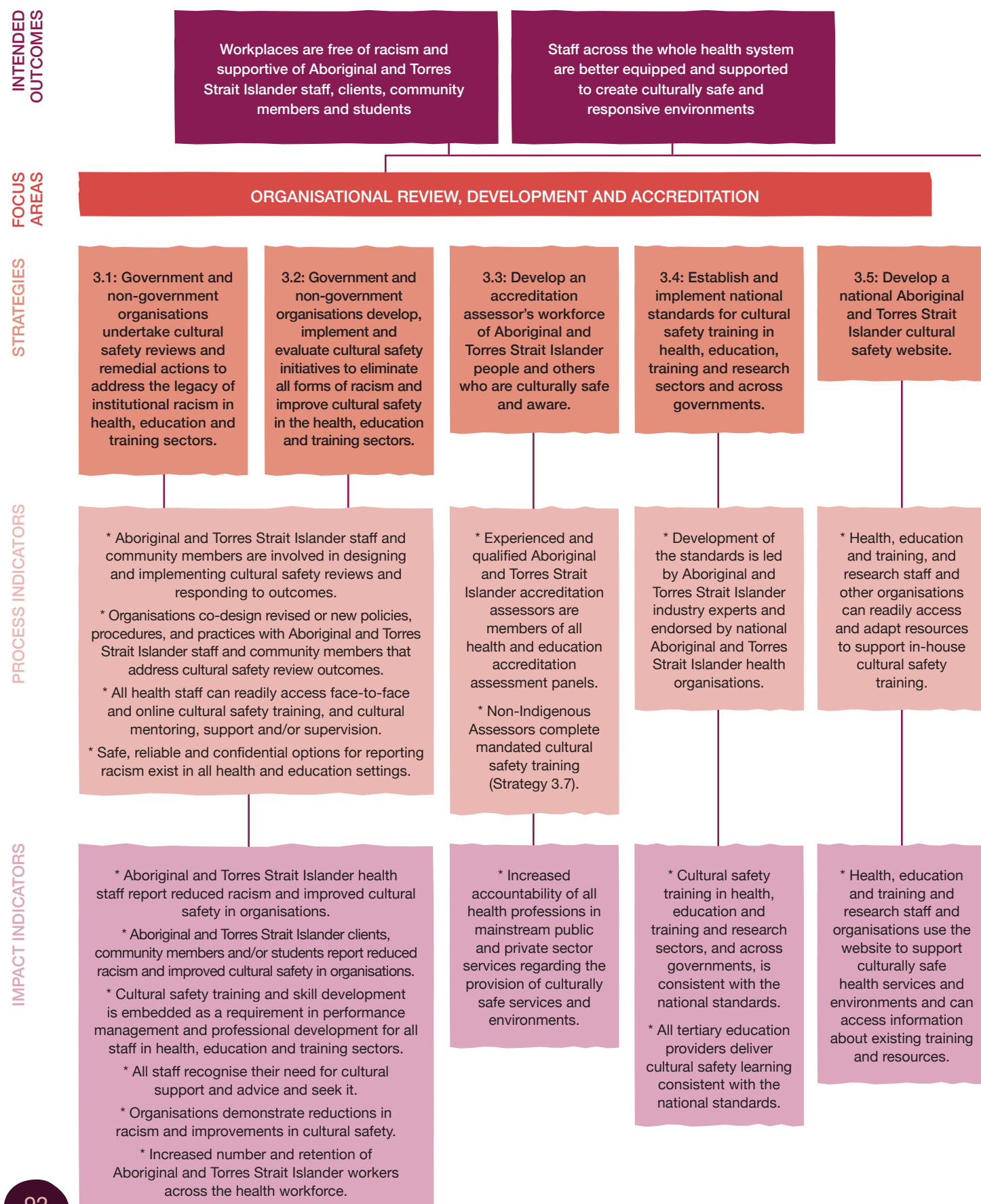
\* Educators, universities and RTOs delivering medicine, nursing and midwifery courses, and students, report improved capacity to develop and deliver cultural safety curriculum, create culturally safe learning environments, and graduate health professionals with skills and leadership in cultural safety.

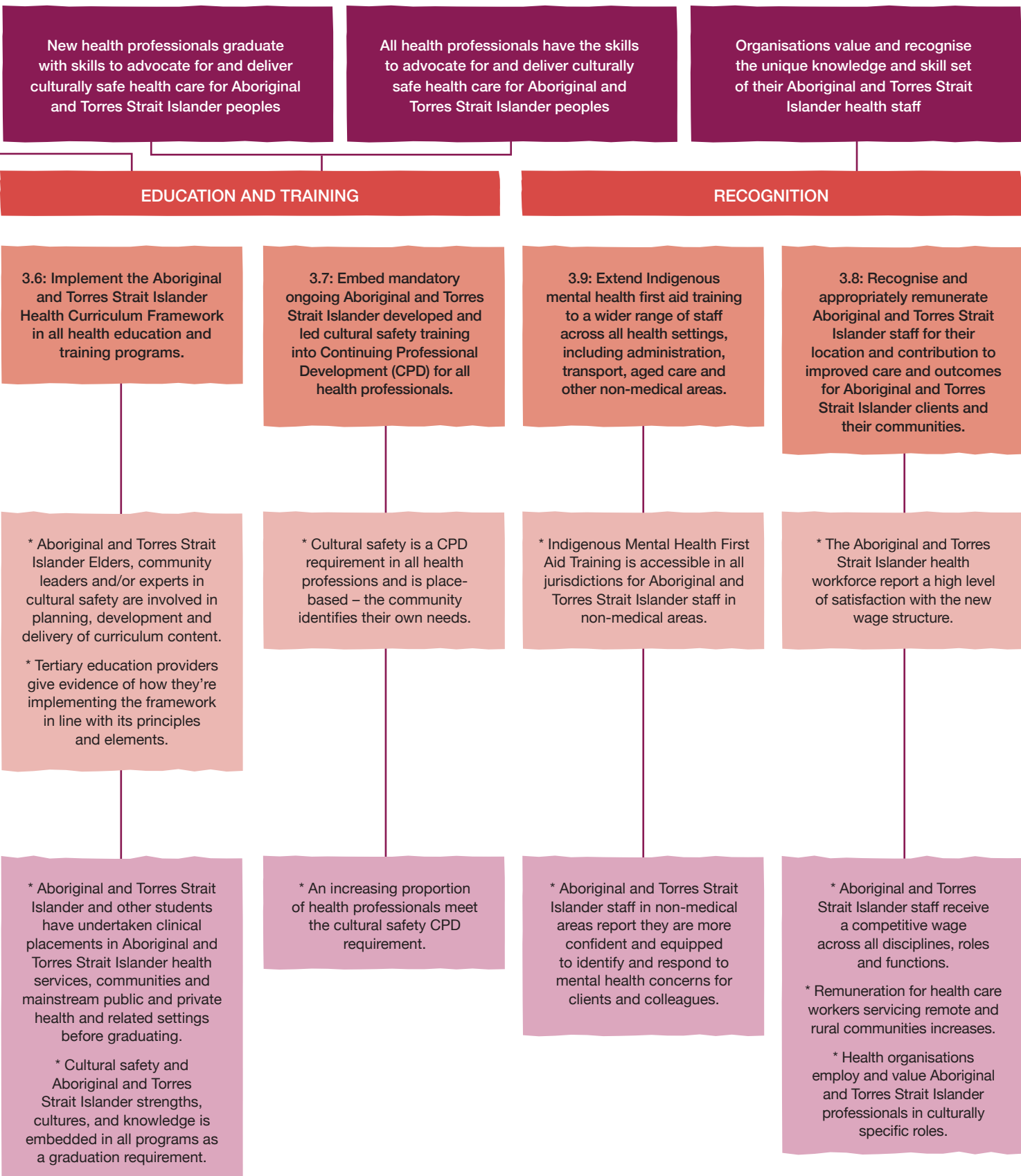
\* There is comprehensive implementation of the National Aboriginal and Torres Strait Islander Health Curriculum Framework in medicine, nursing and midwifery.

\* Existing and emerging Aboriginal and Torres Strait Islander health workforce enrol in micro-credentialing options that meet their employment and career development needs.

## APPENDIX 1: PROGRAM LOGICS

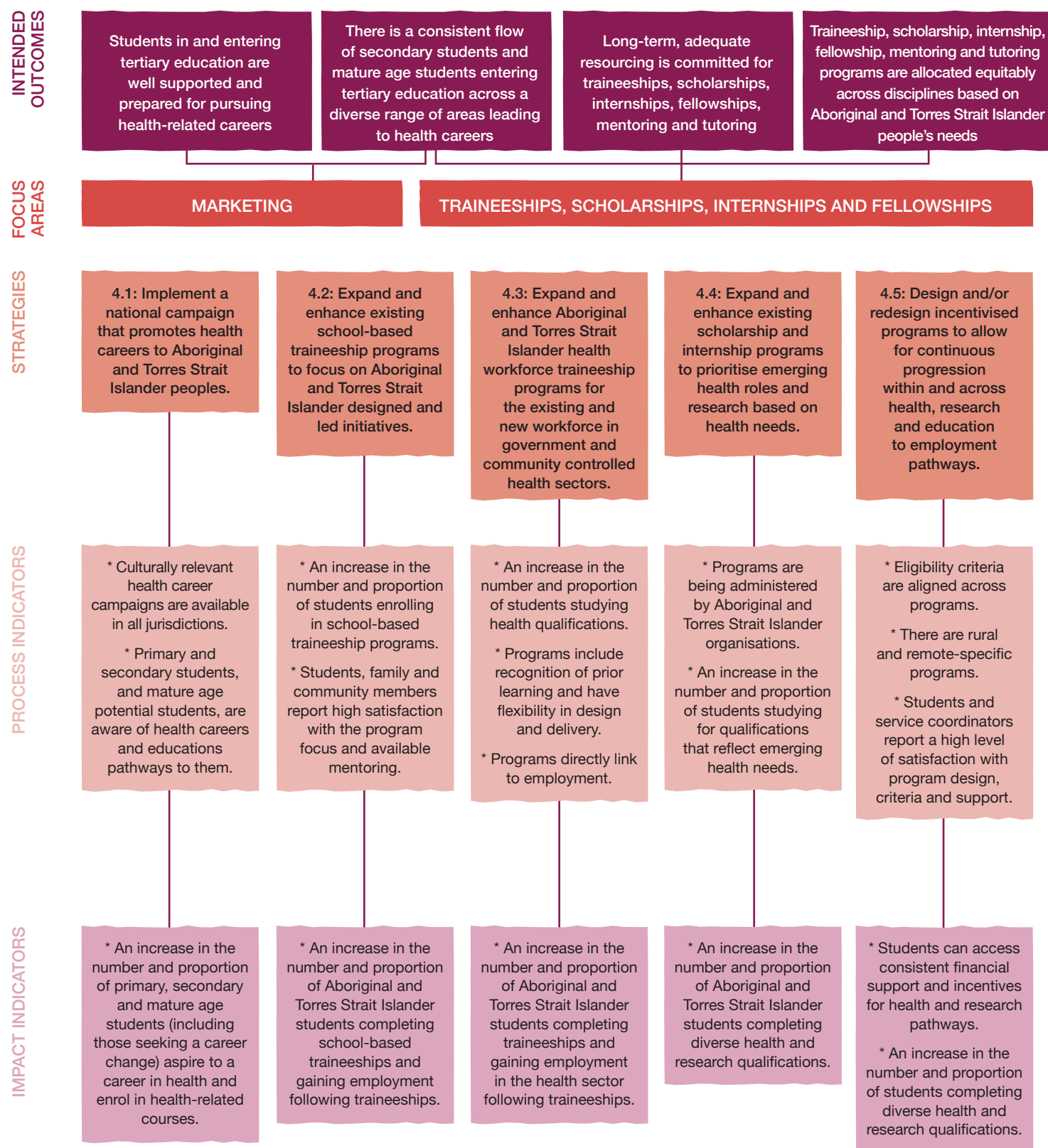
**Strategic Direction 3: Aboriginal and Torres Strait Islander people are employed in culturally safe and responsive workplace environments that are free of racism across health and all related sectors**





## APPENDIX 1: PROGRAM LOGICS

**Strategic Direction 4: There are sufficient 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 peoples**



All staff and students are better equipped and supported to create culturally safe and responsive tertiary education environments

Completion rates and graduation numbers for qualifications in health-related areas improve significantly over the next decade

Workforce demand for Aboriginal and Torres Strait Islander health professionals, administrators and researchers is met across diverse roles and disciplines

## HIGHER EDUCATION ENVIRONMENTS AND SUPPORTS

4.6: Develop and implement co-designed cultural safety initiatives in higher education with Aboriginal and Torres Strait Islander stakeholders.

- \* Institutions develop and implement co-designed cultural safety initiatives.
- \* Faculty leaders and senior management are accountable for cultural safety targets.
- \* Aboriginal and Torres Strait Islander people report they are culturally safe within institutions.

\* An increase in the number and proportion of Aboriginal and Torres Strait Islander people represented at all levels, and students completing diverse health and research qualifications.

4.7: Expand and enhance Aboriginal and Torres Strait Islander Student Support Networks in higher education.

- \* Aboriginal and Torres Strait Islander Student Support Networks are available and resourced in all institutions.
- \* Students can access peer support and professional development opportunities through the networks.

\* Students report networks assist them to continue studying and complete their qualifications.

\* An increase in the number and proportion of students completing diverse health and research qualifications.

4.8: Expand and enhance Aboriginal and Torres Strait Islander student mentoring programs across all health and research disciplines.

- \* Mentoring programs are available and resourced for Aboriginal and Torres Strait Islander students in all health disciplines.
- \* Students report being culturally safe in their mentoring program.

\* Students report that mentoring supports them to continue studying and complete their qualifications.

\* An increase in the number and proportion of students completing diverse health and research qualifications.

4.9: Expand and enhance Aboriginal and Torres Strait Islander tutoring programs and foundation skills courses across all health/research disciplines.

- \* Tutoring programs and foundation skills courses are available and resourced for Aboriginal and Torres Strait Islander students in all health disciplines.
- \* Students are culturally safe in their programs and courses.

\* Students report tutoring programs and/or foundation skills courses support them to continue studying and complete their qualifications.

\* An increase in the number and proportion of students completing diverse health and research qualifications.

4.10: Develop and implement co-designed enhancements to existing supports for Aboriginal and Torres Strait Islander health students from regional, rural and remote areas.

- \* Students, family and community members from regional, rural and remote areas report a high level of connection and satisfaction with support.
- \* A diverse range of support is enhanced.

\* Students from regional, rural and remote areas report enhanced support enables them to enrol, continue studying and complete their qualifications.

\* More regional, rural and remote students complete their qualifications.

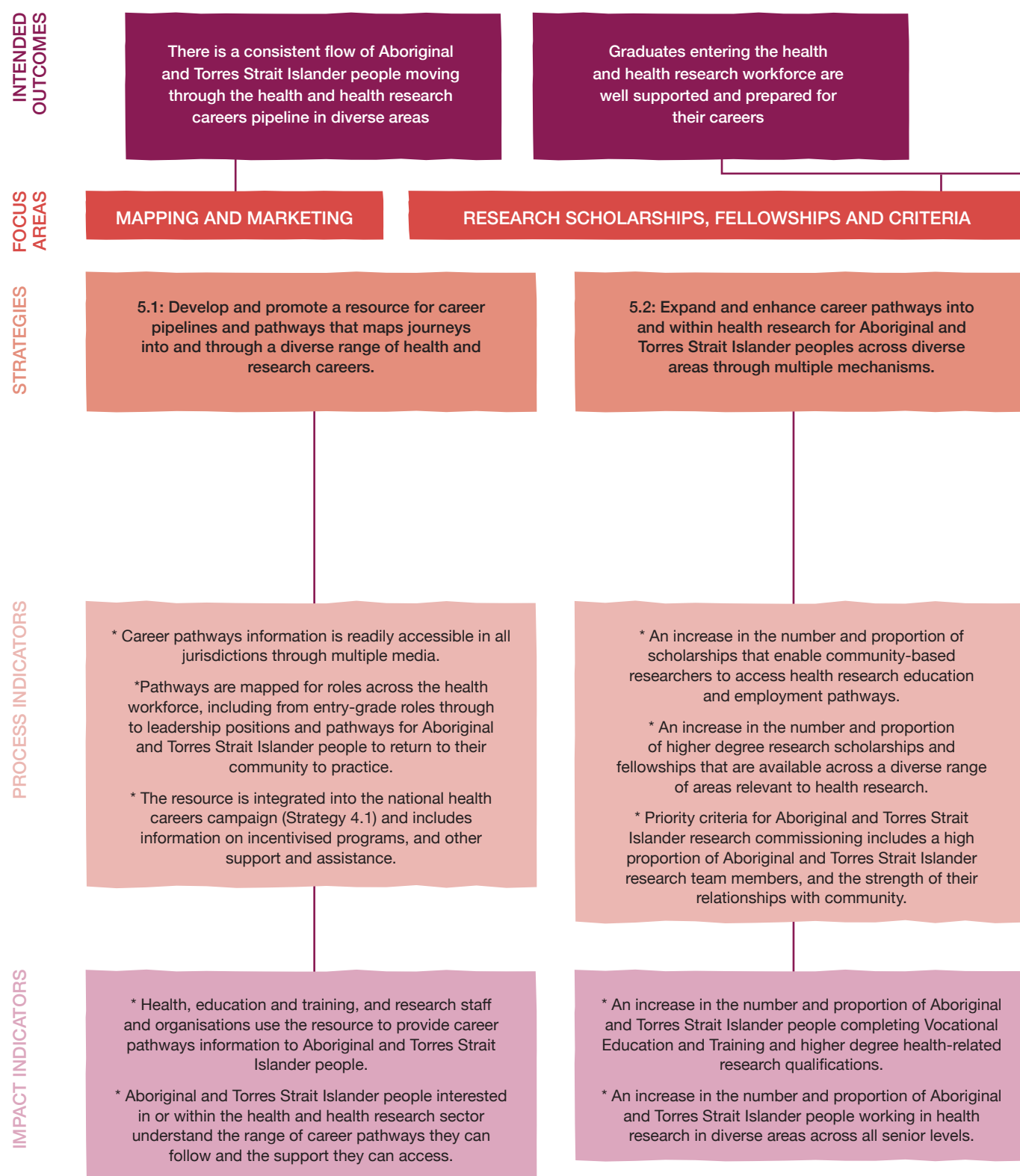
4.11: Develop and implement a national framework for post-graduate vocational specialist training in health professional fields that complement the Aboriginal and Torres Strait Islander Health Curriculum Framework.

- \* Aboriginal and Torres Strait Islander Health Professional Organisations report the national framework adequately outlines how to integrate social and cultural determinants of health and cultural safety into specialist training curriculum, workplace structures and trainee supervisory and mentoring arrangements.
- \* Post-graduate vocational specialist training programs provide evidence of using the framework in line with its principles and elements.

\* Cultural safety and Aboriginal and Torres Strait Islander strengths, cultures, and knowledge is embedded in all programs and all trainees undertake placements in Aboriginal community-controlled health services, communities, and mainstream public and private health settings before graduating.

## APPENDIX 1: PROGRAM LOGICS

### Strategic Direction 5: Aboriginal and Torres Strait Islander health students have successful transitions into the workforce and access clear career pathway options





Adequate resourcing for cadetships, scholarships, fellowships and mentoring is committed on a long-term basis

Cadetship, scholarship, fellowship and mentoring programs are allocated equitably across disciplines based on Aboriginal and Torres Strait Islander people's needs

The number and proportion of Aboriginal and Torres Strait Islander health graduates making successful transitions into the health and health research workforce improve significantly over the next decade

## HIGHER EDUCATION AND WORKPLACE SUPPORTS

5.3: Enhance and expand clinical placement programs across all health disciplines.

\* Clinical placements are available in metropolitan, regional and remote areas for all health disciplines.

\* Aboriginal and Torres Strait Islander students are prioritised to attend their preferred placements, and access financial support for travel or relocation.

\* Aboriginal and Torres Strait Islander students report being culturally safe in their placements.

\* Aboriginal and Torres Strait Islander health students report clinical placements provide opportunities to transition into the workforce.

\* An increase in the number and proportion of Aboriginal and Torres Strait Islander health students transitioning into the workforce via clinical placements.

5.4: Expand and enhance cadetship programs across all health disciplines for Aboriginal and Torres Strait Islander health students.

\* Cadetships are available in all jurisdictions and regions for all health disciplines.

\* Cadetship programs ensure students access financial support for placements that require travel or relocation.

\* Aboriginal and Torres Strait Islander students report being culturally safe.

\* Aboriginal and Torres Strait Islander health students report that cadetships enable them to transition into the workforce.

\* An increase in the number and proportion of Aboriginal and Torres Strait Islander health students transitioning into the workforce via cadetships.

5.5: Enhance and expand graduate mentoring programs across all health disciplines for Aboriginal and Torres Strait Islander health graduates.

\* Mentoring programs are available and resourced for Aboriginal and Torres Strait Islander graduates in all health disciplines.

\* Aboriginal and Torres Strait Islander graduates report they are culturally safe in their mentoring program.

\* Aboriginal and Torres Strait Islander health graduates report mentoring supports their understanding of career pathway options and successful transition into the workforce.

\* An increase in the number and proportion of Aboriginal and Torres Strait Islander health graduates retained in the workforce over the next decade.

5.6: Develop and implement a workplace transition program across all health disciplines for Aboriginal and Torres Strait Islander health graduates.

\* Workplace transition programs are available and resourced for Aboriginal and Torres Strait Islander graduates in all health disciplines.

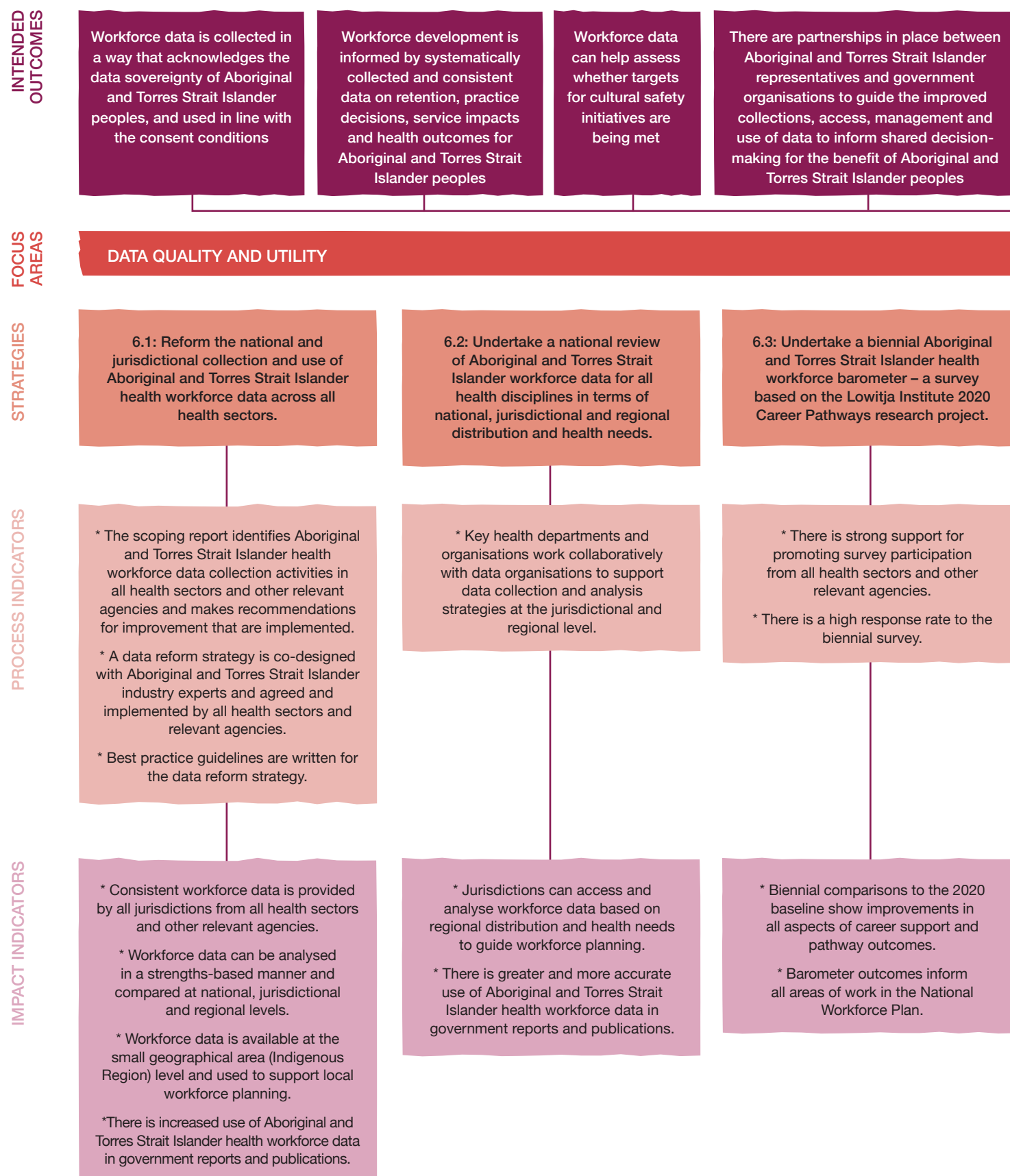
\* Aboriginal and Torres Strait Islander graduates report being culturally safe in their workplace transition program.

\* Aboriginal and Torres Strait Islander health graduates report the workplace transition program supports their successful transition into the workforce.

\* An increase in the number and proportion of Aboriginal and Torres Strait Islander health graduates retained in the workforce over the next decade.

## APPENDIX 1: PROGRAM LOGICS

**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**



Aboriginal and Torres Strait Islander health workforce's goals and needs are embedded in workforce data strategies and guidelines

Workforce data is shared publicly and presented in a clear and accessible manner

Workforce data reporting supports transparent and accountable workforce planning and decision making in Aboriginal and Torres Strait Islander Community Controlled Health Services and mainstream health organisations in both the public and private sectors

Aboriginal and Torres Strait Islander communities and organisations are supported by governments to build capability and expertise in collecting, using and interpreting data in a meaningful way

6.4: Expand the National Health Workforce Dataset (NHWD) and the Health Demand and Supply Utilisation Patterns Planning (HeaDS UPP) Tool.

- \* The data expansion strategy identifies priority gaps to address need, and is co-designed, agreed and implemented by all health sectors and other relevant agencies.

- \* All relevant stakeholders support expansions to data sharing arrangements.

- \* Aboriginal and Torres Strait Islander identifier data in the NHWD is reliable, consistent and culturally safe for Aboriginal and Torres Strait Islander people to choose to identify.

- \* An increase in the number and type of professions represented in the NHWD and HeaDS UPP.

- \* Health organisations use the NHWD and HeaDS UPP Tool to support jurisdictional, regional and local workforce planning.

- \* Workforce data is available at the small geographical area (Indigenous Region) level and used to enable a comprehensive understanding of workforce trends to inform local workforce planning.

6.5: Develop capacity to access and analyse targeted Burden of Disease (BoD) data or a detailed health needs analysis at the jurisdictional and regional level.

- \* Targeted health needs analysis or BoD data for Aboriginal and Torres Strait Islander peoples is accessible for jurisdictional and regional health organisations, and can be analysed in relation to the distribution of the Aboriginal and Torres Strait Islander health workforce.

- \* Jurisdictional and regional health needs and BoD data is used to inform workforce planning to address place-based health needs.

- \* Workforce data is available at the small geographical area (Indigenous Region) level and used to support local workforce planning.

6.6: An Aboriginal and Torres Strait Islander identifying question is included in all human resource information systems.

- \* Aboriginal and Torres Strait Islander people can choose to identify in human resources systems and the information can easily be reported.

- \* Aboriginal and Torres Strait Islander people feel culturally safe identifying in these systems resulting in a higher proportion of identification.

- \* Data on the number and proportion of Aboriginal and Torres Strait Islander staff in the health workforce is more accurate.

- \* Workforce data is available at the small geographical area (Indigenous Region) level and used to support local workforce planning.

## APPENDIX 2: OVERVIEW OF STRATEGIC DIRECTIONS

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

**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.

**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.

The first 3 strategic directions are complementary. They address the structural, systemic and organisational barriers that inhibit recruitment and retention.

They relate to:

- growing the Aboriginal and Torres Strait Islander health workforce
- developing the workforce's capacity and skill
- enhancing the entire health workforce to create culturally safe and responsive health systems for staff and clients.

To implement them, the health sector must adopt strengths-based approaches to recruitment and retention and move away from an obligatory approach to meet diversity or minimum requirements.

As outlined in the Culture is Key: Towards cultural determinants-driven health policy – Final Report by the Lowitja Institute, strengths-based approaches are asset-based.<sup>69</sup> They acknowledge, understand, and respect that Aboriginal and Torres Strait Islander people work – and should be supported to work – across all health disciplines. They offer positive attributes and characteristics, and therefore significant value, to their services and professions.

Strengths-based actions support a holistic approach that favours Aboriginal and Torres Strait Islander ways of knowing, being and doing.<sup>70</sup> This builds positive communication and improves the relationships and interactions with Aboriginal and Torres Strait Islander clients to achieve the best health outcomes. Recognition of the skills and strengths of Aboriginal and Torres Strait Islander people was also highlighted in a systematic review as an enabler to retaining Aboriginal and Torres Strait Islander people working in health care.<sup>71</sup>

Certain characteristics of the work environment are key for the retention of the Aboriginal and Torres Strait Islander health workforce. A supportive workplace is a significant predictor of job satisfaction and improved retention. Effective strategies include:

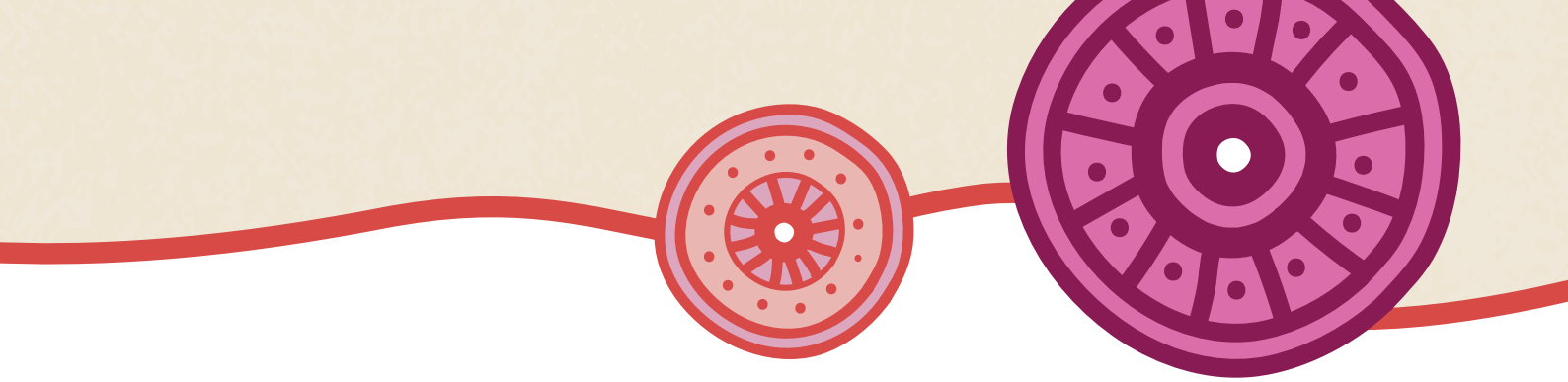
- supportive management structures
- respect from colleagues
- presence of Aboriginal and Torres Strait Islander leadership within the workforce
- culturally safe workplaces
- flexible working conditions
- clear career pathways
- access to professional development.

Conversely, a workplace that tolerates racism, provides limited support from management and peers, and lacks mentoring and professional development opportunities, is a predictor of poor satisfaction, emotional exhaustion, and high turnover.<sup>72</sup>

Improvement in health system performance requires institutional racism to be addressed through:

- personal and organisational action, including ensuring workplaces do not tolerate direct or indirect racism and conscious or unconscious bias
- proactively undertake regular organisational assessments of policies, procedures and practices.<sup>73</sup>

This will contribute to the creation of culturally safe and responsive health care environments in all health care settings.



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**Strategic Direction 4:** There are sufficient 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.

**Strategic Direction 5:** Aboriginal and Torres Strait Islander health students have successful transitions into the workforce and access clear career pathway options.

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These directions address the organisational and personal barriers to entering and completing educational programs and subsequent workforce supply. Their implementation strategies address:

- systemic barriers such as racism and discrimination
- individual barriers such as financial and personal supports.<sup>74</sup>

Combined, these strategies help create supportive and culturally safe learning environments that will lead to better completion rates and entry into health professions.

The process of selecting and preparing education, particularly at the tertiary level, is critical to student retention.<sup>75</sup> Hence, some implementation strategies target primary and secondary schooling. They call for work experience and mentoring programs that enhance a young person's learning experience, goal setting, their understanding of health careers and employment expectations.

Developing a highly-skilled and capable health workforce starts before Vocational Education and Training (VET) and university. Early interventions will address some of the personal barriers identified in the research.<sup>76</sup>

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**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.

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The final strategic direction improves health workforce planning and policy development. Obtaining quantitative measures of Aboriginal and Torres Strait Islander health outcomes, or in this case workforce planning outcomes, can be problematic.

Aboriginal and Torres Strait Islander people are usually framed against a non-Indigenous norm. This happens when explanations of quantitative measures do not prioritise or reflect Aboriginal and Torres Strait Islander peoples' knowledge or understandings. They can be determined to be fundamentally unhealthy, deficient, or lacking from a workforce perspective.

The National Workforce Plan is designed to improve information gathering, collecting, sharing and reporting to enable strategic, clear workforce planning across the health system. This will inform planning and investment for the Aboriginal community-controlled health sector and public health systems in each of the states and territories.

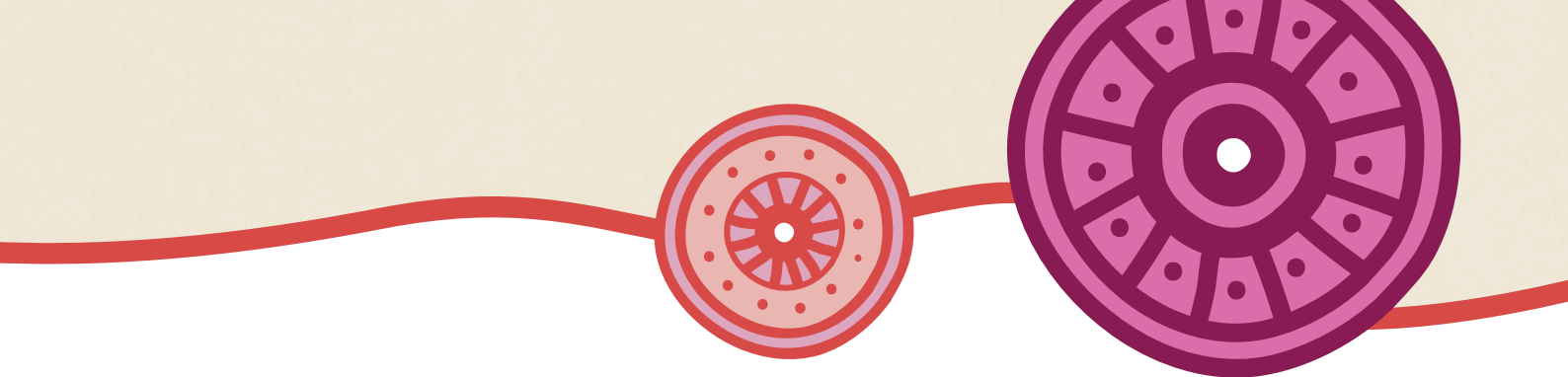
The sharing of information will also mobilise the workforce, and support education and training pathways. It is an acknowledgement of each sector's workforce roles in delivering comprehensive health care.

## APPENDIX 3: GLOSSARY AND DEFINITIONS

The National Workforce Plan is underpinned by the following definitions that are well established and accepted principles, generic to a number of longstanding national and state Aboriginal and Torres Strait Islander planning and policy documents.

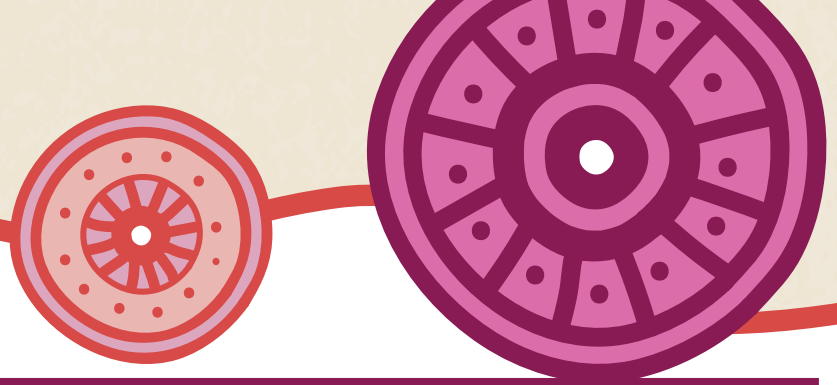
Term	Description
<b>Aboriginal and Torres Strait Islander Health Practice Board of Australia (ATSIHPBA)</b>	<p>The functions of the Aboriginal and Torres Strait Islander Health Practice Board of Australia include:</p> <ul style="list-style-type: none"> <li>• developing standards, codes and guidelines for Aboriginal and Torres Strait Islander Health Practice</li> <li>• approving accreditation standards and accredited courses of study</li> <li>• registering Aboriginal and Torres Strait Islander Health practitioners and students</li> <li>• handling notifications, complaints, investigations and disciplinary hearings.<sup>77</sup></li> </ul> <p>Functions of the Board are supported by the Australian Health Practitioner Regulation Agency (Ahpra).</p>
<b>Aboriginal and Torres Strait Islander Health Practitioner (ATSIHP)</b>	An Aboriginal and/or Torres Strait Islander primary health care professional who is registered with Ahpra.
<b>Aboriginal and Torres Strait Islander Health Professional Organisations (ATSIHPOs)</b>	Funded by the Australian Government, ATSIHPOs provide advice and support for the health workforce they represent and participate in the development and implementation of Aboriginal and Torres Strait Islander health workforce policy, priorities and programs. ATSIHPOs have a key role in broader initiatives that assist in achieving the goal of closing the life expectancy gap between Indigenous and non-Indigenous Australians.
<b>Aboriginal and Torres Strait Islander Health Worker (ATSIHW)</b>	An Aboriginal or Torres Strait Islander person who holds the relevant qualifications in Aboriginal and/or Torres Strait Islander primary health care.
<b>Aboriginal and Torres Strait Islander peoples</b>	Aboriginal and Torres Strait Islander peoples refers to a collective of individual people from different Aboriginal and Torres Strait Islander Nations across Australia.
<b>Aboriginal Community Controlled Health Services (ACCHS)</b>	<p>ACCHS are non-government, not-for-profit primary health care services initiated and operated by the local Aboriginal community to delivery holistic, comprehensive and culturally responsive health care. ACCHS are incorporated, based in an Aboriginal community, and governed by a majority Aboriginal board which the local community elects.</p> <p>The terms Aboriginal Community Health Organisation (ACCHO) and Aboriginal Medical Service (AMS) are often used interchangeably with ACCHS. In some regions, such as in Victoria, these services are also known more broadly as Aboriginal Community Controlled Organisations (ACCO). While the National Workforce Plan refers to ACCHS, this is intended to be inclusive of services across the community-controlled health services sector.</p>
<b>Aboriginal Liaison Officers (ALOs)</b>	ALOs assist multidisciplinary teams to provide clinical and primary health care for individuals and families. ALOs engage with patients, clients and visitors to hospitals and health clinics and assist in arranging, co-ordinating and providing culturally appropriate health care. <sup>78</sup>
<b>Accreditation bodies</b>	Professional-based bodies responsible for the accreditation of health and education courses.
<b>Alcohol and other drugs (AOD)</b>	Alcohol and/or other drugs.
<b>Allied health services</b>	A broad range of health professionals who use evidence-based practices to prevent, diagnose and treat various conditions and illnesses. Allied Health professionals generally work within multidisciplinary health teams to provide specialised support tailored to suit an individual's needs.
<b>Australian Health Practitioner Regulation Agency (Ahpra)</b>	Ahpra is responsible for implementing the National Registration and Accreditation Scheme across Australia.





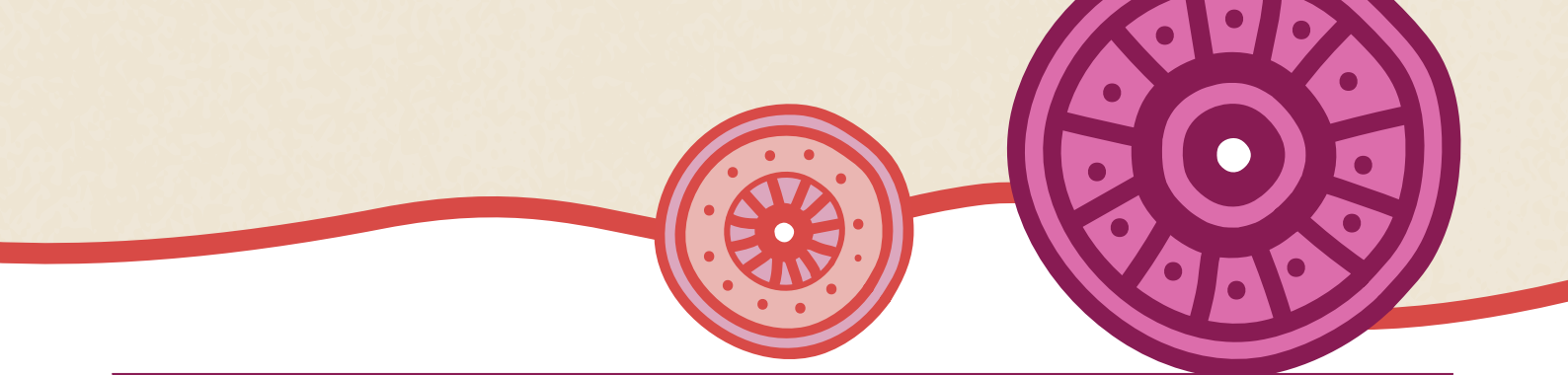
Term	Description
<b>Australian Health and Hospitals Association (AHHA)</b>	Australia's peak body for public and not-for-profit hospitals and health care providers.
<b>Australian Bureau of Statistics (ABS)</b>	Australia's national statistical agency.
<b>Australian College of Nursing (ACN)</b>	National leadership body within the profession of nursing.
<b>Australian Government Department of Social Services (DSS)</b>	The Government Department responsible for advising and implementing social policy to improve wellbeing across the lifespan for Australians.
<b>Australian Indigenous Doctors' Association (AIDA)</b>	The national health professional organisation representing Aboriginal and Torres Strait Islander medical practitioners and students.
<b>Australian Indigenous Mentoring Experience (AIME)</b>	A mentoring program providing education support to Aboriginal and Torres Strait Islander students.
<b>Australian Institute of Aboriginal and Torres Strait Islander Studies (AIATSIS)</b>	AIATSIS is Australia's only national institution focused exclusively on the diverse history, cultures and heritage of Aboriginal and Torres Strait Islander Australia. <sup>79</sup>
<b>Australian Institute of Health and Welfare (AIHW)</b>	Australia's leading health and welfare statistics agency.
<b>Australian Medical Council (AMC)</b>	The independent national standards body for medical education and training.
<b>Clinical roles</b>	Clinicians who are allowed by law, regulation, professional requirements, and facility policy to perform or assist in the diagnosis and treatment of people in a health care setting.
<b>Close the Gap</b>	<p>Australia's peak Indigenous and non-Indigenous health bodies, non-government organisations and human rights organisations are working together to achieve equality in health and life expectancy for Aboriginal and Torres Strait Islander peoples.</p> <p>The Close the Gap Campaign aims to close the health and life expectancy gap between Aboriginal and Torres Strait Islander peoples and non-Indigenous Australians within a generation. The campaign is built on evidence that shows significant improvements in the health status of Aboriginal and Torres Strait Islander peoples can be achieved by 2030.</p>
<b>Congress of Aboriginal and Torres Strait Islander Nurses and Midwives (CATSINaM)</b>	The national health professional organisation representing Aboriginal and Torres Strait Islander nurses and midwives, and nursing and midwifery students.
<b>Continuing Professional Development (CPD)</b>	CPD includes a wide range of planned activities that broaden and strengthen the skills and knowledge related to an area of work. CPD is often a formal requirement and includes activities like attending conferences, doing a short course, acquiring some new skills on the job, acting in other roles to build your leadership experience and skills, or being mentored by a colleague.
<b>Council of Presidents of Medical Colleges (CPMC)</b>	Supports all specialist Medical Colleges in Australia.

Term	Description
<b>Cultural determinants of health</b>	The cultural determinants of health are the protective factors that enhance resilience, strengthen identity and support good health and wellbeing. These include, but are not limited to, connection to Country; family, kinship and community; Indigenous beliefs and knowledge; cultural expression and continuity; Indigenous language; and self-determination and leadership.
<b>Cultural safety</b>	<p>The following principles inform the definition of cultural safety:</p> <ul style="list-style-type: none"> <li>• Prioritising COAG's goal to deliver health care free of racism supported by the National Aboriginal and Torres Strait Islander Health Plan 2013–2023</li> <li>• Improved health service provision supported by the Safety and Quality Health Service Standards User Guide for Aboriginal and Torres Strait Islander Health.</li> <li>• Provision of a rights-based approach to health care supported by the United Nations Declaration on the Rights of Indigenous Peoples.</li> <li>• Ongoing commitment to learning, education and training.</li> </ul> <p>Cultural safety is determined by Aboriginal and Torres Strait Islander individuals, families and communities.</p> <p>Culturally safe practise is the ongoing critical reflection of health practitioner knowledge, skills, attitudes, practising behaviours and power differentials in delivering safe, accessible and responsive healthcare free of racism.</p> <p>To ensure culturally safe and respectful practice, health practitioners must:</p> <ul style="list-style-type: none"> <li>• acknowledge colonisation and systemic racism, social, cultural, behavioural and economic factors which impact individual and community health</li> <li>• acknowledge and address individual racism, their own biases, assumptions, stereotypes and prejudices and provide care that is holistic, free of bias and racism</li> <li>• recognise the importance of self-determined decision making, partnership and collaboration in health care, which is driven by the individual, family and community</li> <li>• foster a safe working environment through leadership to support the rights and dignity of Aboriginal and Torres Strait Islander people and colleagues.<sup>80</sup></li> </ul>
<b>Formal partnerships</b>	Agreed arrangements (policy and place-based) between governments and Aboriginal and Torres Strait Islander people that set out who makes decisions, how decisions are made, and what decisions are about.
<b>Governments</b>	All Australian Governments, consisting of the Australian Government, states and territories, and local governments.
<b>Health Demand and Supply Utilisation Patterns Planning Tool (HeaDS UPP Tool)</b>	The HeaDS UPP Tool is a new integrated source of health workforce and services data that informs workforce planning and analysis. HeaDS UPP brings health data together to visually highlight how the community uses and accesses health services and the health workforce. It provides a single access point for workforce data from a number of data sets such as the Medicare Benefits Schedule, Australian General Practitioner Training, Royal Flying Doctor Service Program, National Health Workforce data set, National Health Service Directory, and others.
<b>Health literacy</b>	An individual's ability to read, understand and use health care information.
<b>Health system</b>	Refers to the complex mix of service providers and other health professionals from a range of organisations – from Australian and state and territory governments and the non-government sector. Collectively this system works to meet the physical and mental health care needs of Australians.
<b>Indigenous Allied Health Australia (IAHA)</b>	The national health professional organisation representing Aboriginal and Torres Strait Islander allied health practitioners and students.
<b>Industry Reference Committees (IRC)</b>	Consisting of industry leaders, IRC are the formal channel for considering industry skills requirements in the development and review of training packages.



Term	Description
<b>Institutional racism (also known as systemic racism)</b>	<p>Institutional racism occurs when institutions such as governments, legal, medical and education systems and businesses, discriminate against groups of people through their policies, processes, and protocols.</p> <p>Often unintentional, such racism occurs when the apparently non-discriminatory actions of the dominant culture have the effect of excluding or marginalising people from minority cultures.</p> <p>Institutional racism reinforces individual prejudices and is in turn reinforced by them. In the health care context it is the failure of the health system to provide an appropriate and professional service to people because of their colour, culture, or ethnic origin.</p>
<b>Intergenerational trauma</b>	Exposure of an earlier generation to a traumatic event that continues to affect the subsequent generations.
<b>Life course</b>	The period from birth through to death.
<b>Local Health Networks (LHN)</b>	LHNs manage the delivery of public hospital services and other community-based services as determined by the state government. They have a geographical or functional connection and comprise a range of public hospital and health care sites and services.
<b>Lowitja Institute</b>	Australia's National Institute for Aboriginal and Torres Strait Islander Health Research. The Lowitja Institute is an Aboriginal and Torres Strait Islander organisation working for the health and wellbeing of Australia's First Peoples through high impact quality research, knowledge translation, and by supporting Aboriginal and Torres Strait Islander health researchers.
<b>Mental Health Establishments National Minimum Data Set (MHE NMDS)</b>	Covers specialised mental health services which are funded and managed by health authorities across all levels of governments.
<b>National Aboriginal Community Controlled Health Organisation (NACCHO)</b>	NACCHO is the national leadership body for Aboriginal and Torres Strait Islander health in Australia. NACCHO provides advice and guidance to the Australian Government on policy and budget matters while advocating for community-developed health solutions that contribute to the quality of life and improved health outcomes for Aboriginal and Torres Strait Islander peoples.
<b>National Agreement on Closing the Gap</b>	The objective of the National Agreement on Closing the Gap is to enable Aboriginal and Torres Strait Islander people and governments to work together to overcome the inequity experienced by Aboriginal and Torres Strait Islander people, and achieve life outcomes equal to all Australians.
<b>NACCHO Affiliates</b>	<p>The state or territory Aboriginal and Torres Strait Islander community controlled peak bodies for ACCHOs that are members of NACCHO.</p> <p>There are 8 affiliate organisations across the states and territories. These are:</p> <ul style="list-style-type: none"> <li>• Australian Capital Territory – Winnunga Nimmityjah Aboriginal Health and Community Services (WNAHCS)</li> <li>• New South Wales – Aboriginal Health and Medical Research Council of NSW (AH&amp;MRC)</li> <li>• Northern Territory – Aboriginal Medical Services Alliance Northern Territory (AMSANT)</li> <li>• Queensland – Queensland Aboriginal and Islander Health Council (QAIHC)</li> <li>• South Australia – Aboriginal Health Council of South Australia (AHCSA)</li> <li>• Tasmania – Tasmanian Aboriginal Centre (TAC)</li> <li>• Victoria – Victorian Aboriginal Community Controlled Health Organisation (VACCHO)</li> <li>• Western Australia – Aboriginal Health Council of Western Australia (AHCWA)</li> </ul>
<b>National approach</b>	An approach where each state and territory, the Australian Government, the Aboriginal and Torres Strait Islander community controlled health sector and other stakeholders undertake various co-ordinated tasks collectively and individually in the pursuit of a common purpose.
<b>National Association of Aboriginal and Torres Strait Islander Health Workers and Practitioners (NAATSIHWP)</b>	NAATSIHWP is the peak national association for Aboriginal and Torres Strait Islander health workers and practitioners. It supports its members with training and professional development, promotes education and career pathways, and works to ensure the recruitment and retention of a competent workforce.

Term	Description
<b>National Centre for Education and Training on Addiction (NCETA)</b>	Supports organisations and workers to better respond to problems related to alcohol and other drugs.
<b>National Disability Insurance Agency (NDIA)</b>	An independent Government organisation responsible for implementing the National Disability Insurance Scheme (NDIS).
<b>National Disability Insurance Scheme (NDIS)</b>	An Australian scheme which provides individualised support to people with disability.
<b>National Health Leadership Forum (NHLF)</b>	<p>A collective partnership of national organisations who represent a united voice on Aboriginal and Torres Strait Islander health and wellbeing with expertise across service delivery, workforce, research, healing and mental health and social and emotional wellbeing. Its membership includes:</p> <ul style="list-style-type: none"> <li>• Aboriginal and Torres Strait Islander Healing Foundation</li> <li>• Australian Indigenous Doctors' Association</li> <li>• Australian Indigenous Psychologists' Association</li> <li>• Congress of Aboriginal and Torres Strait Islander Nurses and Midwives</li> <li>• Gayaa Dhuwi (Proud Spirit) Australia</li> <li>• Indigenous Allied Health Australia</li> <li>• Indigenous Dentists' Association of Australia</li> <li>• Lowitja Institute</li> <li>• National Association of Aboriginal and Torres Strait Islander Physiotherapists</li> <li>• National Aboriginal Community Controlled Health Organisation</li> <li>• National Association of Aboriginal and Torres Strait Islander Health Workers and Practitioners</li> <li>• National Aboriginal and Torres Strait Islander Leadership in Mental Health</li> <li>• Torres Strait Regional Authority</li> </ul>
<b>National Health Workforce Data Set (NHWDS)</b>	The NHWDS is a combination of registration and survey data collected through the registration renewal process for registered health practitioners.
<b>National Indigenous Australians Agency (NIAA)</b>	The NIAA is an Australian Government agency responsible for whole of government coordination of policy development, program design, and service delivery for Aboriginal and Torres Strait Islander peoples.
<b>Non-clinical roles</b>	Includes all staff who do not provide any direct clinical care.
<b>NSW Council of Social Services (NCOSS)</b>	The peak social services sector body in New South Wales.
<b>Place-based approaches</b>	<p>In a place-based approach, the characteristics of the community and the location can be brought together in an integrated 'person and place' approach that focuses on outcomes for people.</p> <p>In this context, the community and its needs should be at the centre of any development. Involving the community in planning, selecting, designing and governing their physical and social infrastructure can be just as important as the facilities and services themselves.</p>
<b>Primary health care</b>	<p>The World Health Organization Alma-Ata declaration of 1978 defines primary health care as essential health care based on practical, scientifically-sound and socially-acceptable methods and technology made universally accessible to individuals and families in the community through their full participation and at a cost that the community and country can afford to maintain at every stage of their development in the spirit of self-reliance and self determination.</p> <p>It forms an integral part both of the country's health system, of which it is the central function and main focus, and of the overall social and economic development of the community. It is the first level of contact of individuals, the family and community with the national health system bringing health care as close as possible to where people live and work, and constitutes the first element of a continuing health care process.</p>



Term	Description
<b>Primary Health Networks (PHN)</b>	<p>PHNs were established in 2015 as not-for-profit independent organisations limited by guarantee. Funded by the Australian Government through the Primary Health Networks Program, they have 2 key objectives:</p> <ul style="list-style-type: none"> <li>• to improve the efficiency and effectiveness of medical services for patients, particularly those at risk of poor health outcomes</li> <li>• to improve the coordination of care to ensure patients receive the right care, in the right place at the right time.</li> </ul> <p>PHNs work to reorient and reform the primary health care system by taking a patient-centred approach to medical services in their regions. The Primary Health Networks and Aboriginal Community Controlled Health Organisations Guiding Principles (Guiding Principles) recognise the commitment of PHNs and ACCHS to work together to improve access to health services and improve health outcomes for Aboriginal and Torres Strait Islander people and provide guidance to be taken by PHNs and ACCHS against the following key domains: Closing the Gap; cultural competency; commissioning; engagement and representation; accountability, data and reporting; service delivery; and research.</p>
<b>Puggy Hunter Memorial Scholarship Scheme (PHMSS)</b>	A scholarship program designed to encourage and assist Aboriginal and Torres Strait Islander undergraduate students in health-related disciplines to complete their studies and join the health workforce.
<b>Registered Training Organisation (RTO)</b>	An RTO is a training provider registered by the Australian Skills Quality Authority (or a state regulator) to deliver Vocational Education and Training services.
<b>Responsible</b>	Responsible is used within the Workforce Plan to describe the entity that is responsible for planning, developing, organising, and delivering the specific outcome required in the related implementation strategy. Lead, partner and support responsibilities have been identified wherever possible.
<b>Risk factors</b>	The factors that are associated with ill health, disability, disease or death are known as risk factors. Risk factors may be behavioural, biomedical, environmental, genetic, or demographic. Risk factors often coexist and interact with one another.
<b>Royal Australian College of General Practitioners (RACGP)</b>	The RACGP is Australia's largest professional general practice organisation and represents urban and rural general practitioners.
<b>Scope of practice</b>	The authorised scope of a professional for a profession that is harmonised across all jurisdictions.
<b>Self-determination</b>	Self-determination is the right of all people to 'freely determine their political status and freely pursue their economic, social and cultural development'. <sup>81</sup>
<b>Social and emotional wellbeing (SEWB)</b>	A term used to describe the social, emotional, spiritual, and cultural wellbeing of a person. The term recognises that connection to land, culture, spirituality, family, and community are important to people and can impact on their wellbeing. It also recognises that a person's social and emotional wellbeing is influenced by policies and past events.
<b>Social determinants of health</b>	The conditions in which people are born, grow, live, work and age. These circumstances are shaped by the distribution of money, power and resources at global, national and local levels.
<b>Strengths-based approach</b>	A strengths-based approach views situations realistically and looks for opportunities to complement and support existing strengths and capacities as opposed to a deficit-based approach which focuses on the problem or concern.



## APPENDIX 4: PRINCIPLES

The National Workforce Plan is based on 5 principles designed to affirm the United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP). These principles guide how all levels of government, in partnership with the Aboriginal and Torres Strait Islander community-controlled health sector, will achieve the vision and objectives of the National Workforce Plan.

### 1. Centrality of culture

Culture is central to Aboriginal and Torres Strait Islander peoples' wellbeing as a protector and enabler of good health and social and emotional wellbeing. The National Strategic Framework for Aboriginal and Torres Strait Islander peoples' Mental Health and Social and Emotional Wellbeing 2017–2023<sup>82</sup> and its guiding principles demonstrate this.

Culture must be embraced and embedded across all Aboriginal and Torres Strait Islander and mainstream services. The cultural determinants must be considered in the planning and design stages of all health initiatives, settings, and strategies.

**Cultural determinants include connection to Country, Aboriginal and Torres Strait Islander beliefs and knowledge, Aboriginal and Torres Strait Islander languages; family, kinship and community, cultural expression and continuity, and self-determination and leadership.<sup>83</sup>**

Centrality of culture means:

- effective, comprehensive, culturally safe and responsive approaches to service delivery being adopted and maintained
- approaches responding to the local context and the diversity of Aboriginal and Torres Strait Islander peoples, families and communities
- cultural diversity, rights, views, values, and expectations of Aboriginal and Torres Strait Islander peoples are respected and reflected in health services
- cultural determinants of health are recognised and nurtured
- Aboriginal and Torres Strait Islander health workforce initiatives and the wider health system acknowledge and respect a holistic view of health
- health services models, employment structures and practices value and reflect cultural knowledge, expertise and skills of the broad Aboriginal and Torres Strait Islander health workforce.

### 2. Health system effectiveness

Governance is a key way to strengthen individual and community capability. Transparent and robust governance can improve service delivery and the health, mental health and social and emotional wellbeing of Aboriginal and Torres Strait Islander people, families, and communities.

Health system effectiveness requires a health workforce with connected clinical and cultural functions to:

- address physical and mental health needs
- improve the health and social and emotional wellbeing outcomes of Aboriginal and Torres Strait Islander peoples.

This will help increase access to health services that are effective, high quality, appropriate, acceptable, and affordable.

Health system effectiveness also needs a health workforce that:

- is geographically distributed to reflect community need, noting long-standing issues in recruitment and retention in rural regional and remote communities
- gets ongoing professional development and training that is recognised, supported, and resourced to create meaningful career and development pathways
- is digitally literate and trained to use new technology effectively in care and so they can continue to navigate increasingly complex systems.

Workplaces and learning environments must be free from racism, culturally safe, supportive, and attractive to the Aboriginal and Torres Strait Islander health workforce.

Cultural support and mentoring must be recognised as enablers to grow a sustainable Aboriginal and Torres Strait Islander health workforce.

### 3. Partnership

For a holistic and sustainable Aboriginal and Torres Strait Islander health workforce, all stakeholders, especially Aboriginal and Torres Strait Islander people and communities, must be actively included in planning and decision making.

Partnerships must:

- be respectful and effective between Aboriginal and Torres Strait Islander peoples and organisations, governments, mainstream health providers (public and private) and non-government sectors
- be based on shared commitment, accountability and responsibility
- include ongoing inter-professional collaboration, education and support.

Community empowerment and leadership will help to identify priorities, lead initiatives, co-design and implement programs.





## 4. Leadership and accountability

For health workforce strategies to be successful, all sectors must show commitment and be accountable to Aboriginal and Torres Strait Islander communities.

Leadership and accountability are demonstrated by:

- strong, community-mandated Aboriginal and Torres Strait Islander leadership in senior management and executive levels, to plan, design and implement respectful and culturally safe health care services
- a commitment from workplaces to attract, develop and retain Aboriginal and Torres Strait Islander people across all levels of the organisation, including management and in governance arrangements
- structured, facilitative career pathways for Aboriginal and Torres Strait Islander leadership development, employee retention, and career progression
- planned leadership, personal and professional development initiatives to support Aboriginal and Torres Strait Islander people to pursue career pathways in mainstream and/or targeted positions
- creating and maintaining a culturally safe and responsive health workforce championed by senior leadership and embedded within and across every level of an organisation
- strong leadership from both Aboriginal and Torres Strait Islander and other health professionals to build social participation and eliminate racism from the health system.

## 5. Evidence and data

Meaningful and reliable data is needed to support the Aboriginal and Torres Strait Islander health workforce to grow and develop, including:

- workforce models and strategies based on community identified needs and evidence based best practice
- data that is clearly reported, strengths-based and accessible publicly for transparency and accountability and to support Aboriginal and Torres Strait Islander decision making, locally and nationally.

Where gaps exist in key information, data collection mechanisms and reporting, a concerted effort is needed to address them, to support service need, demand and workforce requirements.

This effort must:

- use Indigenous-led data collection mechanisms and strategies
- be led by and/or undertaken with Aboriginal and Torres Strait Islander people and organisations.

## APPENDIX 5: TERTIARY EDUCATION

Throughout the National Aboriginal and Torres Strait Islander Strategic Framework and Implementation Plan 2021-2031, 'tertiary education' refers to all post-secondary study, including vocational education and training (VET) and higher education (university-level study).

**Pathways into the Health Workforce for Aboriginal and Torres Strait Islander People: A Blueprint for Action** is a publication that was prepared for the National Aboriginal and Torres Strait Islander Health Council in 2008. It remains a key policy reference for maximising Aboriginal and Torres Strait Islander participation in the health workforce. It discusses strategies for promoting and improving pathways between school, VET, and higher education, and retaining and building the capacity of the existing Aboriginal and Torres Strait Islander health workforce.

**The Review of Australian Higher Education (2008)** (the Bradley Review) addressed whether the higher education sector positions Australia to compete effectively in the new globalised economy. The review concluded that while the system has great strengths, it faces significant challenges.

The Bradley Review recommended major reforms to the financing and regulatory frameworks for higher education and establishment of initiatives to increase the enrolment numbers and success of students from disadvantaged backgrounds, and Aboriginal and Torres Strait Islander students. The Review recommended that the Government regularly reviews the effectiveness of measures to improve higher education access and outcomes for Aboriginal and Torres Strait Islander people.

**The Review of Higher Education Access and Outcomes for Aboriginal and Torres Strait Islander People (2012)** (the Access and Outcomes Review) builds on the Bradley Review and examines how improving higher education outcomes among Aboriginal and Torres Strait Islander people will contribute to nation building and reduce Aboriginal and Torres Strait Islander disadvantage. The Access and Outcomes Review proposed a profound shift in the way higher education institutions, governments, and other education providers approach Aboriginal and Torres Strait Islander higher education. It envisaged a future with more Aboriginal and Torres Strait Islander professionals in decision-making roles across government, professions, and industry, and in which our higher education institutions value and embed Aboriginal and Torres Strait Islander knowledge and perspectives. It challenged leaders and policy makers to lift their aspirations and work to establish higher education as a natural pathway for Aboriginal and Torres Strait Islander people.

In December 2015, the **Aboriginal and Torres Strait Islander Higher Education Advisory Council** released its recommendations to progress priority areas in Aboriginal and Torres Strait Islander higher education. The Council identified the need for better connections between policies and program responses across the education cycle from early childhood, through schooling and post-school education, which clearly places higher education as a fitting post-school destination for Aboriginal and Torres Strait Islander people. It also noted the need for better connections between higher education and other Aboriginal and Torres Strait Islander policy priorities. For example, higher education is the critical component for Aboriginal and Torres Strait Islander economic development and governance but is not highly visible in a policy agenda centred on training and employment.

In 2015, the **Aboriginal and Torres Strait Islander Health Curriculum Framework** (the Health Curriculum Framework) was completed. The Health Curriculum Framework implementation will provide a benchmark towards national consistency for the minimum level of capability required by graduates to effectively deliver culturally safe and responsive health care to Aboriginal and Torres Strait Islander people.

The Health Curriculum Framework evolved as a response to the **Growing Our Future: the Aboriginal and Torres Strait Islander Health Worker** project's final report (2011), with recommendation 23 expressing the requirement to, 'Embed mandatory cultural competency curricula, including an understanding of the role of the Aboriginal and Torres Strait Islander Health Worker, in vocational and tertiary education for health professionals.'<sup>84</sup>



## APPENDIX 6: NATIONAL AGREEMENT ON CLOSING THE GAP

### TARGETS AND PRIORITY REFORMS

In July 2020, a National Agreement on Closing the Gap was developed between the Coalition of Aboriginal and Torres Strait Islander Peak Organisations and all Australian Governments. The National Agreement sets out 17 ambitious targets and 4 new priority reforms to change the way governments work to improve life outcomes for Aboriginal and Torres Strait Islander peoples. The priority reforms and targets are outlined below.

#	Priority Reforms
1	<b>Formal partnerships and shared decision making</b> Aboriginal and Torres Strait Islander peoples are empowered to share decision-making authority with governments to accelerate policy and place-based progress on Closing the Gap through formal partnership arrangements.
2	<b>Building the community-controlled sector</b> There is a strong and sustainable Aboriginal and Torres Strait Islander community-controlled sector delivering high quality services to meet the needs of Aboriginal and Torres Strait Islander peoples across the country.
3	<b>Transforming government organisations</b> Governments, their organisations and their institutions are accountable for Closing the Gap and are culturally safe and responsive to the needs of Aboriginal and Torres Strait Islander peoples, including through the services they fund.
4	<b>Shared access to data and information at a regional level</b> Aboriginal and Torres Strait Islander peoples have access to, and the capability to use, locally relevant data and information to set and monitor the implementation of efforts to close the gap, their priorities and drive their own development.

#	Targets
1	By 2031, close the gap in life expectancy within a generation.
2	By 2031, increase the proportion of Aboriginal and Torres Strait Islander babies with a healthy birthweight to 91%.
3	By 2025, increase the proportion of Aboriginal and Torres Strait Islander children enrolled in Year Before Fulltime Schooling (YBFS) early childhood education to 95%.
4	By 2031, increase the proportion of Aboriginal and Torres Strait Islander children assessed as developmentally on track in all 5 domains of the Australian Early Development Census (AEDC) to 55%.
5	By 2031, increase the proportion of Aboriginal and Torres Strait Islander people (age 20-24) attaining Year 12 or equivalent qualification to 96%.
6	By 2031, increase the proportion of Aboriginal and Torres Strait Islander people aged 25 to 34 years who have completed a tertiary qualification (Certificate III and above) to 70%.
7	By 2031, increase the proportion of Aboriginal and Torres Strait Islander people aged 15 to 24 who are in employment, education, or training to 67%.
8	By 2031, increase the proportion of Aboriginal and Torres Strait Islander people aged 25 to 64 who are employed to 62%.
9	By 2031, increase the proportion of Aboriginal and Torres Strait Islander people living in appropriately sized (not overcrowded) housing to 88%.
10	By 2031, reduce the rate of Aboriginal and Torres Strait Islander adults held in incarceration by at least 15%.
11	By 2031, reduce the rate of Aboriginal and Torres Strait Islander people aged 10 to 17 in detention by at least 30%.
12	By 2031, reduce the rate of over-representation of Aboriginal and Torres Strait Islander children in out-of-home care by 45%.
13	By 2031, the rate of all forms of family violence and abuse against Aboriginal and Torres Strait Islander women and children is reduced at least by 50%, as progress towards zero.
14	Significant and sustained reduction in suicide of Aboriginal and Torres Strait Islander peoples towards zero.
15a	By 2030, a 15% increase in Australia's landmass subject to Aboriginal and Torres Strait Islander peoples' legal rights or interests.
15b	By 2030, a 15% increase in areas covered by Aboriginal and Torres Strait Islander peoples' legal rights or interests in the sea.
16	By 2031, there is a sustained increase in number and strength of Aboriginal and Torres Strait Islander languages being spoken.
17	By 2026, Aboriginal and Torres Strait Islander peoples have equal levels of digital inclusion.

## More information

Find out more at [www.closingthegap.gov.au](http://www.closingthegap.gov.au)



## APPENDIX 7: POLICY ALIGNMENT

The Australian Government and the states and territories are committed to improving health outcomes and achieving health equity for Aboriginal and Torres Strait Islander peoples.

The National Workforce Plan has not been considered or developed in isolation. A number of national and jurisdictional specific policies exist to attract, retain and develop the capacity and capability of the Aboriginal and Torres Strait Islander health workforce across the Australian health system.

In addition to the 2020 Closing the Gap Agreement and the Health Plan, these policies directly relate to, reinforce and will be advanced by the National Workforce Plan's development and implementation:

1. A Matter of Care: Australia's Aged Care Workforce Strategy
2. Aboriginal and Torres Strait Islander Health Curriculum Framework
3. Australia's Disability Strategy 2021-2031
4. Cultural Respect Framework for Aboriginal and Torres Strait Islander Health 2016-2026
5. National Aboriginal and Torres Strait Islander Suicide Prevention Strategy
6. National Alcohol and Other Drug Workforce Development Strategy 2015-2018
7. National Disability Insurance Scheme (NDIS) National Workforce Plan: 2021-2025
8. National Health and Medical Research Council (NHMRC) Roadmap 3
9. National Medical Workforce Strategy
10. National Mental Health Workforce Strategy
11. National Nursing Strategy
12. National Registration and Accreditation Scheme
13. National Safety and Quality Health Services Standards
14. National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Wellbeing 2017-2023
15. Primary Health Care 10 Year Plan
16. Stronger Rural Health Strategy
17. Universities Australia Indigenous Strategy 2017-2020

### A Matter of Care: Australia's Aged Care Workforce Strategy

The Aged Care Workforce Strategy outlines 14 areas for action to support Australia's aged care workforce in the role of caring for some of the most vulnerable members of our society.

The actions identified in the strategy are designed to:

- support industry to invest in better workforce planning
- implement better job pathways to allow for career progression
- build leadership across the industry at all levels
- foster the next generation of leaders
- implement practical strategies for attracting and retaining the right people with the right fit
- keep valued skills and talented people.

Supplementary to the Aged Care Workforce Strategy, and specifically in relation to the Aboriginal and Torres Strait Islander aged care workforce, additional guidance material will be developed to better enable the attraction, retention and sustainability of Aboriginal and Torres Strait Islander people in the aged care workforce. Guidance material is aimed at delivering culturally appropriate and culturally safe aged care services, driven by the principles of respect and care. Building the capacity and capability of an Aboriginal and Torres Strait Islander aged care workforce directly supports the overall workforce targets set by this plan.

### Aboriginal and Torres Strait Islander Health Curriculum Framework

This framework addresses the variability in the ways health professions and higher education providers are implementing the Aboriginal and Torres Strait Islander curriculum.

The aim of the framework is to provide a model for higher education providers to successfully implement Aboriginal and Torres Strait Islander curricula, with clear learning outcomes and associated capabilities that could be applied widely across tertiary learning contexts.<sup>85</sup>

## Australia's Disability Strategy 2021-2031

Due for release in late-2021, Australia's Disability Strategy 2021-2031, will be Australia's national disability policy framework to improve the lives of people with disability in Australia over the next 10 years.

The previous strategy, the National Disability Strategy 2010-2020, envisioned "an inclusive Australian society that enables people with disability to fulfil their potential as equal citizens".

It aimed to:

- establish a high-level policy framework
- improve performance of mainstream services in delivering outcomes for people with disability
- give visibility to disability issues
- provide national leadership toward greater inclusion of people with disability.<sup>86</sup>

Like its predecessor, Australia's Disability Strategy 2021-2031, follows extensive consultation with people with disability, including Aboriginal and Torres Strait Islander people with disability, and will continue to guide policies and programs to improve outcomes for people with disability.

## Cultural Respect Framework for Aboriginal and Torres Strait Islander Health 2016–2026

The National Workforce Plan is consistent with the Cultural Respect Framework for Aboriginal and Torres Strait Islander Health 2016–2026 (the Cultural Respect Framework), which commits the Australian Government and all states and territories to embedding cultural respect principles into their health systems, including:

- developing policy and legislation
- how organisations are run
- service planning and delivery.

The Cultural Respect Framework guides and underpins the delivery of culturally safe, responsive and quality health care to Aboriginal and Torres Strait Islander people and contributes to progress made towards achieving the agreed Closing the Gap targets.

The Cultural Respect Framework is also complemented by the:

- National Aboriginal and Torres Strait Islander Health and Cultural Safety Strategy 2020–2025
- National Safety and Quality Health Service (NSQHS) Standards 6 action areas (Appendix 8).

Both standards relate to improving and reframing how health staff and practitioners interact with and provide care to Aboriginal and Torres Strait Islander clients and staff.

## National Aboriginal and Torres Strait Islander Suicide Prevention Strategy

The Australian Government has funded Gayaa Dhuwi (Proud Spirit) Australia to renew the 2013 National Aboriginal and Torres Strait Islander Suicide Prevention Strategy (NATSISPS), as recommended in the 2017 Fifth National Mental Health and Suicide Prevention Plan. The NATSISPS, once finalised, will make recommendations to address the devastating and disproportionate impact of suicide on Aboriginal and Torres Strait Islander individuals, families and communities.

In development of the NATSISPS, Gayaa Dhuwi (Proud Spirit) Australia has engaged key stakeholders, including those with lived experience of suicide, communities, peak bodies, and government agencies. This extensive consultation will inform the NATSISPS and articulate critical aspects of Aboriginal and Torres Strait Islander mental health and suicide prevention to be addressed. It will also ensure services and programs are culturally safe, appropriate and trauma-informed, Aboriginal and Torres Strait Islander-led and informed by lived experience of suicide.

## National Alcohol and Other Drug Workforce Development Strategy 2015–2018

The National Alcohol and Other Drug Workforce Development Strategy was developed in recognition of the need for a national focus on workforce development activities for the alcohol and other drug (AOD) workforce.

The goals of the strategy are:

- enhance the capacity of the AOD workforce to prevent and minimise alcohol and other drug-related harm across the domains of supply, demand and harm reduction activities
- create a sustainable Australian AOD workforce that is capable of meeting future challenges, innovation and reform.

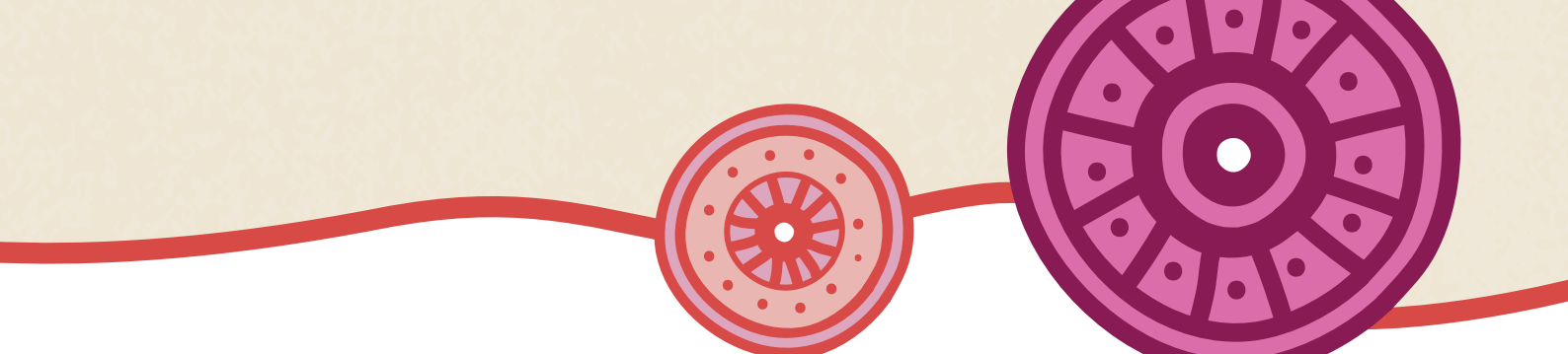
A revision of the strategy is proposed in 2021-2022.

## National Disability Insurance Scheme (NDIS) National Workforce Plan: 2021–2025

The NDIS National Workforce Plan: 2021-2025 outlines the Australian Government's commitment to work with NDIS participants, industry and other stakeholders to grow a responsive and capable workforce for the NDIS. The aim is to ensure the care and support market and workforce are able to support participants to meet their needs and achieve their goals. The plan is designed to attract workers with suitable skills, values and attributes, while also improving existing workers' access to training and development opportunities.

Three priority actions will generate benefits for participants, workers, providers, and the broader Australian economy:



- 
1. Improve community understanding of the benefits of working in the care and support sector and strengthen entry pathways for suitable workers to enter the sector.
  2. Train and support the NDIS workforce.
  3. Reduce red tape, facilitate new service models and innovation, and provide more market information about business opportunities in the care and support sector.

One of the Plan's 16 initiatives will help build the Aboriginal and Torres Strait Islander community-controlled sector to enhance culturally safe NDIS services.

## National Health and Medical Research Council (NHMRC) Roadmap 3

NHMRC Roadmap 3: A strategic framework for improving Aboriginal and Torres Strait Islander health through research (Roadmap 3) provides NHMRC's strategic direction for Aboriginal and Torres Strait Islander health and medical research over the next 10 years. It highlights research priorities driven by Aboriginal and Torres Strait Islander communities.

The overall objective of Roadmap 3 is to guide NHMRC to improve health, social and emotional wellbeing outcomes for Aboriginal and Torres Strait Islander peoples by ensuring research excellence and integrity.

## National Medical Workforce Strategy

Several actions are recommended within the National Medical Workforce Strategy that support and align with the intended outcomes of the National Workforce Plan, including:

- further developing the Health Demand and Supply Utilisation Patterns Planning (HeaDS UPP) Tool and building on current data, including by inviting Aboriginal Community Controlled Health Services (ACCHS) and Aboriginal Medical Services (AMS) to share workforce and service data to support better workforce planning for Aboriginal and Torres Strait Islander peoples and communities
- work with Aboriginal and Torres Strait Islander communities and leaders to collaborate at every level of training to ensure that Aboriginal and Torres Strait Islander students, trainees and practitioners are supported to enter and complete training, supported and mentored by culturally safe supervisors, and have access to community-based support and mentoring by Elders
- devising alternative funding structures, such as part time supernumerary posts to enable students and trainees to fulfil professional, community and cultural obligations and facilitate re-entry into medical schools and medical careers
- standards and supports in pre-vocational employment and training to include education in cultural safety and Aboriginal and Torres Strait Islander health, particularly for international medical graduates
- support universal adoption and implementation of the Ahpra definition of cultural safety
- developing a tool to measure and assess safe practice

- building the training capacity in Aboriginal and Torres Strait Islander health training posts (across all locations) and funding additional training places and supervision in ACCHS
- Australian Medical Council to work with universities and specialist medical colleges to ensure that Aboriginal and Torres Strait Islander health content and cultural safety forms part of generalist training
- embed assessment of cultural safety in all areas of generalist training and assessment
- building on innovative funding models and incentives for GPs in rural and remote areas in collaboration with regional networks, National Rural Health Commissioner and the Primary Health Care 10 Year Plan
- highlighting specific training pathways for Aboriginal and Torres Strait Islander applicants, including those with prior degrees and experience
- facilitate efforts to provide mutual recognition and documentation of skills acquisition during medical careers (this could be modular using certificates, diplomas and advanced diplomas to support credentialing, switching between training pathways, increasing scope of practice, or changing careers).

## National Mental Health Workforce Strategy

The National Mental Health Workforce Strategy is being jointly developed by the Australian Government Department of Health and the National Mental Health Commission and is anticipated to be finalised in late 2021. The strategy will:

- consider the quality, supply, distribution and structure of the mental health workforce
- identify practical approaches that could be implemented by Australian governments to attract, train and retain the workforce required to meet the demands of the mental health system in the future.

The work is being informed by an independent National Mental Health Workforce Strategy Taskforce which is co-chaired by Ms Jennifer Taylor PSM and Mr Tom Brideson.

## National Nursing Strategy

The Chief Nursing and Midwifery Officer is leading the development of the first National Nursing Strategy. The strategy will look at nursing workforce sustainability, diversity of the profession and the challenges of regional, rural and remote nursing and will look at the areas of mental health, aged care, primary care and Aboriginal and Torres Strait Islander health. The strategy aims to support the ongoing development of a capable, resilient nursing profession delivering person-centred, evidence-based, compassionate care to all Australians.

## National Registration and Accreditation Scheme

In 2020, the Australian Health Practitioner Regulation Agency that oversees the National Registration and Accreditation Scheme (the National Scheme) released its Aboriginal and Torres Strait Islander Health and Cultural Safety Strategy 2020–2025. The strategy's aim is to provide consistency and quality improvement in matters of Aboriginal and Torres Strait Islander health and cultural safety across the National Scheme.

## National Safety and Quality Health Services Standards

In 2017, the Australian Commission on Safety and Quality in Health Care released the second edition of the National Safety and Quality Health Services (NSQHS) Standards that hospitals and day procedure health service organisations are required to implement.

For the first time, the national safety and quality standards include Aboriginal and Torres Strait Islander specific actions. These actions are designed to engage and improve the quality of care for Aboriginal and Torres Strait Islander peoples. The NSQHS Standards has the potential to address the systemic issues within health systems that have negatively impacted on Aboriginal and Torres Strait Islander clients by partnering with community to identify priorities and strategies for improvement.

## National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Wellbeing 2017–2023

The National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Wellbeing 2017–2023 sets out a comprehensive and culturally appropriate, stepped care model that applies equally to Indigenous-specific and mainstream health services.

The framework recognises that a clinically and culturally competent, highly-skilled and supported workforce is required to meet the mental health needs of Aboriginal and Torres Strait Islander peoples.

## Primary Health Care 10 Year Plan

Through the Long Term National Health Plan, the Australian Government is committed to reforming the health system to be more person-centred, integrated, efficient and equitable. Under the plan, the Government is developing a Primary Health Care 10 Year Plan to drive reform of the primary health system in Australia over the next decade.

The 10-year plan will include actions designed to reinforce the value of person-centred and culturally safe care in improving health outcomes for Aboriginal and Torres Strait Islander peoples, whether accessing primary care through

Aboriginal Community Controlled Health Services (ACCHS) or mainstream services. The actions will recognise diversity within Aboriginal and Torres Strait Islander populations and cultural determinants of health.

Closing the Gap in health is part of wider actions being taken to improve life outcomes experienced by Aboriginal and Torres Strait Islander Australians. Achieving changes in primary health care will draw on and complement actions to be taken under:

- the Health Plan
- the National Workforce Plan
- the National Preventive Health Strategy
- the Vision 2030 for National Mental Health and Suicide Prevention.

## Stronger Rural Health Strategy

The Stronger Rural Health Strategy aims to build a sustainable, high quality health workforce that is distributed across the country according to community need, particularly in rural and remote communities and other areas that have difficulty attracting doctors. It will also enable a stronger role for nurses and allied health professionals in the delivery of more multidisciplinary, team-based models of primary health care.<sup>87</sup>

## Universities Australia Indigenous Strategy 2017–2020

The Universities Australia (UA) Indigenous Strategy 2017–2020 is a commitment by Universities Australia and its 39 member universities to advance Aboriginal and Torres Strait Islander participation and success in higher education.

UA's strategy is developed in partnership with the National Aboriginal and Torres Strait Islander Higher Education Consortium (NATSIHEC). Under the strategy, UA's member universities collectively agreed to a number of actions to:

- improve student enrolments and performance
- improve staff outcomes for academic and professional staff
- increase the engagement of non-Indigenous people with Aboriginal and Torres Strait Islander knowledge, culture, and educational approaches
- improve the university environment for Aboriginal and Torres Strait Islander people.

The UA Directorate also agreed to actions under the strategy to support member commitments including:

- advocacy, including seeking additional funding
- enabling the sharing of good practice
- producing an annual report on progress.

The 2021–2024 revised strategy will build on successes and target areas requiring further attention and emerging issues.



## APPENDIX 8: RELEVANT NATIONAL SAFETY AND QUALITY HEALTH SERVICE STANDARDS

In 2018, the Australian Commission on Safety and Quality in Health Care commenced its second edition of the National Safety and Quality Health Service (NSQHS) Standards, which applies to all accredited health service organisations. These standards include – for the first time – 6 explicit actions to improve the quality of care and health outcomes for Aboriginal and Torres Strait Islander peoples. These standards aim to address the deficits within the health system that have negatively impacted on Aboriginal and Torres Strait Islander clients.

	Action
1.2	The governing body ensures that the organisation's safety and quality priorities address the specific health needs of Aboriginal and Torres Strait Islander peoples.
1.4	The health service organisation implements and monitors strategies to meet the organisation's safety and quality priorities for Aboriginal and Torres Strait Islander peoples.
1.21	The health service organisation has strategies to improve the cultural awareness and cultural competency of the workforce to meet the needs of its Aboriginal and Torres Strait Islander patients.
1.33	The health service organisation demonstrates a welcoming environment that recognises the importance of the cultural beliefs and practices of Aboriginal and Torres Strait Islander peoples.
2.13	The health service organisation works in partnership with Aboriginal and Torres Strait Islander communities to meet their health care needs.
5.8	The health service organisation has processes to routinely ask patients if they identify as being of Aboriginal and/or Torres Strait Islander origin, and to record this information in administrative and clinical information systems.

### More information

Find out more on the Australian Commission on Safety and Quality in Health Care website: <https://www.safetyandquality.gov.au/topic/user-guide-aboriginal-and-torres-strait-islander-health>

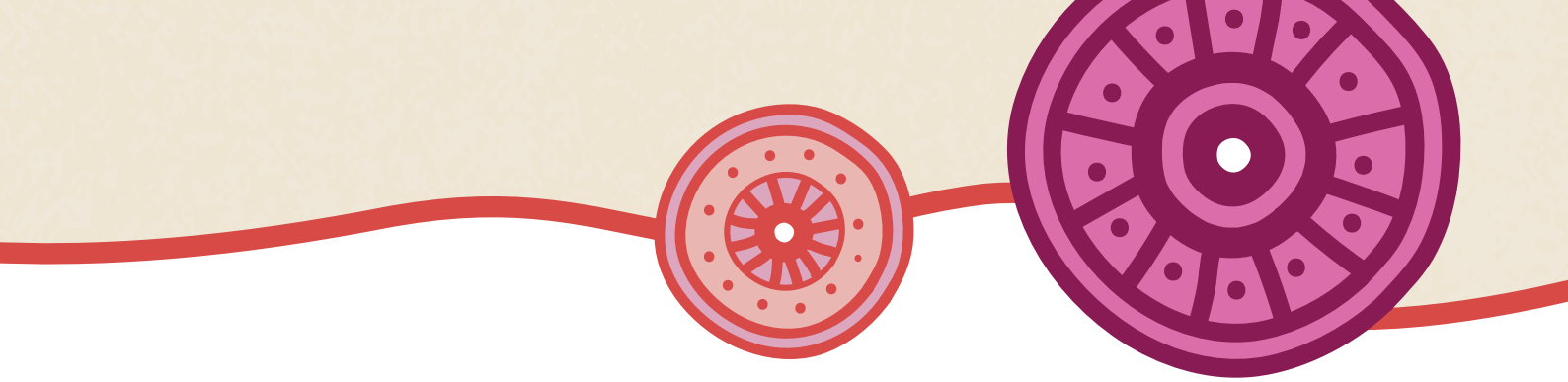
## APPENDIX 9: EXISTING SUPPORT INITIATIVES

The Australian Government recognises and acknowledges the existing programs and initiatives across governments that:

- support the National Workforce Plan
- contribute to achieving the activities and outcomes of the plan's strategic directions.

This list is not exhaustive. It is an overview of some of the Australian Government and state and territory programs and initiatives currently available to grow the skills and capacity of the Aboriginal and Torres Strait Islander health workforce.

Strategy / Program / Initiative	Type	Jurisdiction	Description	Strategic direction(s)
Aboriginal Allied Health Cadetship Program	Cadetship	NSW	NSW Ministry of Health offers cadetship positions for Aboriginal people living in NSW who are studying, or intending to study, an allied health undergraduate degree. Aims of the program are to: <ul style="list-style-type: none"> <li>• increase the number of Aboriginal people working in allied health professions across NSW</li> <li>• provide an opportunity for local health services to assist in improving Aboriginal health through education and employment</li> <li>• The cadetship offers study allowance, support for books and equipment, and work placement up to 12 weeks, among other opportunities.</li> </ul>	4
Aboriginal and Torres Strait Islander cultural safety framework	Framework	Vic	This framework has been developed to help the Victorian Department of Health and mainstream Victorian health, human and community services to create culturally safe environments, services and workplaces. It aims to help the Department and health care organisations to strengthen their cultural safety by participating in a process of continuous learning and practice improvement.	3
Aboriginal and Torres Strait Islander health professional organisations (ATSIHPO)	Organisation	Australian Government	ATSIHPOs improve health outcomes for Aboriginal and Torres Strait Islander peoples by growing and improving the capacity of the Aboriginal and Torres Strait Islander health workforce and supporting the broader health system to provide culturally safe care.	1, 2, 4
Aboriginal and Torres Strait Islander Health Worker Training Package – revision	Training program	Australian Government	The Aboriginal and Torres Strait Islander Health Worker Industry Reference Committee (IRC) has responsibility for seven qualifications packaged in the HLT Health Training Package. The Aboriginal and Torres Strait Islander Health Worker IRC is currently updating the content and structure of the seven qualifications it oversees in the Health Training Package, with input from industry stakeholder consultations. It is expected that the revised qualifications will be released for use in the national training system in mid-2021.	4
Aboriginal and Torres Strait Islander Pharmacy Assistant Traineeship Scheme	Traineeship	Australian Government	The aim of this scheme is to increase Aboriginal and Torres Strait Islander participation in the pharmacy workforce to assist pharmacies to better meet the needs of their local communities. A maximum allowance of \$10,000 (GST exclusive) may be paid to an eligible community pharmacy that employs and supports an Aboriginal and/or Torres Strait Islander Pharmacy Assistant to complete a nationally accredited Pharmacy Assistant training course.	4, 5

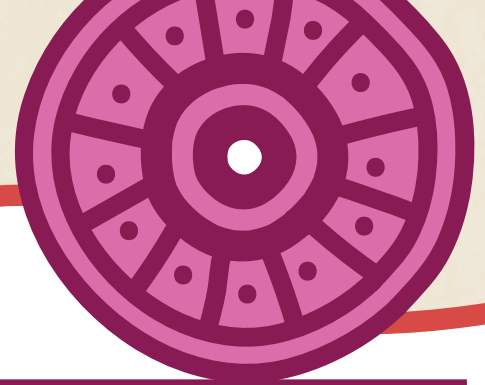


Strategy / Program / Initiative	Type	Jurisdiction	Description	Strategic direction(s)
Aboriginal and Torres Strait Islander Pharmacy Scholarship Scheme (ATSIPSS)	Scheme	Australian Government	The aim of the Aboriginal and Torres Strait Islander Pharmacy Scholarship Scheme (ATSIPSS) is to promote Aboriginal and Torres Strait Islander students to undertake undergraduate or graduate entry studies in pharmacy at an Australian university. Under the scheme, scholarship holders may receive a maximum of \$60,000 over a four-year period.	4
Aboriginal Cadetship Program	Cadetship	WA	This program offers Aboriginal university students the opportunity to gain paid work experience while completing an undergraduate degree. Under the program, cadets complete 12 weeks' (60 days) work experience each calendar year, normally comprising one day per week each semester and block attendance during semester break.	4
Aboriginal Cadetship Program for Patient Transfer Officer roles	Cadetship	SA	SA Ambulance Service, as part of their annual recruitment campaign, select two Aboriginal candidates for their Aboriginal Cadetship Program for Patient Transfer Officer roles. They are offered a full-time, 12-month position and are allocated a mentor during the period.	5
Aboriginal Cultural Learning Framework	Framework	SA	This framework was formed to enable SA Health to provide a consistent approach to the improvement of the cultural competency within its workforce in order to meet the needs of its Aboriginal consumers. The standard requires health service organisations to have strategies to improve the cultural competency and cultural awareness of the workforce to meet the needs of its Aboriginal and Torres Strait Islander consumers.	3
Aboriginal Cultural Orientation Plan for Health Professionals	Plan	WA	The Cultural Orientation Plan is for health professionals working with Aboriginal people, which will help them to further understand the Aboriginal and Torres Strait Islander cultures, and how to deliver culturally appropriate health care. The aim of this program is to achieve better health outcomes, raise awareness about mutual respect and cultural understanding, and develop strong relationships with Aboriginal and Torres Strait Islander patients and communities.	3
Aboriginal Culture: Respecting the Difference	Cultural Program	NSW	This is an e-module for training all NSW Health staff, addressing the need for organisations to provide more respectful, responsive and culturally safe services.	3
Aboriginal Employment Strategy 2022	Strategy	Tas	The Aboriginal Employment Strategy 2022 is the result of an extended collaborative effort, led by Tasmania's State Service Management Office, to increase the number of Aboriginal employees in a range of occupations and levels across all State Service Agencies from 3% to 3.5%.	1



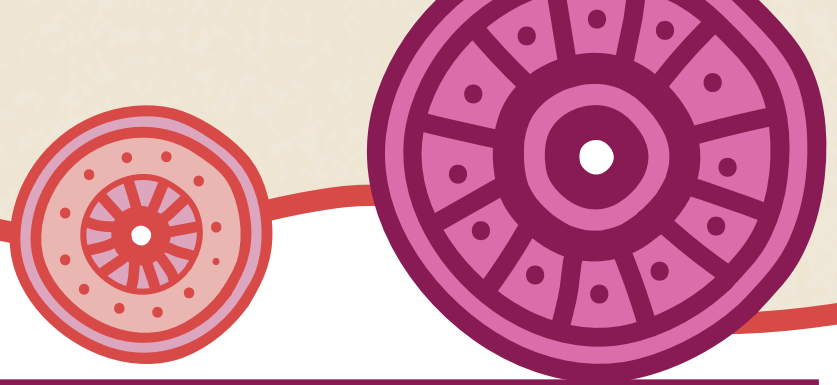
Strategy / Program / Initiative	Type	Jurisdiction	Description	Strategic direction(s)
Aboriginal Employment Portal	Employment support	Tas	<p>The Aboriginal Employment Portal has been designed to provide cultural and resource support to Aboriginal people to assist in gaining and maintaining employment in the Tasmanian State Service.</p> <p>It provides access to a range of resources, links, advice, services and tools to support Aboriginal people to be job ready and gain employment with us.</p>	5
Aboriginal Environmental Health Officer Training Program	Training program	NSW	In April 1997, NSW Health (with some initial funding support from the Australian Government) launched the training program to employ, educate, train and support Aboriginal people across NSW to qualify as graduate Environmental Health Officers.	2, 4
Aboriginal Environmental Health Program	Program	WA	This is a standalone program funded entirely by WA Health. It employs around 70 environmental health workers across the state, employed by 20 regional service providers, and aims to support and advocate for the improvement of living conditions in remote Aboriginal communities. This workforce is predominantly Aboriginal (80%) and the department has invested significant funding to provide accredited education (Certificate II onwards) to increase their impact in community on health and hygiene.	5
Aboriginal Health Practitioner (AHP) Scholarship Scheme	Scholarship	NT	This scheme supports Aboriginal and Torres Strait Islander people in the Northern Territory studying to become Aboriginal and Torres Strait Islander Health Practitioners. Scholarships worth \$5,000 over two years are now on offer for people aiming for the HLT40213 Certificate IV in Aboriginal and Torres Strait Islander Primary Health Care (practice).	4
Aboriginal Health Scholarship Program	Scholarship	SA	This program offered by the SA Department for Health and Wellbeing in partnership Australian Rotary Health aims to increase the number of professionally qualified Aboriginal and Torres Strait Islander people working in the SA health sector. The scholarship program is in its 21st year of operation and provides up to \$5,000 per year for full time study (\$2,500 for part-time study) for each recipient.	4
Aboriginal Health Worker Immunisation Course	Education program	WA	WA Health provides immunisation education to health professionals within the state. This immunisation course has been specifically developed for Aboriginal Health Workers (AHW) in Western Australia who are interested in administering and promoting immunisations.	2
Aboriginal Medical Workforce Mentoring Framework	Training Program	NSW	The Health Education and Training Institute (HETI) has a strategic partnership with the Australian Indigenous Doctors' Association (AIDA) to improve outcomes for Aboriginal and Torres Strait Islander medical education and training. The framework policy was developed by AIDA's members and advisers to guide medical education and training organisations in the establishment and delivery of mentoring programs that support Aboriginal and Torres Strait Islander medical students and doctors.	4, 5





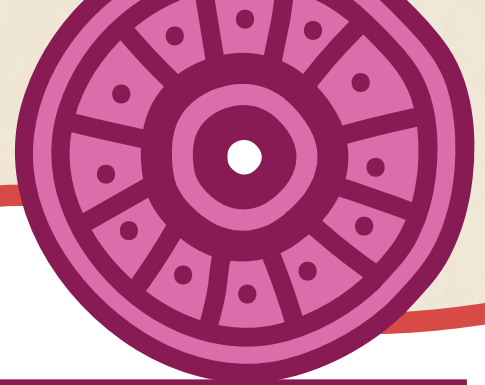
Strategy / Program / Initiative	Type	Jurisdiction	Description	Strategic direction(s)
Aboriginal Medical Workforce Pathway	Pathway	NSW	This pathway facilitates allocation of Aboriginal and Torres Strait Islander medical graduates to prevocational training positions in the NSW health workforce.	5
Aboriginal Mental Health Traineeship Program	Traineeship	Vic	This three-year program pays trainees to work in Victorian health services while they are supported to complete a Bachelor of Health Science (Mental Health) from Charles Sturt University. On completion, the trainees will be allowed to work in clinical roles, similar to a social worker or other clinicians in a mental health team.	4, 5
Aboriginal Nursing Cadetship Program	Cadetship	SA	As part of the Northern Adelaide Local Health Network (NALHN), the Lyell McEwin Hospital has an established Aboriginal Nursing Cadetship Program which currently employs and assists over 20 Aboriginal and Torres Strait Islander students. The program has been expanded to include Enrolled Nurse Diploma Cadetships, Bachelor of Nursing Cadetships, and Bachelor of Midwifery Cadetships.	4
Aboriginal Pathways – Getting a job in WA Health	Resource	WA	This resource was developed by the Aboriginal Health Policy Directorate, Department of Health, for Aboriginal people. The different pathways, including traineeships, cadetships, apprenticeships, previous work experience, tertiary qualifications and on-the-job training are explained, and resource lists are provided.	4, 5
Aboriginal services jobs board	Employment program	WA	The WA Department of Training and Workforce Development provides a job portal for Aboriginal people to search jobs in various fields including health care. The Aboriginal services jobs board is a free service for both jobseekers and employers.	1
ABSTUDY	Student support	Australian Government	ABSTUDY is a group of payments for Aboriginal or Torres Strait Islander students or apprentices. ABSTUDY can help with costs for study, housing, living expenses and travel to the place of study if a person is studying away from home.	4
ACT Government Aboriginal and Torres Strait Islander Nursing Scholarship	Scholarship	ACT	ACT Health in conjunction with the Canberra Institute of Technology (CIT) sponsors two Aboriginal and Torres Strait Islander Enrolled Nursing Scholarships. New and existing Aboriginal and Torres Strait Islander students undertake the CIT Diploma of Nursing on a full or part time basis. The scholarship covers the fees associated with the course of study, administration costs, and the purchase of the recommended textbooks.	4
Australian Indigenous Doctors' Association (AIDA) Cultural Safety Training Aboriginal and Torres Strait Islander Health in Clinical Practice	Training	Australian Government	This clinically focused training program launched in 2019. It is designed to equip Registrars and Fellows in any specialty with the knowledge, skills and attitudes needed to integrate Aboriginal and Torres Strait Islander holistic health and cultural safety into everyday clinical practice.	3

Strategy / Program / Initiative	Type	Jurisdiction	Description	Strategic direction(s)
AIDA – The Indigenous medical students' guide to medical school	Resource	Australian Government	In 2014, the AIDA Student Representative Committee (SRC) felt it was important to create a resource to help fellow Aboriginal and Torres Strait Islander medical students' transition into medical school and succeed. This guide is a compilation of lessons learned firsthand, and tips and tricks that Aboriginal and Torres Strait Islander students collectively found useful across the diverse medical schools of Australia.	5
AIDA Indigenous Medical Students Guide to Internship	Resource	Australian Government	In 2013, the AIDA Student Representative Committee developed the AIDA Indigenous internship guide – an online resource for Aboriginal and Torres Strait Islander students to prepare applications for medical internship.	5
ATSI HECS Exempt Scholarship	Scholarship	WA	This scholarship was developed by the School of Occupational Therapy and Social Work at Curtin University to encourage and support students from Aboriginal and Torres Strait Islander backgrounds who have demonstrated academic achievement and are interested in pursuing a career in occupational therapy, social work or speech pathology. The scholarship provides the total cost of student tuition fees.	4
ATSI VETiS project	Education program	WA	This project, in consultation with the WA Department of Education and Training (DET), aims to deliver a Certificate II in ATSI Primary Health Care to Year 11 students, with the intent of graduating Year 12 students with a Certificate III ATSI Primary Health Care. The project is being piloted at four sites across the Kimberley, Pilbara, Goldfields and Metropolitan region through a mix of Aboriginal and Torres Strait Islander and mainstream registered training organisations (RTO).	4
Aunty Pamela Mam Indigenous Nursing Scholarship	Scholarship	Qld	This scholarship provides financial support to a deserving Aboriginal and/or Torres Strait Islander undergraduate student who is commencing a Bachelor of Nursing at Griffith University. The maximum value is \$6,000 payable in instalments.	4
Australian Apprenticeship Support Network	Network	Australian Government	This network is made up of providers that give personalised advice and support services to apprentices nationally, from pre-commencement to completion. Support services include administrative support, payment processing, regular contact and targeted services for individuals requiring extra support to complete their apprenticeship.	4
Australian College of Nursing scholarships	Scholarship	Australian Government	Nursing scholarship opportunities include Nursing and Midwifery scholarships, Aged Care Nursing Scholarships, and a range of undergraduate and postgraduate scholarships. Depending on the course, up to \$15,000 is available per year for full time study with preference given to Aboriginal and/or Torres Strait Islander applicants.	2, 4
Australian General Practice Training (AGPT) Program	Training program	Australian Government	This program provides trainings to doctors to become GPs. It provides full-time, on-the-job training for Australian and overseas-trained doctors willing to specialise in general practice.	1



Strategy / Program / Initiative	Type	Jurisdiction	Description	Strategic direction(s)
Australian Health Promotion Association (AHPA) Scholarship Program	Scholarship	WA	The Australian Health Promotion Association (WA Branch) with Healthway offered four scholarships in 2020, including an Aboriginal and Torres Strait Islander scholarship. The scholarships have been successfully administered by AHPA (WA Branch) since 1993 with a total of 67 graduates and 37 Aboriginal people completing placements in a range of health-related organisations in government and not-for-profit sectors.	4
Australian Indigenous Alcohol and Other Drugs Knowledge Centre	Resource	Australian Government	This resource contributes to improving the health of Australia's Aboriginal and Torres Strait Islander peoples and assists in Closing the Gap by providing the evidence base to help reduce the harmful use of alcohol and other drugs. This mission is addressed by undertaking research, disseminating relevant information, and facilitating information exchange, which cover programs, resources, workforce information on funding and courses, and factsheets, among other things. One of these resources is the AODconnect mobile application intended for Aboriginal and Torres Strait Islander alcohol and other drug (AOD) workers, community members or any health professional working in the AOD sector looking for a culturally appropriate service.	3
Australian Indigenous Psychology Education Project (AIPEP) Curriculum Framework	Framework	Australian Government	The objective of this framework is to ensure Aboriginal and Torres Strait Islander knowledges are embedded within undergraduate and postgraduate level psychology education. The framework was developed to support institutions providing psychology training programs to incorporate Aboriginal and Torres Strait Islander knowledges into the curriculum and pedagogy to increase all psychology graduates' capabilities.	3
Australian Rotary Indigenous Health Scholarships (IHS)	Scholarship	Australian Government	These scholarships help Aboriginal and Torres Strait Islander students by providing financial support for their day-to-day expenses while they undertake a course in a range of health-related professions. The program is a co-operative program between Australian Rotary Health, Rotary clubs, select state and territory governments and the Australian Government.	4
Away from Base (AFB) Mixed-Mode Program	Education program	Australian Government	This program supports Aboriginal and Torres Strait Islander students who are studying an approved mixed-mode course by distance education. Through it, they can access compulsory course elements in another location away from their permanent home for short periods of time. AFB funds directly benefit eligible higher education and not-for-profit RTOs.	4
Balnaves Foundation Indigenous Medical Scholarships	Scholarship	NSW	This scholarship encourages Aboriginal and Torres Strait Islander students to study Medicine at UNSW Sydney. The scholarship offers \$25,000.	4

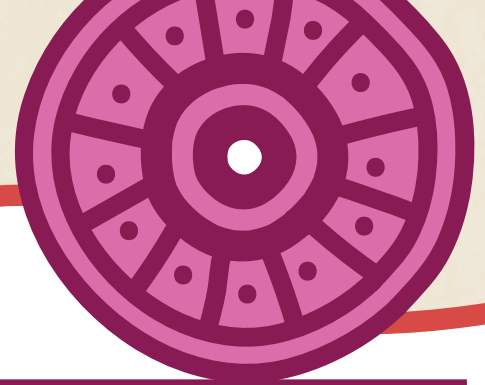
Strategy / Program / Initiative	Type	Jurisdiction	Description	Strategic direction(s)
Apunipima Bernie Singleton Scholarship	Scholarship	Qld	The aim of this scholarship is to support Aboriginal and or Torres Strait Islander people from Cape York communities to undertake a full-time university qualification in health or management related studies. Successful applicants can benefit from financial support of up to \$7,500 over three years, allocated at up to \$2,500 annually.	4
Bonded Medical Program	Education program	Australian Government	This program aims to ensure Australia's medical workforce is well distributed, flexible and directed towards communities in need. It directly funds 28.5% or up to 850 additional Commonwealth Supported Places for students in Australian Medical schools every year. In return, following successful completion of their medical course, participants agree to work in eligible regional, rural and remote areas for a specified period, usually three years.	4, 5
Boosting Apprenticeships Commencements Wage Subsidy	Subsidy	Australian Government	This subsidy supports businesses of all sizes, industries and locations to take on new apprentices and trainees by paying a 50% wage subsidy for 12 months from the date of commencement up to a cap of \$7,000 per quarter. Eligible employers can access the subsidy until 31 March 2022.	4
Brien Holden Foundation Aboriginal and Torres Strait Islander Health Scholarship	Scholarship	Australian Government	Indigenous Allied Health Australia, in partnership with the Brien Holden Foundation, offer scholarships to Aboriginal and Torres Strait Islander students currently studying or interested in studying optometry. The scholarships will support tuition and associated costs such as textbooks and equipment, while also supporting clinical placements and mentoring.	4
Building the Local Care Workforce (BLCW) Program	Program	Australian Government	<p>This program is:</p> <ul style="list-style-type: none"> <li>delivered by Ernst &amp; Young, with the First Peoples Disability Network (Australia), and the Community Services Industry Alliance</li> <li>funded by the Department of Social Services.</li> </ul> <p>The BLCW Program aims to develop the capacity of disability and aged care service providers to operate effectively and expand their workforce.</p>	1, 4
Cadetships for Indigenous medical students in NSW for rural postgraduate placement	Postgraduate placement	NSW	Cadetships are offered annually by the NSW Rural Doctors Network to provide multi-year funding for Aboriginal and Torres Strait Islander medical students at NSW universities who are interested in rural practice and committed to doing 2 out of their first 3 years of postgraduate training at NSW Rural Base Hospitals (Albury, Wagga Wagga, Dubbo, Orange and Tamworth).	5
Career Pathways Project	Project	Australian Government	This project is an Aboriginal-led national research project funded by the Lowitja Institute Aboriginal and Torres Strait Islander CRC. The Career Pathways Project took a national perspective, providing insights and guidance to enhance the capacity of the health system to retain and support Aboriginal and Torres Strait Islander people in the health workforce.	1, 2, 3, 4, 5, 6



Strategy / Program / Initiative	Type	Jurisdiction	Description	Strategic direction(s)
Caring for Mum on Country project	Program	NT	This is a participatory-action-research project working in collaboration with Aboriginal women in North East Arnhem Land in the Northern Territory. Under senior Yolngu leadership the project engages with women, Yolngu Cultural Knowledge Authorities and other stakeholders to explore reproductive health. The emphasis is on building capacity and mutual understanding through integrating Yolngu and Western medical pregnancy and childbirth knowledge systems. The project uses a decolonising research approach that seeks to privilege and embrace Yolngu ways of knowing, being and doing.	2
Certificate III in Aboriginal and/or Torres Strait Islander Primary Health Care qualification	Training program	Qld	The Certificate III Guarantee Program supports eligible students to undertake their first post-school Certificate III qualification through providing a subsidy for the associated training fees.	4
Children and Schooling Programme	Education program	Australian Government	This program supports activities to improve Aboriginal and Torres Strait Islander educational outcomes, opening the door to more pathways to success. This includes improving family and parenting support, early childhood development, care and education, school education, youth engagement and transition, and tertiary education. The program has a critical focus on increased school attendance and improved educational outcomes that lead to employment.	4
Clifford Family Scholarship at International House	Scholarship	Vic	This scholarship supports students from rural or regional Australia studying a Bachelor of Agriculture, Bachelor of Biomedicine, Bachelor of Oral Health and/or Bachelor of Science with fee remission of 50% (~\$14,000) per year for three years at International House.	4
Clontarf Foundation	Education program	Australian Government	The Clontarf Foundation aims to help young Aboriginal and Torres Strait Islander men attend school, complete Year 12 studies and enter employment. The Clontarf Foundation exists to improve the education, discipline, life skills, self-esteem and employment prospects of young Aboriginal and Torres Strait Islander men and by doing so equips them to participate more meaningfully in society.	4
Commonwealth Scholarships Program for Young Australians	Scholarship program	Australian Government	This scholarship awards young Australians up to \$13,000 to study a vocational education and training (VET) qualification and complete a paid internship. The program targets occupations identified in projected growth industries and in-demand occupations within the 10 nominated regions.	4
Community Development Program (CDP)	Employment program	Australian Government	The CDP is a remote employment and community development service supporting job seekers in remote Australia to build skills, address barriers and contribute to their communities through a range of flexible activities. CDP participants with activity requirements are expected to complete up to 20 hours per week of work-like activities that benefit their community. CDP offers a broad range of flexible activities to increase participants' skills and contribute to their community.	2

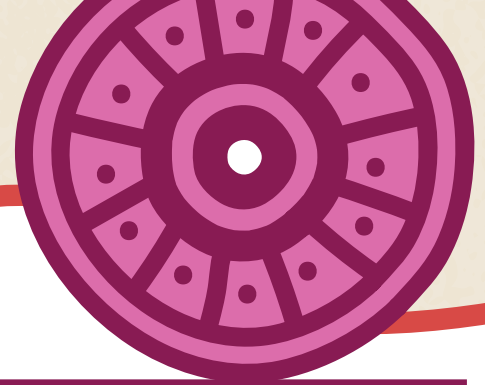
Strategy / Program / Initiative	Type	Jurisdiction	Description	Strategic direction(s)
Country Enrolled Nursing Cadetship Program	Cadetship	SA	The SA Department for Health and Wellbeing offers the program which provides paid employment and training opportunities to Aboriginal and Torres Strait Islander people seeking to become Enrolled Nurses.	4, 5
IAHA Cultural Responsiveness in Action Framework	Framework	Australian Government	This framework was developed in 2015 to give practical strategies to strengthen individuals' and agencies' ability to provide culturally safe and responsive care and services that meet the needs of Aboriginal and Torres Strait Islander peoples. The framework was revised in 2019 and has embedded an Aboriginal and Torres Strait Islander health and wellbeing theory of change for individual, organisational, and systemic transformation.	3
Dr Krish & S Reddy Indigenous Medical Scholarship	Scholarship	NSW	The Dr. Krish & S. Reddy Indigenous Medical Scholarship is available to Aboriginal or Torres Strait Islander students enrolled in University of Wollongong's Doctor of Medicine (MD) in 2020, who provide primary care or out of home care for a family or family member. This scholarship offers \$12,500 for one year.	4
Dr Lawrence F Smith Scholarship for Aboriginal and Torres Strait Islander Students	Scholarship	NSW	This is a \$6,000 scholarship for Aboriginal and Torres Strait Islander students who are studying the Doctor of Dental Medicine or Bachelor of Oral Health.	4
Dubbo Program	Education program	NSW	<p>The Dubbo Program and new facilities are being developed in close collaboration with:</p> <ul style="list-style-type: none"> <li>the Western NSW Local Health District</li> <li>the hospitals and doctors of the region</li> <li>the Dubbo community, including the Wiradjuri community.</li> </ul> <p>The program aims to educate rural residents and train Aboriginal and Torres Strait Islander doctors. The commencement date for the Dubbo program has been reset to January 2022.</p>	4, 5
Elsa Dixon Aboriginal Employment Program (EDAEP)	Employment program	NSW	<p>This program funds organisations to support Aboriginal education, employment and training by:</p> <ul style="list-style-type: none"> <li>subsidising the salary, and development and support costs, of Aboriginal employees in a public service agency or local council</li> <li>funding innovative community projects</li> <li>supporting work experience for Aboriginal students in their final year of a degree or post degree course.</li> </ul>	4, 5
Epworth Centenary Scholarships	Scholarship	Vic	This program provides three Epworth HealthCare Centenary Scholarships, each valued at \$10,000, to registered nurses and midwives to support postgraduate study by coursework or research in 2021 including one to an Aboriginal and/or Torres Strait Islander nurse or midwife practising in Victoria.	4





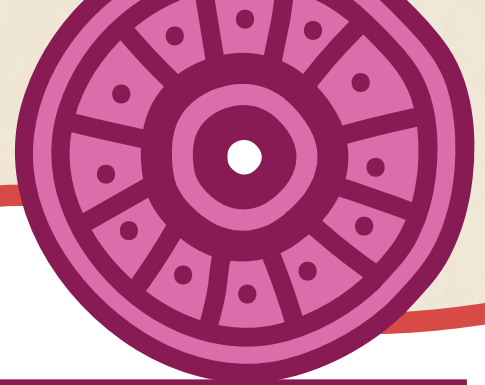
Strategy / Program / Initiative	Type	Jurisdiction	Description	Strategic direction(s)
Equity Fellows Program	Research program	Australian Government	This program is managed by NCSEHE under the HEPPP. It aims to support Fellows to undertake strategic, high-impact, high-profile leadership projects targeted, sector-wide, at improving the access, participation and success in higher education of students from disadvantaged backgrounds.	4
Feeling Deadly, Working Deadly Resource Kit	Resource	Australian Government	This resource is aimed at reducing stress and burnout and enhancing wellbeing amongst Aboriginal and Torres Strait Islander AOD workers. It forms part of NCETA's work on Aboriginal and Torres Strait Islander Worker wellbeing. It is funded by the Australian Government Department of Health.	3
Flinders University – Poche Centre for Indigenous Health and Well-Being :Poche Scholarship	Scholarship	SA	These scholarships provide financial assistance to Aboriginal and Torres Strait Islander students of the Colleges of Medicine and Public Health and Nursing and Health Sciences at Flinders University. These can be awarded to those enrolled in undergraduate or postgraduate coursework degrees in health or health-related fields of study. The scholarship offers \$25,000 per annum for a maximum of 5 years.	4
Flinders University Professor Michael Kidd AM Scholarship	Scholarship	SA	This scholarship has been established in perpetuity to support the retention and successful graduation of Aboriginal and Torres Strait Islander students as health professionals. The program has a minimum of one scholarship with a minimum value of \$2,000 that may be awarded each year.	4
Foundation Skills for Your Future – Remote Community Pilots	Training program	Australian Government	<p>The Government is providing funding for tailored and flexible language, literacy, numeracy and digital literacy (LLND) skills, assessment and training that meet local community needs in four remote communities – one each in the NT, northern Qld, WA and SA. The pilots aim to:</p> <ul style="list-style-type: none"> <li>• improve the LLND skills of community members in the remote communities</li> <li>• identify and develop systemic approaches to LLND skills training delivery in remote communities</li> <li>• inform future program delivery, new funding arrangements and/or changes to existing programs such as the Skills for Education and Employment (SEE) program.</li> </ul>	2
Foundation Skills for Your Future Program	Training program	Australian Government	This program provides free LLND skills training to support eligible employed or recently unemployed Australians to gain, retain or change jobs, or undertake further education and training. Employers seeking to develop the skills of their workforce to meet current and future skills needs can also access the program through an approved service provider in their region.	2

Strategy / Program / Initiative	Type	Jurisdiction	Description	Strategic direction(s)
Gayle Woodford Memorial Scholarship	Scholarship	SA	This scholarship is jointly sponsored by CRANApplus and the Centre for Remote Health. It covers all course fees for the Graduate Certificate in Remote Health Practice, offered through Flinders University. This scholarship is open to registered nurses, Aboriginal and Torres Strait Islander health practitioners, allied health practitioners and medical officers. Aboriginal and Torres Strait Islander people are encouraged to apply.	4
General Practitioner Procedural Training Support Program (GPPTSP)	Training program	Australian Government	The GPPTSP is a competitive grant implemented in 2010 as part of the Improving Maternity Services in Australia package. Its objective is to improve access to maternity services for women living in rural and remote communities by supporting GPs to attain procedural skills in anaesthetics and obstetrics.	2
Godfrey and Ione Hester Indigenous Pathway Scholarship in Medicine	Scholarship	WA	This scholarship assists a commencing Aboriginal and Torres Strait Islander student who have accepted an offer of assured entry into the course for the degree of Doctor of Medicine (MD) at The University of Western Australia through the Indigenous Pathway to MD. The scholarship is to support and assist an eligible student to successfully complete an undergraduate degree course and undertake the Doctor of Medicine (MD) at the University. This scholarship is not available on an annual basis.	4
Grants for Rural and Remote Dental Students	Education grants	Australian Government	The Australian Dental Association (ADA) provides seven grants worth \$5,000 each year to rural and remote students. The students have to be either Australian citizens or permanent residents in a rural or remote region, be enrolled as full-time students in an undergraduate or graduate entry dental degree and must have completed at least the first year of that degree.	4
Health Demand and Supply Utilisation Patterns Planning (HeaDS UPP)	Data tool	Australian Government	This tool is a single source of information for government and stakeholders that will improve consistency of the evidence base used to inform workforce planning, policy and program development, monitoring and evaluation activities. It will enable collaboration across the health network and increase confidence in government spending. The HeaDS UPP Tool is complemented by HeaDS UPP Scenario Planner which is the next phase in an advanced capability to test the impact of different scenarios on workforce supply variations and inform planning decisions.	6
Health for Older Aboriginal People	Cultural program	NSW	This is an e-learning module on how to provide health services to meet the needs of older Aboriginal people.	3
Health Workforce Scholarship Program	Scholarship program	Australian Government	Delivered by Rural Workforce Agencies in each state and the Northern Territory, this program aims to increase access to health services in rural and remote areas that are experiencing skill shortages through scholarships and bursaries to existing rural health professionals. Scholarships and bursaries are available for eligible participants working in Aboriginal Medical Services and Aboriginal Community Controlled Health Organisations scholars in MM 1–7.	1, 4, 5



Strategy / Program / Initiative	Type	Jurisdiction	Description	Strategic direction(s)
Health Workforce Scholarship Program – NT	Scholarship	NT and Australian Government	This scholarship helps health professionals in rural and remote Australia enhance and retain their skills, capacity and scope of practice. The scholarship and bursary (grant) are up to \$10,000.	1, 2
Hearing for Learning	Training program	NT	This initiative enhances community-based services to address the crisis in ear and hearing health of Aboriginal children in the Northern Territory.	4, 5
Higher Education Participation and Partnerships Program (HEPPP)	Education program	Australian Government	The HEPPP aims to ensure that Australians from low socio-economic backgrounds who can study at university have the opportunity to do so. It provides funding to assist universities listed in Table A of the Higher Education Support Act 2003 to undertake activities and implement strategies that improve access to undergraduate courses for people from low socio-economic backgrounds, as well as improving the retention and completion rates of those students.	4
Higher Level Apprenticeship Pilots Program	Pilot	Australian Government	There are five Apprenticeship Training – Alternative Delivery Pilots which trial alternative apprenticeship training delivery arrangements. This pilot, led by PricewaterhouseCoopers, tests ‘higher level’ or ‘advanced’ apprenticeship training leading to a Diploma-level qualification. One of the specific projects in this pilot was with Gold Coast Health, which had 50 staff complete a Diploma of Leadership and Management tailored to their workplace through TAFE Queensland.	4, 5
High School to Health Careers Program	Education program	NT	This program was co-designed with members and communities. It is aimed at providing a culturally safe and responsive rural or remote experience in the NT for Aboriginal and Torres Strait Islander health students undertaking their tertiary degree, early career postgraduate studies or their VET qualifications. It provides a positive and strengths-based approach to health career opportunities in rural or remote Australia with learning experiences based on interactive and informative high school visits with Aboriginal and Torres Strait Islander students from years 7 to 12. Tertiary students take high school students through interactive stations with activities that inspire, educate and showcase different and diverse health careers that link to local workforce needs.	4
Ida West Aboriginal Health Scholarship	Scholarship	Tas	To pay tribute to the life and work of Aunty Ida, the Department of Health administers an annual scholarship in her name. The scholarship provides financial assistance to Tasmanian Aboriginal students completing a formal qualification at university or vocational education in a health and or human services related field.	4
Improving Aboriginal Cultural Respect Across Tasmania's Health System Action Plan 2020-2026	Strategy	Tas	This plan outlines how the Tasmanian Department of Health will create culturally safe health services, environments, and workplaces for Aboriginal people. It was developed over two years, following consultation with Tasmanian Aboriginal people and in consultation with key stakeholders across Tasmania's health system.	3

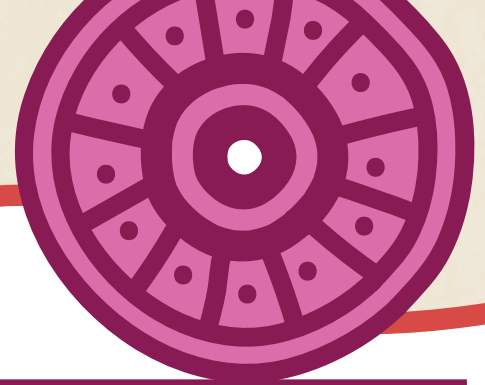
Strategy / Program / Initiative	Type	Jurisdiction	Description	Strategic direction(s)
Improving the Identification of Aboriginal People	Cultural program	NSW	This is an e-learning module which aims to emphasise the importance of improving the identification of Aboriginal people in the health service. It delivers information about how to ask Aboriginal people about their cultural status, how to deal with different responses, and highlights how asking the question is essential to appropriate service delivery.	3
Increase access to drug and alcohol treatment services in regional, rural and remote areas	Program	Australian Government	This program aims to increase access to drug and alcohol treatment services in regional, rural and remote areas by addressing gaps in the workforce and providing additional specialist services to these areas of need. It does this through establishing and maintaining partnerships and integration/coordination with regional stakeholders, including Aboriginal and Torres Strait Islander services and organisations such as ACCHS.	2, 4
Indigenous Allied Health Australia Health Academy Program	Training program	Australian Government	This is an education and training program providing information, support and opportunities for Aboriginal and Torres Strait Islander high school students to consider, explore and pursue a career in health. Through the Academy, participants enter a school-based traineeship pathway. They complete a Year 12 qualification, gain work experience and a Certificate III qualification in allied health assistance.	4
Indigenous Employment Initiatives (IEI)	Employment initiatives	Australian Government	The objective of the IEI program is to improve the cultural appropriateness of aged care services available to older Aboriginal and Torres Strait Islander people. The IEI program provides funding to over 100 Aboriginal and Torres Strait Islander aged care services to employ support staff and provide accredited training for those staff.	2, 3
Indigenous Employment Strategy	Strategy	Australian Government	This is a DESE strategy to achieve Closing the Gap targets and better employment ratios and improve the number of Aboriginal and Torres Strait Islander people with training and education.	3, 4, 5
Indigenous Health Workforce Traineeship Program	Traineeship	Australian Government	This program supports the Australian Government's coordinated efforts to improve Aboriginal and Torres Strait Islander health outcomes by ensuring that Aboriginal and Torres Strait Islander people have access to culturally appropriate health care services. The intended outcomes include increasing number of skilled Aboriginal and Torres Strait Islander people working in the Aboriginal and Torres Strait Islander primary health care sector, creating viable career pathways, and building the capacity of ACCHS.	1, 2, 3, 5
Indigenous Higher Education Units (IHEU)	Student support	Australian Government	IHEUs are located in universities all around Australia. These units support Aboriginal and Torres Strait Islander students, create a network of Aboriginal and Torres Strait Islander students and academics, and provide an Indigenous presence on all Australian university campuses.	4



Strategy / Program / Initiative	Type	Jurisdiction	Description	Strategic direction(s)
Indigenous Medical Students Study Materials Grant	Scholarship	WA	University of Western Australia (UWA) Alumni, through the Support of Indigenous Medical Students Fund, donate funds to the university to provide Aboriginal and Torres Strait Islander students with a scholarship to assist with the cost of course-related expenses while enrolled in the Doctor of Medicine at the University.	4
Indigenous Paramedic Program (IPP)	Program	Qld	This program provides a structured and supportive educational pathway with the benefit of full-time employment within the pre-hospital emergency response sector. It offers on-the-job, expert mentoring and additional learning support. The program was designed to equip cadets with the theoretical knowledge and skills development required to provide clinical assessment and patient care in the emergency pre-hospital environment.	4, 5
Indigenous Skills and Employment Program (ISEP)	Program	Australian Government	The Australian Government announced in the 2021-22 Budget a commitment to develop a new Indigenous Skills and Employment Program (ISEP) to replace the Vocational Training and Employment Centres (VTEC), Tailored Assistance Employment Grants (TAEG) and Employment Parity Initiative (EPI) from 1 July 2022. The ISEP will contribute to closing the gap in employment by supporting pathways to employment for Indigenous Australians, through flexible, locally informed investment. The program will drive actions that connect Indigenous Australians to jobs, targeted skills acquisition and career advancement opportunities.	1, 2, 4, 5
Indigenous Student Success Program (ISSP)	Student program	Australian Government	The ISSP supplements universities to help students take on the demands of university and succeed. Funding is prioritised towards the support of Aboriginal and Torres Strait Islander students who are financially disadvantaged and/or from remote and regional areas.	4
Indigenous, Regional, and Low SES Attainment Fund (IRLSAF)	Funding	Australian Government	The IRLSAF funds universities to support Aboriginal and Torres Strait Islander students and students from low socio-economic and regional backgrounds. The IRLSAF combines the Higher Education Participation and Partnerships Program (HEPPP), regional loading, enabling loading and relevant elements of the National Institutes Grant.	4
Industry Training Hubs	Training support	Australian Government	These hubs help young people in regions with high youth unemployment, particularly Year 11 and Year 12 students. A full-time Career Facilitator will manage each hub, providing an on-the-ground presence while delivering training hub services. Career Facilitators will work with and encourage young people to build skills and choose occupations in demand in their region, creating better linkages between schools and local industry, and repositioning VET as a first-choice option. Through this work, the hubs will help eliminate persistent high youth unemployment in regional areas. The first two Training Hubs are in Burnie (Tas) and Townsville (Qld).	2, 4

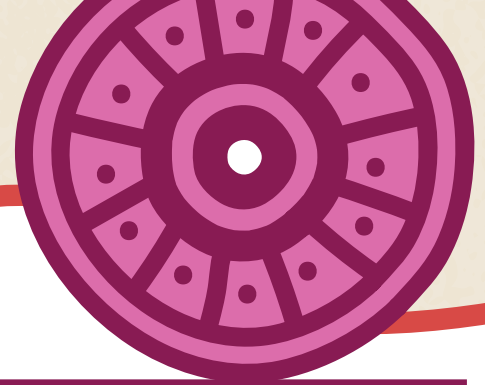
Strategy / Program / Initiative	Type	Jurisdiction	Description	Strategic direction(s)
Indyamarra Scholarship	Scholarship	NSW	These scholarships financially assist country Aboriginal and Torres Strait Islander students at Charles Sturt University during their final year of study in the fields of education, nursing or health.	4
Intern Incentive Allowance for Rural Pharmacies	Internship / Financial support	Australian Government	This allowance aids the rural and remote workforce with incentive payments to rural and remote pharmacy owners or eligible hospital authorities offering a placement for a pharmacy graduate during their intern year.	4
James Cook University (JCU) Centre for Rural and Remote Health, Mount Isa (MICRRH) and Indigenous Allied Health Australia (IAHA) student placement scholarship	Scholarship	Australian Government	Indigenous Allied Health Australia (IAHA), in partnership with JCU MICRRH, administer this scholarship to Aboriginal and Torres Strait Islander allied health students to undertake a student placement in the Mount Isa region. Students who are members of IAHA can apply to undertake a placement for at least four weeks in the region. The scholarships contribute to the cost of travel and accommodation for the placement.	4
Job-ready Graduates Package	Funding	Australian Government	Under the package of reforms to higher education, government university funding of \$18 billion in 2020 will grow to \$20 billion by 2024. The package will create up to 30,000 new university places and 50,000 new short course places by 2021, and provide additional support for students in regional and remote Australia.	4
JobTrainer Fund	Training program	Australian Government	The Australian Government is partnering with state and territory governments to deliver the JobTrainer Fund. The Australian Government has committed \$1 billion to be matched by jurisdictions, to create around an additional 463,000 training places (for accredited qualifications and short courses) for job seekers and young people, including school leavers. The places are free or low fee in areas of identified skills need, including 33,000 additional training places to enable existing and new care workers to improve their qualifications.	2
Jodie Michelle Reid Memorial Scholarship	Scholarship	Qld	This scholarship is given to an Aboriginal and Torres Strait Islander student enrolled in Bachelor of Nursing, Bachelor of Midwifery and Bachelor of Nursing/Bachelor of Paramedicine at Australian Catholic University, Brisbane Campus. The scholarship awards a lump sum amount of \$4,000.	4
John Flynn Placement Program (JFPP)	Placement program	Australian Government	This Australian Government Department of Health initiative is to encourage the future medical workforce to take up remote and rural medical careers. The program offers 300 undergraduate medical students with the opportunity to undergo clinical practice and lifestyle in remote and rural locations across Australia. Successful eligible applicants, from 22 participating universities across Australia, are required to spend eight weeks over three to four years in a remote or rural community with a one-to-one professional mentor.	4





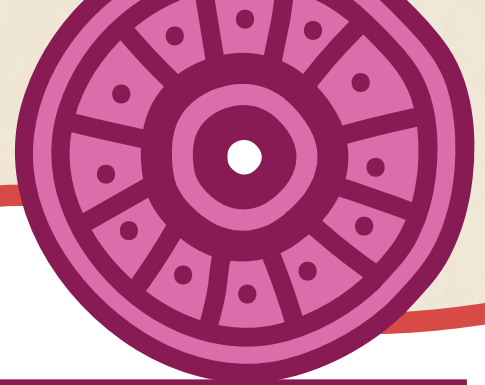
Strategy / Program / Initiative	Type	Jurisdiction	Description	Strategic direction(s)
Joseph Epstein Scholarship	Scholarship	Vic	Established in 2013, the Joseph Epstein Scholarship aims to increase the number of Aboriginal, Torres Strait Islander and Māori specialists in emergency medicine in Australia and New Zealand.	4
Junior Doctor Training Program	Training program	Australian Government	The new Junior Doctor Training Program comprises two new streams to support training in rural primary care and in private hospitals. The first is a Rural Primary Care Stream, which offers funding for educational support for junior doctors working and training in rural primary care settings. The second is a Private Hospital Stream, which provides salary support for junior doctors working in private hospitals.	2
Landmark Indigenous leadership program	Leadership program	Qld	This leadership program was developed for Aboriginal and Torres Strait Islander staff by Health's Clinical Excellence Queensland division, based on the ILC's long-standing leadership program.	2
Leaders in Indigenous Medical Education (LIME) Network	Network	Australian Government	The LIME Network is a program of Medical Deans Australia and New Zealand, funded by the Australian Government Department of Health. The LIME Network's key objective is to ensure the quality and effectiveness of teaching and learning of Aboriginal and Torres Strait Islander health in medical education, as well as best practice in the recruitment and retention of Aboriginal and Torres Strait Islander medical students.	2
Leaders in Indigenous Nursing and Midwifery Education Network (LINMEN)	Network	Australian Government	The LINMEN is a project of the Congress of Aboriginal and Torres Strait Islander Nurses and Midwives (CATSINaM), funded by the Australian Government Department of Health since 2017. LINMEN was created with the aim of establishing a network to improve the quality of cultural safety education and training for students and educators in nursing and midwifery.	2, 3
Les Elvin Memorial Indigenous Scholarship in Nursing	Scholarship	NSW	The aim of this scholarship is to improve the health of Aboriginal people in the Hunter rural region by increasing the skilled Aboriginal and Torres Strait Islander health practitioner workforce. The scholarship currently provides a benefit of \$5,000 to two Aboriginal students enrolled in their third year of the Bachelor of Nursing program with the University of Newcastle.	4
Local Jobs Program	Employment program	Australian Government	The Local Jobs Program brings together expertise, resources and access to funding at the local level to support job seekers and their communities in each region. The Local Jobs Program in providing place based support will drive local solutions including funding projects to help job seekers access emerging job opportunities (including in the health sector). The program has a particular focus on reskilling, upskilling and employment pathways and is part of supporting Australia's economic recovery from the COVID-19 pandemic.	2

Strategy / Program / Initiative	Type	Jurisdiction	Description	Strategic direction(s)
Lyell McEwin Hospital Aboriginal Nursing Cadetship Program	Cadetship Program	SA	The Lyell McEwin Hospital, that forms a part of the Northern Adelaide Local Health Network (NALHN), has an established Aboriginal Nursing Cadetship Program which currently employs and assists over 20 Aboriginal and Torres Strait Islander students. The program provides Enrolled Nurse Diploma Cadetships, Bachelor of Nursing Cadetships and Bachelor of Midwifery Cadetships. The cadetship funding covers some course fees (not HECS) and pays students doing clinical placements to a maximum of 12 weeks as part of their course, and gives them a fortnightly study allowance payment during the length of the course or program.	4, 5
McNair Foundation Indigenous Scholarship	Scholarship	NSW	This scholarship awards a single Aboriginal and Torres Strait Islander studying in an undergraduate program within the Faculty of Health and Medicine, or any undergraduate education program within the Faculty of Education and Arts, with a benefit of \$10,000 each year for up to three years.	4
Medical Outreach Indigenous Chronic Disease Program	Program	Australian Government	The Medical Outreach Indigenous Chronic Disease Program (MOICDP) funds a broad range of multi-disciplinary team-based health outreach services that focus on the prevention, detection and management of chronic disease (primary and secondary care) for Aboriginal and Torres Strait Islander peoples.	3
Medical Student Aboriginal Entry Application Process Funding Scheme Grant	Education grants	Tas	These grants are provided by the University of Tasmania's College of Health and Medicine to support Aboriginal and Torres Strait Islander students to study medicine. The grants are offered to eligible Tasmanian medical students who are part of the university's Aboriginal Entry Application Process.	4
Miroma Bunbilla program	Education program	NSW	This program is a compulsory pre-entry pathway for Aboriginal and Torres Strait Islander applicants to enrol in the Joint Medical Program. It was set up by the University of Newcastle and the University of New England in that Aboriginal and Torres Strait Islander people cannot always access traditional educational opportunities. The program is open for aspiring medical students, including school leavers, undergraduates and mature-age students.	4
More Doctors for Rural Australia Program (MDRAP)	Training program	Australian Government	This is a 3GA program that enables doctors who are non-vocationally registered to work in rural regions and access Medicare. Under this program doctors get support and training towards joining a college Fellowship program to become vocationally recognised.	1
Moving Ahead Strategy	Employment program	Qld	This strategy helps increase the participation of Aboriginal and Torres Strait Islander people in Queensland's economy over the period 2016 to 2022.	2



Strategy / Program / Initiative	Type	Jurisdiction	Description	Strategic direction(s)
Murrumbidgee Rural Generalist Training Pathway	Training program	Australian Government	This is the first in a range of flexible employment model trials, linked to the Strengthening Primary Care – Innovative Models of Primary Care to Address Rural Workforce Shortages announced in the 2020 Budget. The trials are aimed to build a sustainable local primary care workforce in regional, rural and/or remote geographical areas. The four-year funded trial will enable rural generalist trainees to be employed as a state employee through the Murrumbidgee Local Health District (MLHD), in addition to billing Medicare for their work in participating trial locations.	5
National Aboriginal and Torres Strait Islander Higher Education Consortium (NATSIHEC) Indigenous Education Units (IEU)	Education program	Australian Government	These IEUs support Aboriginal and Torres Strait Islander students, create a network of Aboriginal and Torres Strait Islander students/academics and provide an Indigenous presence on all Australian university campuses.	4
National Alcohol and Other Drug Workforce Development Strategy 2015–2018	Strategy	Australian Government	This strategy is designed to assist in the development of a skilled, effective and adaptable AOD workforce in Australia. The strategy aims to improve the skills of the AOD workforce so they can better reduce AOD-related harm, and to prepare the workforce for the future. There are elements of the strategy which are specific to Aboriginal and Torres Strait Islander workers.	2
National Careers Institute	Resource	Australian Government	The National Careers Institute (NCI) was established to provide access to authoritative and accurate careers information and support. The Your Career website connects people to further education, training or work options to support current career needs or goals.	4
National Disability Insurance Scheme (NDIS) Jobs and Market Fund (JMF)	Funding	Australian Government	In the 2018–19 Budget, the Australian Government invested \$64.3 million in a new NDIS JMP and broader communication activity to support the growth of the NDIS market and workforce. The JMF replaced and built on the success of the Sector Development Fund (SDF), which funded projects to support people with disability, providers and the workforce to transition to the NDIS, but shifts the focus to prioritising opportunities for workforce and market growth.	5
National Health and Medical Research Council (NHMRC) Indigenous (virtual) Internship Program	Internship	Australian Government	This opportunity is for Aboriginal and Torres Strait Islander students enrolled in an undergraduate or Masters degree in a health or medical research related field to take up a (virtual) internship in the agency. The internship program provides a wide range of opportunities for Aboriginal and Torres Strait Islander students to gain insight into the work of NHMRC, and enhances their educational experience through practical work experience.	4,5

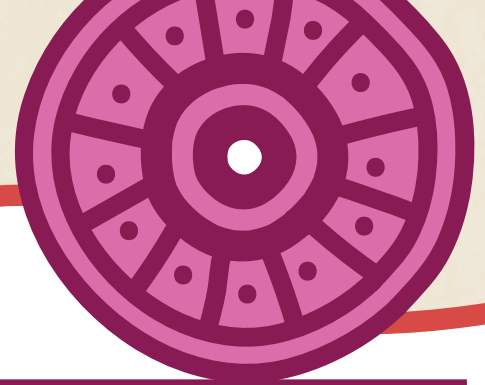
Strategy / Program / Initiative	Type	Jurisdiction	Description	Strategic direction(s)
National Rural Generalist Pathway	Training program	Australian Government	The National Rural Generalist Pathway is a dedicated medical training pathway to attract, retain and support rural generalist doctors who provide primary care, emergency medicine and other specialist services in regional, rural and remote areas.	5
New Careers for Aboriginal People (NCAP)	Program	NSW	NCAP funds organisations to employ and train people as NCAP officers whose role is to assist Aboriginal people into employment and/or training. NCAP officers are Aboriginal people who provide training and employment assistance and advice and are in touch with the needs of Aboriginal communities.	1
New Employment Services Model	Resource	Australian Government	The New Employment Services Model will create a better service for job seekers, employers and providers. It is expected to replace the Job-Active program from July 2022. The new model is being trialled in two regions from July 2019. For job seekers, the new model will provide a digital platform and online support that will help them find a job, have more flexibility to meet mutual obligation requirements, and access extra support when needed. There is scope to investigate how the model can support more Aboriginal and Torres Strait Islander job seekers to take employment opportunities in the broader health and care workforces.	5
Non-Vocationally Registered (VR) Fellowship Support Program (FSP)	Program	Australian Government	<p>The Non-VR FSP is a one-off subsidy program to assist medical practitioners, including the Aboriginal and Torres Strait Islander medical workforce, to gain Fellowship and vocational registration as a specialist GP. The Australian Government provides a contribution for participants' training, with additional training costs to be funded by participants. The Non-VR FSP is administered by the two GP Colleges:</p> <ul style="list-style-type: none"> <li>the Royal Australian College of General Practitioners (RACGP) deliver the Non-VR FSP through their Practice Experience Program (PEP)</li> <li>the Australian College of Rural and Remote Medicine (ACRRM) deliver the Non-VR FSP through their Independent Pathway (IP).</li> </ul>	2, 4
NSW Aboriginal Population Health Training Initiative	Initiative	NSW	The NSW Aboriginal Population Health Training Initiative (APHTI) commenced in 2011 and is delivered in partnership between the NSW Ministry of Health and the population health services (Local Health Districts and Specialty Health Networks) across NSW. The APHTI is a three-year training program comprising part-time study towards a Master of Public Health in conjunction with a series of work placements in the population health services of a NSW health service.	4, 5



Strategy / Program / Initiative	Type	Jurisdiction	Description	Strategic direction(s)
NSW Aboriginal Trainee Doctors' Forum	Training program	NSW	The Aboriginal Trainee Doctors' Forum is a collaboration between the Health Education and Training Institute (HETI), the Ministry of Health's Aboriginal Workforce team, and the Australian Indigenous Doctors' Association (AIDA). The Aboriginal Trainee Doctors' Forum provides face-to-face support to all NSW Aboriginal medical trainees in their first five years of medical training.	4
NSW Ambulance Australian Aboriginal and Torres Strait Islander candidates	Employment opportunity	NSW	NSW Ambulance provides a designated employment pathway for Aboriginal people for employment as a graduate paramedic, trainee paramedic, control centre officer and communications assistant.	1, 5
NSW Health Aboriginal Nursing and Midwifery Cadetship Program	Cadetship program	NSW	This program supports Aboriginal people studying an undergraduate nursing or midwifery degree at university. The cadetship includes study allowance, semester support allowance, 12 weeks paid employment, support from Aboriginal mentors and others, as well as the potential for ongoing employment upon successful completion of studies and the program.	4
NSW Rural Doctors Network – Health Workforce Scholarship Program	Scholarship Program	NSW	The Health Workforce Scholarship Program (HWSP) provides scholarships and bursaries to help health professionals in rural and remote Australia retain and enhance their skills, capacity and scope of practice. The program is an initiative of the Australian Government Department of Health, administered in New South Wales by NSW Rural Doctors Network (RDN). The HWSP is available to medical, nursing, midwifery, allied health, dental and Aboriginal and Torres Strait Islander health professionals providing primary health care in the ACCHS sector, non-government organisations and private practice.	2
NSW Rural Resident Medical Officer Cadetships for Indigenous Medical Students	Cadetship	NSW	In this program offered by the NSW Rural Doctors Network (RDN), on behalf of the NSW Ministry of Health, up to two cadetships are offered to Aboriginal and Torres Strait Islander medical students interested in a medical career in rural NSW. Successful applicants will receive a scholarship of \$30,000 during their degree and they will have to undertake two of the first three years of their hospital training in an eligible NSW rural hospital.	4, 5
NT Health Aboriginal Cadetship Program	Cadetship	NT	The aim of this program is to support Aboriginal people to complete higher education health studies and is a key initiative to increasing employment of Aboriginal people as health professionals. The program was designed to assist first undergraduate degree or postgraduate Aboriginal students to gain professional health qualifications and experience that will help them in their professional career upon completion of their studies.	4, 5

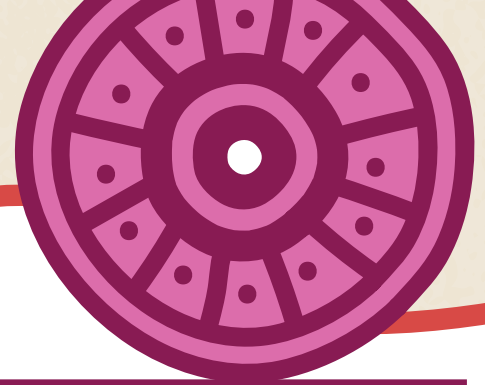
Strategy / Program / Initiative	Type	Jurisdiction	Description	Strategic direction(s)
Palliative Care Education and Training Collaborative	Education and training program	Australian Government	As part of the National Palliative Care Projects, the collaborative delivers the Program of Experience in the Palliative Approach (PEPA) and the Palliative Care Curriculum for Undergraduates (PCC4U). These initiatives are focussed on delivering supported clinical placements, workshops and development opportunities in the palliative approach, as well as integrating teaching on palliative care into educational settings.	2, 4, 5
PhD or Master's scholarship: Community led Aboriginal child injury prevention at UNSW	Scholarship	NSW	This project involves working with two leading NSW remote Aboriginal community organisations to develop and pilot an innovative child injury prevention program, with a focus on health literacy.	2, 4
PSA Insurance Indigenous Scholarship	Scholarship	Vic	This scholarship, donated by PSA Insurance, is for three Aboriginal and Torres Strait Islander students wishing to reside at Monash Residential Services and study medicine. The program provides \$10,000 towards accommodation fees at Monash Residential Services for one year.	4
Puggy Hunter Memorial Scholarship Scheme (PHMSS)	Scheme	Australian Government	This scheme financially supports Aboriginal and Torres Strait Islander undergraduate students studying health related disciplines in a university or a TAFE/RTO. The PHMSS aims to increase Aboriginal and Torres Strait Islander people's participation in the health workforce.	4
Queensland Indigenous Youth Leadership Program	Leadership program	Qld	QIYLP forms part of the Queensland Indigenous Youth Leadership Strategy (QIYLS) and is a key initiative of the Queensland Youth Partnership Initiative. The program provides the opportunity for Aboriginal and Torres Strait Islanders that are 18 to 25 years old in Queensland to come together to strengthen their leadership skills and build their capacity to drive change in local communities.	2
Regional University Centres	Education program	Australian Government	The Regional University Centres program improves access to tertiary education for regional and remote students. The centres are facilities regional students can use to study tertiary courses locally delivered by distance from any Australian institution. Centres provide infrastructure, administrative and academic support services, and other student support services. There are currently 16 Regional University Centres.	4
Remote Health Experience (RHE) Weekend	Program	NT	The RHE is an inter-professional, experiential learning activity where all participants will learn about remote issues in context. The learning is intended to be collegiate, and fun. During the weekend, participants will have the opportunity to learn, problem solve, and discuss remote issues across disciplines in an environment led by remote practitioners. This activity involves nursing, medical, paramedical, allied health and Aboriginal and Torres Strait Islander students.	3





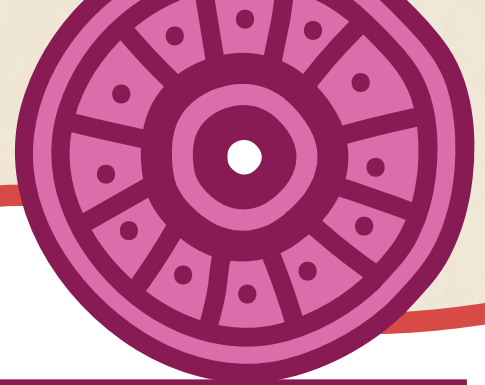
Strategy / Program / Initiative	Type	Jurisdiction	Description	Strategic direction(s)
Remote Vocational Training Scheme	Scheme	Australian Government	This government-funded program is managed by RVTS Limited. It is a general practice vocational training for medical practitioners in remote and isolated communities and Aboriginal and Torres Strait Islander communities throughout Australia. The scheme delivers structured distance education and supervision, enabling participants to work in rural and remote areas while training.	2
Respecting the Difference: Aboriginal Cultural Training Framework for NSW Health	Framework	NSW	This framework's purpose is to assist increasing cultural competencies and promote greater understanding of processes and protocols for delivering health services to Aboriginal people. The purpose of the training is to motivate NSW Health staff to build positive and meaningful relationships with Aboriginal people clients, visitors and staff.	3
Resthaven Aboriginal and Torres Strait Islander Allied Health Scholarship	Scholarship	SA	This scholarship is awarded to a full-time third year undergraduate Aboriginal student in an allied health program at any University of SA campus (including Mt Gambier and Whyalla). The scholarship offers \$10,000 for a period of two years (third and fourth year of the recipient's program).	4
Rhonda Marriott Scholarship	Scholarship	WA	This scholarship assists WA Health employed Aboriginal registered nurses and midwives with the costs associated with postgraduate education. Eligible courses include Postgraduate Certificates, Postgraduate Diplomas and Masters.	4
Royal Flying Doctor Service (RFDS) Program	Program	Australian Government	In an effort to grow the skilled rural health workforce, the RFDS program aims to provide financial support through scholarships to Aboriginal and Torres Strait Islander health students to undertake a clinical placement in remote and rural Australia. Under the program, IAHA will administer the \$10,000 allied health-specific scholarship funding pool to Aboriginal and Torres Strait Islander allied health students to do a remote or rural clinical placement of at least four weeks.	4
Rural and regional enterprise scholarships (RRES) program	Scholarship program	Australian Government	The RRES program aims to improve access, educational opportunities and attainment for regional and remote Australians by supporting undergraduate, postgraduate and vocational education and training students from Certificate IV to PhD level. Scholarships are available to eligible students studying from six months full time up to eight years part time, for on campus or for online/distance education.	4
Rural Continuing Professional Education Allowance	Education program	Australian Government	This allowance supports pharmacists from rural and remote areas to access continuing professional development activities by paying for travel and accommodation. Under the program, funding is also provided for professional educators to travel to a rural location to deliver continuing professional development activities to practising pharmacists.	2

Strategy / Program / Initiative	Type	Jurisdiction	Description	Strategic direction(s)
Rural Health Continuing Education (RHCE) sub-program	Education program	Australian Government	This sub-program consolidates funding from several other programs into a single program with the aim to support medical specialists in rural and remote areas in Australia. RHCE Stream One program provides access to professional training and support in rural and remote areas for medical specialists.	2
Rural Health Multidisciplinary Training (RHMT) Program	Training program	Australian Government	This program offers health students to undertake rural training through a network of rural clinical schools, university departments of rural health, and dental faculties offering extended rural placements.	4
Rural Health Workforce Support Activity (RHWSA)	Recruitment	Australian Government	The Australian Government funds Rural Workforce Agencies (RWA) across Australia to implement the RHWSA, which provides a range of activities and support to improve the recruitment and retention of GPs to rural and remote areas.	1
Rural Intern Training Allowance	Training program	Australian Government	The Rural Intern Training Allowance financially supports pharmacy interns practicing in rural and remote areas to access compulsory training activities required as part of their intern training program.	4
Rural Junior Training Innovation Fund (RJTIF)	Training program	Australian Government	This training program provides opportunities for rural junior doctors in their first and second postgraduate years (PGY1 and PGY2) to continue training in rural communities and gain experience in rural primary care settings, including AMSs, building and enhancing existing jurisdictional rural training networks. The program indirectly supports the National Workforce Plan by helping to attract and retain medical graduates in rural medical practice (including into AMSs) and help develop a rural pathway for medical education and training for all junior doctors.	5
Rural Locum Assistance Program (Rural LAP)	Program	Australian Government	The Australian Government has extended funding in Rural LAP until 30 June 2022 to help eligible health professionals including nurses and midwives, aged care facilities, allied health professionals, obstetricians, proceduralist GPs in obstetrics and anaesthetics, and metro GPs by providing locum support under the rural locum education assistance program. The program provides highly qualified locums to rural and remote locations around Australia.	2
Rural Pharmacy Liaison Officer Program	Program	Australian Government	This program supports pharmacists and pharmacy students practising in rural and remote areas. Under it, local programs support clinical placements and promote intra-professional collaboration.	2, 4
Rural Pharmacy Scholarship Scheme	Scholarship	Australian Government	This scheme provides financial support of up to \$40,000 per student over a four-year period to encourage and enable students from rural and remote communities to undertake undergraduate or graduate studies in pharmacy. Scholarship students are motivated to seek employment in rural and remote areas following their graduation.	4, 5



Strategy / Program / Initiative	Type	Jurisdiction	Description	Strategic direction(s)
Rural Pharmacy Scholarship Mentor Scheme	Scheme	Australian Government	This scheme aims to encourage and support Aboriginal and Torres Strait Islander scholars and scholars from rural and remote locations to do undergraduate and graduate studies in pharmacy at any Australian university. The program offers guidance and support from a practising rural pharmacist mentor during each year of their pharmacy studies. Mentors can choose to be paid for participating in the scheme and receive a payment per mentored scholar per year.	4
Rural Pharmacy Student Placement Allowance Program	Education program	Australian Government	This program provides financial support to Australian universities to facilitate pharmacy student placements in rural and remote communities. The allowance helps with students' travel and accommodation costs for taking placements in rural and remote areas.	4, 5
Rural Procedural Grants Program	Training grants	Australian Government	The Rural Procedural Grants Program supports procedural GPs in rural and remote areas to attend relevant training, which is focused on both skill maintenance and upskilling. Support is provided in the form of grant payments designed to assist with the cost of attending training, including course costs, locum relief and travel expenses.	2
Rural Workforce Agencies (RWA)	Organisation	Australian Government	RWAs provide health workforce planning, data and a range of workforce supports for Aboriginal and Torres Strait Islander health workforce across remote and rural Australia. RWAs collaborate with the Aboriginal and Torres Strait Islander peak bodies within their jurisdiction.	4, 5
School of Medicine Aboriginal and Torres Strait Islanders Accommodation Scholarship	Scholarship	NSW	The School of Medicine Aboriginal and Torres Strait Islanders Accommodation Scholarship aims to support Indigenous students undertaking the Doctor of Medicine (MD) at Western Sydney University, who come from one or more of the university's defined equity or personal disadvantage groups, with the costs associated with accommodation. The scholarship offers \$10,000 per year up to 5 years.	4
Siggins Miller Scholarship	Scholarship	Qld	This scholarship is offered to Aboriginal and Torres Strait Islander students who are enrolled in the first year of University of Queensland's Doctor of Medicine program. It is awarded in the students' second semester on the basis of financial need. It was established in 2002 and is maintained by the income from a gift of \$30,000 from Siggins Miller Consultants. The scholarship awards a minimum of \$2,000.	4
Skills for Education and Employment (SEE) program	Training program	Australian Government	This program provides language, literacy and numeracy training to eligible job seekers, to help them to participate more effectively in training or in the labour force. The program is delivered across Australia, from metropolitan and regional areas, through to remote communities. The program caters for job seeker groups with literacy and/or numeracy training needs, including Aboriginal and Torres Strait Islander people, youth, people with disability, mature aged people, and job seekers from culturally and linguistically diverse backgrounds.	2, 4

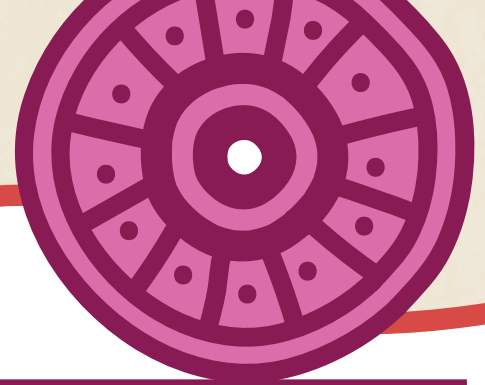
Strategy / Program / Initiative	Type	Jurisdiction	Description	Strategic direction(s)
Skills Organisations – Human Services Skills Organisation (HSSO) Pilot	Pilot	Australian Government	The Australian Government is piloting Skills Organisations to enhance the role and leadership of industry and to test and trial ways to improve Australia's VET sector. The HSSO Pilot will trial new ways to shape the national training system to be more responsive to the skills needed in the sector – from the identification of skills needed and qualifications development, through to improving the quality of training delivery and assessment.	2, 4
Specialist Trainees in the Medical Workforce	Project	Australian Government	<p>In 2017, the Department of Health commissioned AIDA to work with specialist medical colleges to:</p> <ul style="list-style-type: none"> <li>• address the under-representation of Aboriginal and Torres Strait Islanders in the medical specialists workforce</li> <li>• devise practical and achievable ways to increase the recruitment and retention of Aboriginal and Torres Strait Islander doctors into specialties.</li> </ul> <p>An AIDA-led group of college representatives and organisations in the field of medical education, training and regulation, worked for two years in close collaboration with the colleges to develop a set of nine minimum standards and six best practice standards.</p>	1
Specialist Training Program	Training program	Australian Government	This program offers vocational training for specialist registrars into settings outside traditional metropolitan teaching hospitals, including regional, rural and remote and private facilities. The program intends to improve the quality of the specialist workforce by providing registrars with exposure to a broader range of health care settings.	2
Stepping Up	Recruitment	NSW	Stepping Up is NSW Health's online recruitment resource for Aboriginal applicants and hiring managers. Stepping Up assists job applicants to understand how to apply for roles in NSW Health by clarifying the recruitment process and addresses some of the challenges that hiring managers experience so they can more effectively structure recruitment to roles within NSW Health.	3
Strengthening Foundations (Learning Path)	Cultural program	NSW	<p>The Strengthening Foundations professional e-learning development program supports the practice of health professionals working with Aboriginal clients and communities within the context of:</p> <ul style="list-style-type: none"> <li>• the Aboriginal Maternal Infant Health Service (AMIHS)</li> <li>• the Building Strong Foundations for Aboriginal Children, Families and Communities (BSF) Program.</li> </ul> <p>The program is to make health care workers aware about interaction with Aboriginal mothers and family members to discuss topics around pregnancy, birth, early childhood, critical risks for Aboriginal mothers and babies, and strategies.</p>	3



Strategy / Program / Initiative	Type	Jurisdiction	Description	Strategic direction(s)
Stronger Rural Health Strategy (SRHS)	Strategy	Australian Government	An SRHS was announced as part of the 2018–19 Budget and introduced a comprehensive package of initiatives to improve quality, workforce distribution and access to health services for all Australians. SRHS aims to build a sustainable, high quality health workforce that is distributed across the country according to community need. The SRHS is changing the face of primary health care service delivery, particularly in rural and remote communities, and other areas that have difficulty attracting doctors. It will also enable a stronger role for nurses and allied health professionals in the delivery of more multidisciplinary, team-based models of primary health care.	1, 2
Sydney Dental Hospital Indigenous Scholarship	Scholarship	NSW	This scholarship provides \$17,000 to assist Aboriginal and Torres Strait Islander students studying dentistry or oral health at the Faculty of Medicine and Health at the University of Sydney.	4
Tailored Assistance Employment Grants (TAEG)	Employment grants	Australian Government	<p>TAEGs connect Aboriginal and Torres Strait Islander people with real and sustainable jobs. They include three streams of funding – employment (support to job seekers and for employers), school-based traineeships, and cadetships. Funding may prioritise unemployed job seekers, people not in the labour market, youth and students at risk of disengaging when leaving school, and the needs of employers.</p> <p>The Australian Government announced in the 2021-22 Budget a commitment to develop a new Indigenous Skills and Employment Program (ISEP) to replace Tailored Assistance Employment Grants (TAEG), the Vocational Training and Employment Centres (VTEC) and Employment Parity Initiative (EPI) from 1 July 2022.</p>	1, 4, 5
The Aboriginal Medical Student (SoMF) Scholarship	Scholarship	WA	The purpose of this scholarship is to provide financial support to Aboriginal and Torres Strait Islander students enrolled in the Doctor of Medicine (MD) in the University of Notre Dame's School of Medicine, Fremantle Campus.	4
The Beasley Family Scholarship in Medicine and Nursing	Scholarship	WA	This scholarship assists Aboriginal or Torres Strait Islander students enrolled in the School of Medicine or the School of Nursing & Midwifery at the University of Notre Dame Australia, Fremantle. The program provides two cash scholarships of \$5,000 to students each year.	4
The Nellie Thomas Bursary	Education grants	Qld	The Nellie Thomas Bursary assists an Aboriginal and/or Torres Strait Islander student studying in the field of Medicine in Griffith University's School of Medicine with the additional costs associated with university. The bursary is aimed at applicants who can demonstrate financial disadvantage.	4
The Robinson Family Scholarship for Female Indigenous Students	Scholarship	NSW	This scholarship assists female Aboriginal and Torres Strait Islander students studying in the Faculty of Health Sciences or University of Sydney Law School by providing \$20,000 per annum (for up to four years). This scholarship is rotated between the two faculties on an annual basis.	4

Strategy / Program / Initiative	Type	Jurisdiction	Description	Strategic direction(s)
The Royal Women's Hospital Aboriginal employment programs	Employment program	Vic	The Royal Women's Hospital runs three employment programs to increase Aboriginal employment in the hospital. The institution offers the Graduate Nurse and Midwifery program, Victorian Aboriginal Nursing and Midwifery Cadetship program and Victorian Aboriginal Allied Health Cadetship program for the purpose of increasing Aboriginal employment in their hospital.	5
The University of Sydney Public Health Equity Scholarship	Scholarship	NSW	This is a \$10,000 scholarship for Aboriginal and Torres Strait Islander students enrolled in a Masters of Public Health at the Sydney School of Public Health.	4
The Way Ahead for Aboriginal People Program	Mentoring	NSW	This program provides mentoring services for Aboriginal apprentices and trainees who need additional support in the workplace. Mentors are chosen because of their experience and acceptance within Aboriginal communities. Aboriginal mentors guide and support the apprentice or trainee, visit their workplace if needed, and talk to employers, among other supports.	2, 5
Training and Professional Support for the Remote Health Workforce Program	Organisation	Australian Government	The Australian Government provides funding to CRANaplus to support a range of health professionals, including Aboriginal and Torres Strait Islander Health Practitioners and Health Workers working in remote areas or other circumstances of professional isolation. This support includes education, training and professional development, mental health and wellbeing, and professional services for recruitment and retention.	2, 3, 4
Transition to Work	Employment and education program	Australian Government	Accompanying the new model, from 1 July 2022 the successful Transition to Work youth employment service will expand and will operate as the Government's youth-specialist employment service for young people who need services from a provider in the new model. This will ensure more young people (aged 15-24) have access to specialist youth employment services and have the best opportunity to become work ready and secure employment. With 53% of the Aboriginal and Torres Strait Islander population aged under 25, these changes to youth employment services will significantly benefit young Aboriginal and Torres Strait Islander job seekers.	4,5
Una and Harley Wood Endowed Scholarship for Indigenous Medical Students	Scholarship	NSW	This scholarship was established to encourage Aboriginal and Torres Strait Islander students to achieve success in studying the Undergraduate Medicine Program in the Faculty of Medicine at UNSW. The scholarship offers \$5,000 for duration of the program.	4
Universities Australia Indigenous Strategy 2017–2020	Strategy	Australian Government	Universities Australia is currently reviewing their Indigenous Strategy. The strategy binds itself and all 39 universities to important targets on Aboriginal and Torres Strait Islander student participation, success and employment in universities. The strategy was drafted in partnership with the National Aboriginal and Torres Strait Islander Higher Education Consortium (NATSIHEC) and the progress achieved thus far.	4





Strategy / Program / Initiative	Type	Jurisdiction	Description	Strategic direction(s)
Vocational Training and Employment Centres (VTECs)	Vocational training	Australian Government	<p>VTECs connect Indigenous job seekers with a guaranteed job for 26 weeks. A guaranteed job before job-specific training starts is a key feature of VTECs. They work closely to identify, train and support Indigenous people into jobs and achieve long term employment outcomes. Support provided includes obtaining a driver's licence, literacy and numeracy training, work experience, pre-employment and workplace training.</p> <p>The Australian Government announced in the 2021-22 Budget a commitment to develop a new Indigenous Skills and Employment Program (ISEP) to replace the VTEC, Tailored Assistance Employment Grants (TAEG) and Employment Parity Initiative (EPI) from 1 July 2022.</p>	1, 2, 5
WA Health Aboriginal Workforce Policy	Policy	WA	The policy aims to develop a skilled Aboriginal health workforce across Western Australia in clinical, non-clinical and leadership roles. WA Health has set an Aboriginal workforce target of 3.2%.	2
WA Health Graduate Development Program	Training program	WA	The mainstream WA Health Graduate Program actively seeks to recruit talented Aboriginal graduates from a range of non-clinical academic disciplines. The program is designed to give Aboriginal graduates a head start in WA Health by placing significant emphasis on their personal and professional development.	5
William McIlrath Rural Scholarship	Scholarship	NSW	The William McIlrath Rural Scholarship was established to encourage and assist rural students from NSW to undertake a full-time undergraduate program in the UNSW Faculties of Science, Engineering, Law, Medicine, Built Environment and the UNSW Business School. The scholarship is valued at \$10,000 for the first year only and \$5,000 per annum for the following years of program.	4
Workforce Development and Support Units (WDSU)	Training support	Australian Government	WDSUs work with the relevant Aboriginal and Torres Strait Islander community organisations and workers to identify training needs and facilitate access to education, training and professional development opportunities. Planned activities support the skill sets required by organisations balanced with the upskilling and support needs of the SEWB and AOD workforces. There are seven WDSUs operating autonomously across the country.	2
Workforce Incentive Program (WIP)	Incentive	Australian Government	Under the terms of the WIP, financial incentives are given to encourage doctors to deliver services in rural and remote areas. The WIP also provides financial incentives to support general practices and hospitals to engage the services of Aboriginal and Torres Strait Islander Health Practitioners and Health Workers, nurses, and eligible allied health professionals.	1
Yarning about Quitting	Cultural Program	NSW	This is an e-learning module which aims to improve health professionals' confidence and skills to engage in effective and culturally appropriate conversations with Aboriginal pregnant women and mothers about quitting smoking.	3

## APPENDIX 10: BIBLIOGRAPHY

Alford K (2015) 'A cost-effective approach to closing the gap in health, education, and employment: Investing in Aboriginal and Torres Strait Islander nursing education, training and employment, Congress of Aboriginal and Torres Strait Islander Nurses and Midwives', CATSINaM, accessed 10 May 2021. <https://silo.tips/download/dr-katrina-alford-february-2015>

ABS (Australian Bureau of Statistics) (2006) *Australian and New Zealand Standard for the Classification of Occupations* [online document], ABS, accessed 10 May 2021. <https://www.abs.gov.au/ausstats/abs@.nsf/0/C2784B2B166C30ABCA2571E2008355FD?opendocument>

— (2015) *4430.0 Disability, Aging and Careers, Australia: Summary of Findings* [online document], ABS, accessed 10 May 2021. <https://www.abs.gov.au/AUSSTATS/abs@.nsf/Lookup/4430.0Main+Features802015?OpenDocument>

— (2016a) *National Aboriginal and Torres Strait Islander Social Survey, 2014–15* [online document], ABS, accessed 10 May 2021. <https://www.abs.gov.au/ausstats/abs@.nsf/mf/4714.0>

— (2016b) *2071.0 – Census of Population and Housing: Reflecting Australia – Stories from the Census, 2016* [online document], ABS, accessed 10 May 2021. <https://www.abs.gov.au/ausstats/abs@.nsf/Lookup/by%20Subject/2071.0~2016~Main%20Features~Aboriginal%20and%20Torres%20Strait%20Islander%20Population%20Article~12>

— (2018a) *Changing propensity to Identify, Census of Population and Housing: Understanding the increase in Aboriginal and Torres Strait Islander Counts* [online document], ABS, accessed 10 May 2021. <https://www.abs.gov.au/ausstats/abs@.nsf/Lookup/by%20Subject/2077.0~2016~Main%20Features~Changing%20Propensity%20to%20Identify~125>

— (2018b) *Estimates of Aboriginal and Torres Strait Islander Australians, 2016* [online document], ABS, accessed 10 May 2021. <https://www.abs.gov.au/statistics/people/aboriginal-and-torres-strait-islander-peoples/estimates-aboriginal-and-torres-strait-islander-australians/latest-release>

— (2019) *Estimates and Projections, Aboriginal and Torres Strait Islander Australians, 2006 to 2031* [online document], ABS, accessed 10 May 2021. <https://www.abs.gov.au/AUSSTATS/abs@.nsf/Lookup/3238.0Main+Features12006%20to%202031?OpenDocument>

— (2021) *Aboriginal and Torres Strait Islander people with disability* [online document], ABS, accessed 5 October 2021. <https://www.abs.gov.au/articles/aboriginal-and-torres-strait-islander-people-disability>

Ahpra & National Boards (2019) *Aboriginal and Torres Strait Islander Health Strategy*, accessed 23 September 2020. <https://www.ahpra.gov.au/About-AHPRA/Aboriginal-and-Torres-Strait-Islander-Health-Strategy.aspx>

AIHW (Australian Institute of Health and Welfare) (2013) 'What works? A review of actions addressing the social and economic determinants of Indigenous health', *Closing the Gap Clearinghouse*, Issues Paper 7.

— (2016) 'Australian Burden of Disease Study: impact and causes of illness and death in Aboriginal and Torres Strait Islander people 2011' [online document], AIHW, accessed 10 May 2021. <https://www.aihw.gov.au/reports/burden-of-disease/illness-death-indigenous-australians/summary>

— (2017) 'Australia's welfare 2017', *Australia's welfare series*, no. 13. AUS 214, AIHW.

— (2019a) *Aboriginal and Torres Strait Islander health organisations: Online services report – key results 2017–18* [online document], AIHW, accessed 10 May 2021. <https://www.aihw.gov.au/reports/indigenous-australians/atsi-health-organisation-osr-key-results-2017-18/contents/indigenous-primary-health-services>

— (2019b) *Australia's Welfare Snapshots 2019, Indigenous employment* [online document], AIHW, accessed 10 May 2021. <https://www.aihw.gov.au/getmedia/82f724a3-c82a-412f-bb7b-5424fcfe1a4e/Australias-welfare-snapshots-2019.pdf.aspx>

— (2019c) *National Health Workforce Data Set (NHWDS): Doctors*, AIHW, accessed 10 May 2021. <https://www.aihw.gov.au/about-our-data/our-data-collections/national-health-workforce-dataset>

— (2020a) *Aboriginal and Torres Strait Islander Health Performance Framework 2020 summary report* [online document], AIHW, accessed 10 May 2021. <https://www.indigenoushpf.gov.au/>

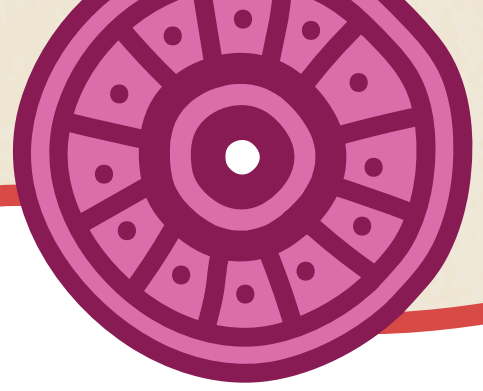
— (2020b) *Aboriginal and Torres Strait Islander-specific primary health care: results from the OSR and nKPI collections* [online document], AIHW, accessed 10 May 2021. <https://www.aihw.gov.au/reports/indigenous-australians/indigenous-primary-health-care-results-osr-nkpi/data>

— (2020c) *Indigenous health and wellbeing* [online document], AIHW, accessed 22 March 2021. <https://www.aihw.gov.au/reports/australias-health/indigenous-healthand-wellbeing>

— (2021) *Disability support for Indigenous Australians* [online document], accessed 7 October 2021. <https://www.aihw.gov.au/reports/australias-welfare/disability-support-for-indigenous-australians>

ANU (Australian National University) (2021) Mayi Kuwayu National Study of Aboriginal and Torres Strait Islander Wellbeing website, accessed 10 May 2021. <https://mkstudy.com.au/>

Australian Chamber of Commerce and Industry (2005) *Employing Indigenous Australians: Indigenous Employment Strategy Framework for Industry*, ACCI, accessed 10 May 2021. <https://www.voced.edu.au/content/ngv%3A20748>



Australian Commission on Safety and Quality in Health Care (2017) *The National Safety and Quality Health Service Standards: User Guide for Aboriginal and Torres Strait Islander Health*, ACSQHC, accessed 10 May 2021. <https://www.safetyandquality.gov.au/topic/user-guide-aboriginal-and-torres-strait-islander-health>

Australian Government (n.d. a) Closing the Gap website, accessed 10 May 2021. <https://www.closingthegap.gov.au/>

Australian Government (n.d. b) Closing the Gap Priority Reforms, accessed 10 May 2021. <https://www.closingthegap.gov.au/priority-reforms>

Australian Government (2021) 3.12 *Aboriginal and Torres Strait Islander people in the health workforce* [online document], AIHW, accessed 10 May 2021. <https://www.indigenoushpf.gov.au/measures/3-12-atsi-people-health-workforce>

Australian Government Treasury (2015) *Intergenerational Report*, Australian Government, accessed 10 May 2021. <https://treasury.gov.au/intergenerational-report>

Australian Healthcare & Hospitals Association (2020) *Submission to the Inquiry into Pathways and Participation Opportunities for Indigenous Australians in Employment and Business*, accessed 10 May 2021. [https://www.aph.gov.au/Parliamentary\\_Business/Committees/House/Indigenous\\_Affairs/Indigenousoportunities/Submissions](https://www.aph.gov.au/Parliamentary_Business/Committees/House/Indigenous_Affairs/Indigenousoportunities/Submissions)

Australian Health Ministers' Advisory Council (2016) *Cultural Respect Framework 2016-2026 for Aboriginal and Torres Strait Islander Health* [online document], AHMAC, accessed 10 May 2021. <http://www.coaghealthcouncil.gov.au/Publications/Reports>

Australian Health Ministers' Advisory Council (2017a) *Aboriginal and Torres Strait Islander Health Performance Framework 2017 Report* [online document], AHMAC, accessed 10 May 2021. [https://www.niaa.gov.au/sites/default/files/publications/2017-health-performance-framework-report\\_1.pdf](https://www.niaa.gov.au/sites/default/files/publications/2017-health-performance-framework-report_1.pdf)

Australian Health Ministers' Advisory Council (2017b) *National Aboriginal and Torres Strait Islander health workforce strategic framework 2016–2023* [online document], AHMAC, accessed 10 May 2021. [https://www1.health.gov.au/internet/main/publishing.nsf/Content/4A716747859075FFCA257BF0001C9608/\\$File/National-Aboriginal-and-Torres-Strait-Islander-Health-Workforce-Strategic-Framework.pdf](https://www1.health.gov.au/internet/main/publishing.nsf/Content/4A716747859075FFCA257BF0001C9608/$File/National-Aboriginal-and-Torres-Strait-Islander-Health-Workforce-Strategic-Framework.pdf)

Australian Human Rights Commission (2020) *Wiyi Yani U Thangani Report*, AHRC, accessed 13 April 2021. <https://humanrights.gov.au/our-work/aboriginal-and-torres-strait-islander-social-justice/publications/wiyi-yanu-thangani>

Australian National Audit Office (2016) *Machinery of Government Changes* [online document], ANAO, accessed

10 May 2021. <https://www.anao.gov.au/work/performance-audit/management-machinery-government-changes>

Australian Nursing and Midwifery Accreditation Council (2019) *Registered Nurse Accreditation Standards 2019* [online document], accessed 10 May 2021. <https://www.anmac.org.au/document/registered-nurse-accreditation-standards-2019>

Australian Psychology Accreditations Council (2019) *Accreditations Standards for Psychology Programs Evidence Guide Version 1.1* [online document], APAC, accessed 10 May 2021. [https://www.psychologycouncil.org.au/standards\\_review](https://www.psychologycouncil.org.au/standards_review)

Australian Unity (2020) *Submission to the Inquiry into Pathways and Participation Opportunities for Indigenous Australians in Employment and Business* [online document], accessed 10 May 2021. [https://www.aph.gov.au/Parliamentary\\_Business/Committees/House/Indigenous\\_Affairs/Indigenousoportunities/Submissions](https://www.aph.gov.au/Parliamentary_Business/Committees/House/Indigenous_Affairs/Indigenousoportunities/Submissions)

Bailey J, Blignault I, Carriage C, Demasi K, Joseph T, Kelleher K, Lew Fatt E, Meyer L, Naden P, Nathan S, Newman J, Renata P, Ridoutt L, Stanford D and Williams M (2020) 'We Are working for our People': Growing and strengthening the Aboriginal and Torres Strait Islander health workforce, career pathways project report, The Lowitja Institute.

Bainbridge R, Tsey K, McCalman J, Towle S (2014) 'The quantity, quality, and characteristics of Aboriginal and Torres Strait Islander Australian mentoring literature: A systematic review', *BMC Public Health*, 14(1):1263.

Barnett K, Spoehr J, Parnis E (2008) *Equity works: achieving the target of 2% Aboriginal employment in the South Australian public sector*, Australian Institute for Social Research, accessed 10 May 2021. <https://apo.org.au/node/1728>

Becker S, McCutcheon H, Hegney D (2007) 'Casualisation in the nursing workforce – the need to make it work', *Australian Journal of Advanced Nursing*, 28(1):45–51.

Ben-Shlomo Y, Kuh D (2002) 'A life course approach to chronic disease epidemiology: Conceptual models, empirical challenges and interdisciplinary perspectives', *International Journal of Epidemiology*, 31(2):285–93.

Betancourt J, Green A, Carrillo E (2002) *Cultural Competence in health care: Emerging Frameworks and Practical Approaches*, The Commonwealth Fund.

Biddle N, Lahn J (2016) 'Understanding Aboriginal and Torres Strait Islander employee decisions to exit the Australian Public Service', *CAEPR Working Paper 110*, Centre for Aboriginal Economic Policy Research.

Bosworth M, Pamar A, Vazquez Y (2017) *Migration and Criminal Justice: Enforcing the boundaries of belonging*, Oxford, Oxford University Press.



Bourke C (2019) 'A case study of Indigenous employment at an Australian university', *Journal of Australian Indigenous Issues*, accepted for publication.

Bourke C, Lahn J, Gibbs C, Lennard N (2020) 'Assessing the support of health leadership for increased Indigenous participation in the health workforce', *Australian Health Review*, 44(4):505–11.

Bradley D, Noonan P, Nugent H, Scales B (2010), *2008 Review of Australian higher education report*, Australian Government, accessed 10 May 2021. <https://www.voced.edu.au/content/ngv%3A32134>

Brady W (2012) *Indigenous Student Support in Australian Universities*, Department of Education, accessed 10 May 2021. [https://docs.education.gov.au/system/files/doc/other/brady\\_2012\\_0.pdf](https://docs.education.gov.au/system/files/doc/other/brady_2012_0.pdf)

Brascoupé S, Waters C (2009) 'Cultural Safety Exploring the Applicability of the Concept of Cultural Safety to Aboriginal Health and Community Wellness', *Journal of Aboriginal Health*, 5(2):6–41.

Britt H, Miller G, Valenti L, Henderson J, Bayram C, Gordon J (2016) 'The changing face of Australian general practice across the decades', *Australian Family Physician*, 45(9):628–31.

Browne J, Thorpe S, Tunny N, Adams K, Palermo C (2013) 'A qualitative evaluation of a mentoring program for Aboriginal health workers and allied health professionals', *Australian and New Zealand Journal of Public Health*, 37(5):457–62.

Carr-Stewart S, Dray N (2010) *Aboriginal employment in Saskatchewan school divisions: A review*, Saskatchewan School Boards Association.

Chrobot-Mason D (2004) 'Managing racial differences: The role of majority managers' ethnic identity development on minority employee perceptions of support', *Group & Organization Management*, 29(1):5–31.

Coalition of Aboriginal and Torres Strait Islander Peak Organisations and Australian Governments (2020) *National Agreement on Closing the Gap* [online document], accessed 10 May 2021. <https://www.closingthegap.gov.au/sites/default/files/files/national-agreement-ctg.pdf>

Coalition of Aboriginal and Torres Strait Islander Peak Organisations (2020) *Report on Engagements with Aboriginal and Torres Strait Islander People to Inform a New National Agreement on Closing the Gap* [online document], accessed 10 May 2021. [https://coalitionofpeaks.org.au/wp-content/uploads/2020/06/Engagement-report\\_FINAL.pdf](https://coalitionofpeaks.org.au/wp-content/uploads/2020/06/Engagement-report_FINAL.pdf)

Commonwealth of Australia (2011) *National Disability Strategy, 2010–2020* [online document], accessed 10 May 2021. [https://www.dss.gov.au/sites/default/files/documents/05\\_2012/national\\_disability\\_strategy\\_2010\\_2020.pdf](https://www.dss.gov.au/sites/default/files/documents/05_2012/national_disability_strategy_2010_2020.pdf)

Congress of Aboriginal and Torres Strait Islander Nurses and Midwives (2017) *The Nursing and Midwifery Aboriginal and Torres Strait Islander Health Curriculum Framework: an adaptation of and complementary document to the 2014 Aboriginal and Torres Strait Islander Health Curriculum*

*Framework*, accessed 10 May 2021. <https://www.catsinam.org.au/static/uploads/files/nursing-midwifery-health-curriculum-framework-final-version-1-0-wffegyedblq.pdf>

Conway J, Tsourtos G, Lawn S (2017) 'The barriers and facilitators that indigenous health workers experience in their workplace and communities in providing self-management support: A multiple case study', *BMC Health Services Research*, 17(1):319.

Crawford R, Turvey J (2019) 'Influences in Indigenous and Pacific students' health career choices: A longitudinal cohort study', *Journal of Contemporary Nursing*, 55(2–3):250–60.

Crispi F, Miranda J, Gratacos E (2018) 'Long term cardiovascular consequences of foetal growth restriction: Biology, clinical implications, and opportunities for prevention of adult disease', *American Journal of Obstetrics and Gynaecology*, 218(2):869–79.

Cross T, Bazron B, Debbus K, Isaacs M (1989) *Towards a Culturally Competent System of Care*, Georgetown University Child Development Centre, accessed 10 May 2021. <https://files.eric.ed.gov/fulltext/ED330171.pdf>.

Curtis E, Wikaire E, Stokes K, Reid P (2012) 'Addressing indigenous health workforce inequities: A literature review exploring 'best' practice for recruitment into tertiary health programmes', *International Journal for Equity in Health*, 11(1):13.

Department of Education, Skills and Employment (2018) *Future jobs growth to favour skilled workers* [media release], Australian Government, accessed February 2020. <https://www.employment.gov.au/newsroom/future-jobs-growth-favour-skilled-workers>

—(2020) *2020 Employment Projections – for the five years to November 2025* [online document], Labour Market Information Portal, accessed on 10 May 2021. <https://lmip.gov.au/default.aspx?LMIP/EmploymentProjections>

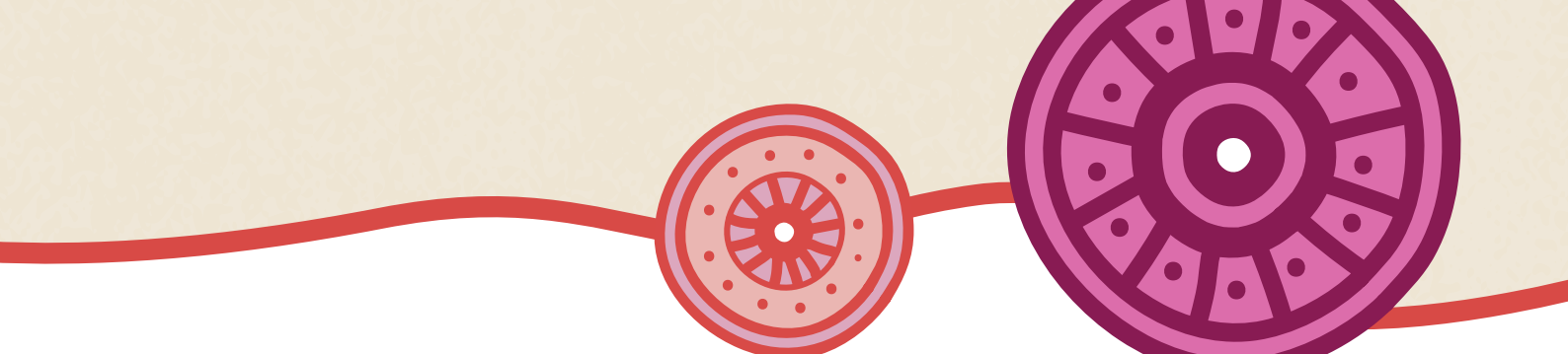
Department of Health (2014) *The Aboriginal and Torres Strait Islander Health Curriculum Framework*, Australian Government.

—(2015) *Implementation Plan for the National Aboriginal and Torres Strait Islander Health Plan 2013–2023*, Australian Government.

—(2021a) *Health Workforce Data Tool* [online document], Australian Government, accessed 15 April 2021. <https://hwd.health.gov.au/datatool/>

—(2021b) *National Aboriginal and Torres Strait Islander Health Plan 2021–2031*, Australian Government.

Department of the Prime Minister and Cabinet (2017) *National Strategic Framework for Aboriginal and Torres Strait Islander peoples' Mental Health and Social and Emotional Wellbeing 2017–2023* [online document], Australian Government, accessed 10 May 2021. <https://www.niaa.gov.au/resource-centre/indigenous-affairs/national-strategic-framework-mental-health-social-emotional-wellbeing-2017-23>



—(2020) *Closing the Gap Report 2020*, the annual report to parliament on progress in Closing the Gap, Australian Government, accessed March 2020. <https://ctgreport.niaa.gov.au/sites/default/files/pdf/closing-the-gap-report-2020.pdf>

Deroy S, Schütze H (2019) 'Factors supporting retention of aboriginal health and wellbeing staff in Aboriginal health services: a comprehensive review of the literature', *International Journal for Equity in Health*, 18(1):70.

De Simone S, Planta A, Cicotto G (2018) 'The role of job satisfaction, work engagement, self-efficacy and agentic capacities on nurses' turnover intention and patient satisfaction', *Applied Nursing Research*, 39:130–40.

Dimitropoulos Y, Gwynne K, Blinkhorn A, Holden A (2019) 'A school fluoride varnish program for Aboriginal children in rural New South Wales, Australia', *Health Promotion Journal of Australia*, 31(2):172–6. <https://doi.org/10.1002/hpja.266>

Dudgeon P, Darlaston-Jones D, Phillips G, Newnham K, Brideson T, Cranney J, Hammond S, Harris J, Herbert J, Homewood J, Page S (2016) *Australian Indigenous Psychology Education Project: Guidelines for increasing the recruitment, retention and graduation of Aboriginal and Torres Strait Islander psychology students*, Australian Government Office for Learning and Teaching.

Dunbar T, Bourke L, Murakami-Gold L (2019) 'More than just numbers. Perceptions of remote area nurse staff in Northern Territory Government health clinics', *Australian Journal of Rural Health*, 27(3):245–50.

Eley D, Eley R, Rogers-Clark C (2007), 'Reasons for entering and leaving nursing: An Australian regional study', *Australian Journal of Advanced Nursing*, 28(1):6–13.

Eley R, Hegney D, Buikstra L, Plank A, Parker V (2007) 'Tenure, mobility, and retention in nursing in Queensland, Australia: 2001 and 2004', *Journal of Nursing Management*, 15(3):285–93.

Ella S, Lee KK, Childs S, Conigrave KM (2015) 'Who are the New South Wales Aboriginal drug and alcohol workforce? A first description', *Drug and Alcohol Review*, 34(3):312–22.

Ewen S, Ryan T, Platania-Phung C (2019) *A review and analysis of the Aboriginal and Torres Strait Islander health researcher workforce*, The Lowitja Institute.

Faulkner S, Lahn J (2019) *Navigating to senior leadership in the Australian public service: Identifying barriers and enablers for Aboriginal and Torres Strait Islander people in APS employment*, Australian National University.

Federation of Ethnic Communities' Councils Australia (2019) *Cultural Competence in Australia, A Guide*, accessed 10 May 2021. <http://fecca.org.au/wp-content/uploads/2019/05/Cultural-Competence-in-Australia-A-Guide.pdf>

Ferdinand A, Paradies Y and Kelahe M (2012) *Mental Health Impacts of Racial Discrimination in Victorian Aboriginal Communities: The Localities Embracing and Accepting Diversity (LEAD) Experiences of Racism Survey*, The Lowitja Institute.

Fogarty W, Lovell M, Lagenberg J, Heron M-J (2018) *Deficit Discourse and Strengths-based Approaches: Changing*

*the Narrative of Aboriginal and Torres Strait Islander Health and Wellbeing*, The Lowitja Institute & National Centre for Indigenous Studies.

Freeman T, Baum F, Lawless A, Labonte R, Sanders D, Boffa J, Edwards T, Javanparast (2016), 'Case study of an Aboriginal community controlled health service in Australia: Universal, rights-based, publicly funded comprehensive primary health care in action', *Health and Human Rights Journal*, 18(2):93.

Gardner SP, Roberts-Thomson KF (2014) 'The effect of a change in selection procedures on students' motivation to study dentistry', *Australian Dental Journal*, 59(1):2–8.

Giddy K, Lopez J, Redman A (2009) *Brokering successful Aboriginal and Torres Strait Islander employment outcomes: Common themes in good-practice models*, National Centre for Vocational Education Research.

Gore J, Rickards B, Fray L, Holmes K, Smith M (2017) 'Profiling Australian school students' interest in a nursing career: insights for ensuring the future workforce', *Australian Journal of Advanced Nursing*, 35(2):12.

Gray M, Hunter B, Lohar S (2012) *Increasing Indigenous employment rates Issues paper no.3*, Australian Institute of Health and Welfare & Australian Institute of Family Studies.

Griffith DM, Mason M, Yonas M, Eng E, Jeffries V, Plihcik S, Parks B (2007) 'Dismantling institutional racism: theory and action', *American Journal of Community Psychology*, 39(3–4):381–92.

Gwynne K (18 March 2019) 'New TAFE program for Aboriginal health-care students sees a near perfect completion rate', *The Conversation*, accessed 10 May 2021. <http://theconversation.com/new-tafe-program-for-aboriginal-health-care-students-sees-a-near-perfect-completion-rate-113270>

Gwynne K, Skinner J and Dimitropoulos Y (23 July 2020) 'Collaborating with communities delivers better oral health for Indigenous kids in rural Australia', *The Conversation*, accessed 10 May 2021. <https://theconversation.com/collaborating-with-communities-delivers-better-oral-health-for-indigenous-kids-in-rural-australia-141038>

Harris A, Robinson G (2007) 'The Aboriginal Mental Health Worker Program: the challenge of supporting Aboriginal involvement in mental health care in the remote community context', *Australian e-Journal for the Advancement of Mental Health*, 6(1):15–25.

Harris C (12 September 2020), 'Thousands more indigenous vocational trainees getting a second chance', *NT News*, accessed 10 May 2021. <https://www.ntnews.com.au/news/national/thousands-more-indigenous-vocational-trainees-getting-a-second-chance/news-story/c9a7a2f8383d6e1c24db370a49537d45?btr=a3d4e2499014ee0da652164e5ac63bbd>

Health Workforce Australia (2011) *Aboriginal & Torres Strait Islander Health Worker Project Interim Report*, HWA, accessed 10 May 2021. <https://www.natsihwa.org.au/sites/default/files/atshw-project-interim-report-20111017.pdf>

Healy J, Nicholson D, Gahan P (2017) *The Future of Work in Australia: Anticipating how new technologies will reshape labour markets, occupations and skill requirements*, Future Frontiers Analytical Report, NSW Department of Education.

Hill R, Pert PL, Davies J, Robinson CJ, Walsh F and Falco-Mammone F (2013) *Indigenous Land Management in Australia: Extent, scope, diversity, barriers and success factors*, CSIRO Ecosystem Sciences.

Humphreys J, Wakerman J, Wells R, Kuipers P, Jones J, Entwistle P, Harvey P (2007) *Improving primary health care workforce retention in small rural and remote communities: how important is ongoing education and training*, Australian Primary Health Care Research Institute.

Indigenous Allied Health Australia (2012) *Policy Position Statement: Allied Health Definitions* [online document], accessed 10 May 2021. <https://iaha.com.au/wp-content/uploads/2020/02/Endorsed-Allied-Health-Definitions-Position-Statement.pdf>

— (2012) Position Paper: *The Importance of Allied Health* [online document], accessed 10 May 2021. [https://iaha.com.au/wp-content/uploads/2013/09/Position\\_Paper\\_The\\_Importance\\_of\\_Allied\\_Health.pdf](https://iaha.com.au/wp-content/uploads/2013/09/Position_Paper_The_Importance_of_Allied_Health.pdf)

Jones CP (2000) 'Levels of racism: A theoretic framework and a gardener's tale', *American Journal of Public Health*, 90(8):1212–5.

Jongen C, McCalman J, Campbell S, Fagan R (2019) 'Working well: strategies to strengthen the workforce of the Indigenous primary healthcare sector', *BMC health services research*, 19(1):1–12.

Joyce CM, Schurer S, Scott A, Humphreys J, Kalb G (2011) 'Australian doctors' satisfaction with their work: results from the MABEL longitudinal survey of doctors', *Medical Journal of Australia*, 194(1):30–3.

Joyce C, Wang WC (2015) 'Job satisfaction among Australian doctors: The use of latent class analysis', *Journal of health services research & policy*, 20(4):224–30.

Kelaher MA, Ferdinand AS, Paradies Y (2014) 'Experiencing racism in health care: the mental health impacts for Victorian Aboriginal communities', *Medical Journal of Australia*, 201(1):44–7.

Kerehoma C, Connor J, Garrow L, Young C (2013) *Māori learners in workplace settings – pathways to success*, Wellington: Ako Aotearoa, National Centre for Tertiary Teaching Excellence.

Lahn J (2018) 'Being indigenous in the bureaucracy: Narratives of work and exit', *The International Indigenous Policy Journal*, 9(1):3.

Lai GC, Taylor E, Haigh MM and Thompson S (2018) 'Factors Affecting the Retention of Indigenous Australians in the Health Workforce: A Systematic Review', *International Journal of Environmental Research and Public Health*, 15(5):914.

Lowitja Institute (2020) *Culture is Key: Towards cultural determinants-driven health policy – Final Report*, Lowitja Institute.

Marginson S (2000) *The changing nature and organisation of work and the implications for vocational education and training in Australia*, Issues Paper, Australian National Training Authority.

Markwick A, Ansari Z, Clinch D, et al. (2019) 'Experiences of racism among Aboriginal and Torres Strait Islander adults living in the Australian state of Victoria: a cross-sectional population-based study', *BMC Public Health* 19, 309. <https://doi.org/10.1186/s12889-019-6614-7>

Mbuzi V, Fulbrook P and Jessup M (2017) 'Indigenous cardiac patients' and relatives' experiences of hospitalisation: A narrative inquiry', *Journal of Clinical Nursing*, 26(23–24):5052–64.

McCalman J, Campbell S, Jongen C, Langham E, Pearson K, Fagan R, Martin-Sardesai A, Bainbridge R (2019) 'Working well: a systematic scoping review of the indigenous primary healthcare workforce development literature', *BMC health services research*, 19(1):767.

McKay PF, Avery DR (2005) 'Warning! Diversity Recruitment Could Backfire', *Journal of Management Inquiry*, 14(4):330–6.

Medical Board of Australia (2019a), *Medical Training Survey, Aboriginal and/or Torres Strait Islander Workforce Report*, Ahpra.

— (2019b) *Registration Data Table – Dec 2019*, MBA, accessed 18 March 2020. <https://www.medicalboard.gov.au/News/Statistics.aspx>

Medical Deans Australia and New Zealand and The Australian Indigenous Doctors' Association (2012), *National Medical Education Review: A Review of the Implementation of the Indigenous Health Curriculum Framework and the Healthy Futures Report within Australian Medical Schools*.

Medical Deans Council of Australia (2020) *National Data Report 2020: 2015–2019 data from final year students at Australian medical schools*, accessed 25 September 2020. [https://medicaldeans.org.au/md/2020/08/2020-MSOD-National-Data-Report\\_2015-2019-Full-report.pdf](https://medicaldeans.org.au/md/2020/08/2020-MSOD-National-Data-Report_2015-2019-Full-report.pdf)

Miller C (2005) *Aspects of training that meet Indigenous Australia's aspiration: A systematic review of research*, National Centre for Vocational Educational Research.

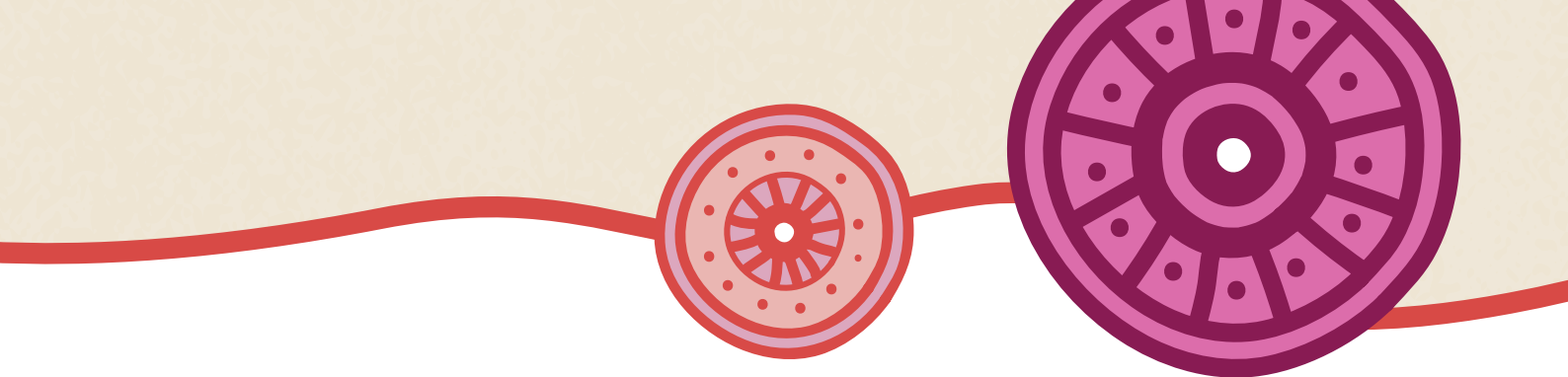
Morrison S (2020) *Closing the Gap Statement to Parliament*, Address by the Prime Minister of Australia, accessed 10 May 2021. <https://www.pm.gov.au/media/address-closing-gap-statement-parliament>

NACCHO (National Aboriginal Community Controlled Health Organisation) (n.d.) NACCHO website, accessed 10 May 2021. <https://www.naccho.org.au/>

— (2020), *Submission to the House of Representatives Standing Committee on Indigenous Affairs – Pathways and Participation Opportunities for Indigenous Australians in Employment and Business*, Parliament of Australia, accessed 10 May 2021. [https://www.aph.gov.au/Parliamentary\\_Business/Committees/House/Indigenous\\_Affairs/Indigenousoportunities/Submissions](https://www.aph.gov.au/Parliamentary_Business/Committees/House/Indigenous_Affairs/Indigenousoportunities/Submissions)

National Health Leadership Forum (2017) *Position Paper on Racism* [online document], NHLF, accessed 10 May 2021.





<https://www.nhlf.org.au/wp-content/uploads/2020/09/NHLF-Position-Statement-Racism-in-the-Health-System-2017.pdf>

—(2020) *Submission to the House of Representatives Standing Committee on Indigenous Affairs – Pathways and Participation Opportunities for Indigenous Australians in Employment and Business*, Parliament of Australia, accessed 10 May 2021. [https://www.aph.gov.au/Parliamentary\\_Business/Committees/House/Indigenous\\_Affairs/Indigenousopportunities/Submissions](https://www.aph.gov.au/Parliamentary_Business/Committees/House/Indigenous_Affairs/Indigenousopportunities/Submissions)

NDIA (National Disability Insurance Agency) (2019) *Aboriginal and Torres Strait Islander participants report* [online document], NDIA, accessed 10 May 2021. <https://data.ndis.gov.au/reports-and-analyses/participant-groups/aboriginal-and-torres-strait-islander-report>

—(2020) *NDIS Participant Employment Strategy 2019–2022* [online document], NDIA, accessed 10 May 2021. <https://www.ndis.gov.au/about-us/strategies/participant-employment-strategy>

—(2021) *NDIS quarterly Report to disability ministers* [online document], NDIA, accessed 5 October 2021. <https://www.ndis.gov.au/about-us/publications/quarterly-reports>

Northern Territory Aboriginal Health Forum (2008) *Indigenous access to core primary health care services in the Northern Territory*, Aboriginal Medical Services Alliance Northern Territory, Darwin.

Northern Territory Department of Health and Families (2008) *Universal Core Service Framework, Performance Indicators and Workforce Implications*, System Performance and Aboriginal Policy Division.

NSW Government Skills NSW (2020) 2020 Winners – NSW Training Awards [website], accessed 10 May 2021. [https://www.training.nsw.gov.au/training\\_awards/event/2020\\_winners.html#atsi](https://www.training.nsw.gov.au/training_awards/event/2020_winners.html#atsi)

—(n.d.) 'Keeping an ear to the ground to understand community needs', accessed 10 May 2021. <https://vet.nsw.gov.au/training-awards/peoples-choice/raymond-steadman>

Nunkuwarrin Yunti of South Australia Inc. (n.d.) 10772NAT – Diploma of Narrative Approaches for Aboriginal People (Counselling Group and Community Work) [website], accessed 10 May 2021. <https://nunku.org.au/training/10401nat-diploma-of-narrative-approaches-for-aboriginal-people-counselling-group-and-community-work/>

—(n.d.) Student Testimonials [website], accessed 10 May 2021. <https://nunku.org.au/training-and-workforce-support/registered-training-organisation/student-testimonials-2/>

—(n.d.) Workforce Support Unit [website], accessed 10 May 2021. [https://nunku.org.au/training-and-workforce-support/workforce\\_support\\_unit/](https://nunku.org.au/training-and-workforce-support/workforce_support_unit/)

Nursing and Midwifery Board of Australia, Congress of Aboriginal and Torres Strait Islander Nurses and Midwives, Australian College of Midwives, Australian College of Nursing, Australian Nursing & Midwifery Federation (2018) *Joint Statement – Cultural safety: Nurses and midwives leading the way for safer health care*, accessed 10 May 2021. <https://www.nursingmidwiferyboard.gov.au/codes-guidelines-statements/position-statements/leading-the-way.aspx>

[nursingmidwiferyboard.gov.au/codes-guidelines-statements/position-statements/leading-the-way.aspx](https://www.nursingmidwiferyboard.gov.au/codes-guidelines-statements/position-statements/leading-the-way.aspx)

Nyanga R, Biviano L, Warren S, Windsor J, Zwi K, Gunasekera H (2018) 'Aboriginal and Torres Strait Islander health-care delivery: The views of health-care professionals in Sydney's tertiary paediatric hospitals', *Journal of Paediatrics and Child Health*, 54(9):1023–30.

O'Shea S, May J, Stone C (2015) *Breaking the barriers: supporting and engaging first-in-family university learners and their families*, Office of Learning & Teaching.

Ong KS, Carter R, Kelahe M, Anderson I (2012) 'Differences in primary health care delivery to Australia's Indigenous population: a template for use in economic evaluations', *BMC health services research*, 12(1):1–11.

Papa A, Dezi L, Gregori GL, Mueller J, Miglietta N (2018) 'Improving innovation performance through knowledge acquisition: the moderating role of employee retention and human resource management practices', *Journal of Knowledge Management*, 24(3):589–605.

Paradies YC, Cunningham J, (2012) 'The DRUID study: racism and self-assessed health status in an indigenous population', *BMC public health*, 12(1):131.

Paradies Y, Harris R, and Anderson I (2008) *The Impact of Racism on Indigenous Health in Australia and Aotearoa: Towards a Research Agenda*, Discussion Paper No. 4, Cooperative Research Centre for Aboriginal Health.

Paul-Emile K, Smith A, Lo B, Fernández A (2016) 'Dealing with Racist Patients', *New England Journal of Medicine*, 374:708.

Pratchett L, Walsh M, Hu R, Tuli S (2020), 'Locating knowledge in Australian cities: The Knowledge City Index' in A Van Luyn and E de la Fuente (eds), *Regional Cultures, Economies, and Creativity: Innovating Through Place in Australia and Beyond*, 1st edn, Routledge, Oxon, pp.142–58.

Price SL, McGillis Hall L, Angus JE, Peter E (2013) 'Choosing nursing as a career: a narrative analysis of millennial nurses' career choice of virtue', *Nursing inquiry*, 20(4):305–16.

Priest N, Paradies Y, Stewart P, Luke J (2011) 'Racism and health among urban Aboriginal young people', *BMC Public Health*, 11(1):568.

PwC (PricewaterhouseCoopers) (2018). *Engaging Aboriginal community controlled organisations in disability service provision in the NT*. [online document], Darwin: Northern Territory Department of Health. Accessed 7 October 2021. <https://digitallibrary.health.nt.gov.au/prodjsui/bitstream/10137/7229/1/Engaging%20Aboriginal%20Community%20Controlled%20Organisations%20in%20Disability%20Service%20Provision%20.PDF>

Queensland Audit Office (2017) *Education and employment outcomes for Aboriginal and Torres Strait Islander people*, *Queensland Auditor General Report*, Queensland Audit Office.

Ramksden IM (2002), *Cultural Safety and Nursing Education in Aotearoa and Te Waipounamu*, Victoria, University of Wellington, accessed 10 May 2021. [https://croakey.org/wp-content/uploads/2017/08/RAMSDEN-I-Cultural-Safety\\_Full.pdf](https://croakey.org/wp-content/uploads/2017/08/RAMSDEN-I-Cultural-Safety_Full.pdf)

Richardson S, Friedman T (2010) *Research Report: Australian Regional Higher Education: Student characteristics and experiences*, Australian Council for Educational Research, accessed 10 May 2021. <https://research.acer.edu.au/higher-education/22/>

Rivers L (2016) *Remote Aboriginal and Torres Strait Islander employment pathways: a literature review*, Cooperative Research Centre for Remote Economic Participation, Ninti One Limited.

Roche AM, Duraisingam V, Trifonoff A, Tovell A (2013) 'The health and well-being of Indigenous drug and alcohol workers: Results from a national Australian survey', *Journal of substance abuse treatment*, 44(1):17–26.

Salmon S, Doerey K, Dance P, Chapman J, Gilbert R, Williams R, Lovett R (2019) *Defining the Indefinable: Descriptors of Aboriginal and Torres Strait Islander Peoples' Cultures and their Links to Health and Wellbeing*, Mayi Kuwayu and The Lowitja Institute.

SCRGSP (Steering Committee for the Review of Government Service Provision) (2020) *Overcoming Indigenous Disadvantage: Key Indicators 2020*, Productivity Commission.

Simpson A (2020) 'Pathways to allied health: Insights from Indigenous health professionals', *NCSEHE Student Equity Snapshots Forum* [online document], accessed 10 May 2021. <https://www.ncsehe.edu.au/ncsehe-student-equity-snapshots-forum-andrea-simpson/>

Speech Pathology Australia (2018) *Accreditation of Speech pathology Degree programs: Guidelines for Reporting of Aboriginal and Torres Strait Islander Curriculum Development and Inclusion*, Speech Pathology Association of Australia.

Skinner J, Dimitropoulos Y, Masoe A, et al. (2020) 'Aboriginal dental assistants can safely apply fluoride varnish in regional, rural and remote primary schools in New South Wales, Australia', *The Australian Journal of Rural Health*, 28(5):500–5. <https://onlinelibrary.wiley.com/doi/10.1111/ajr.12657>

Stuart L, Gorman D (2015) 'The experiences of Indigenous health workers enrolled in a Bachelor of Nursing at a regional Australian university', *AlterNative: An International Journal of Indigenous Peoples*, 11(1):29–44.

Tanwar K, Kumar A (2019) 'Employer brand, person-organisation fit and employer of choice: Investigating the moderating effect of social media', *Personnel Review*, 48(3):25.

Taylor EV, Lalovic A, Thompson SC (2019) 'Beyond enrolments: a systematic review exploring the factors affecting the retention of Aboriginal and Torres Strait Islander health students in the tertiary education system', *International journal for equity in health*, 18(1):136.

Telethon Institute for Child Health Research/Kulunga Research Network, in collaboration with the University of Western

Australia (2014) *Working Together: Aboriginal and Torres Strait Islander Mental Health and Wellbeing Principles and Practice*, Chapter 13, Australian Government, accessed 10 May 2021. <https://www.telethonkids.org.au/globalassets/media/documents/aboriginal-health/working-together-second-edition/working-together-aboriginal-and-wellbeing-2014.pdf>

The Royal Australian and New Zealand College of Obstetricians and Gynaecologists (2016) *Ante natal care during pregnancy, patient information pamphlet*, RANZCOG.

Thomas SL, Wakeman J, Humphreys JS (2014) 'What core primary health care services should be available to Australians living in rural and remote communities?', *BMC family practice*, 15(1):143.

Trenerry B, Franklin H, Paradies Y (2012) *Preventing race-based discrimination and supporting cultural diversity in the workplace: An evidence review*, Victorian Health Promotion Foundation.

Tulele L, Barry M, O'Faircheallaigh C, Shaw A (2019) 'Impact of employer attitude on Aboriginal and Torres Strait Islander school-based traineeship in the finance/banking sector', *Journal of Australian Indigenous Issues*, 22(3–4):110–28.

United Nations General Assembly (2007) *Declaration on the Rights of Indigenous Peoples*, United Nations, New York.

Usher K, Lindsay D, Miller M, Miller A (2005) 'Challenges faced by indigenous nursing students and strategies that aided their progress in the course: a descriptive study', *Contemporary Nurse*, 19(1–2):17–31.

Wakeman J, Humphreys J, Russell D, Guthridge S, Bourke L, Dunbar T, Zhao Y, Ramjan M, Murakami-Gold L, Jones MP (2019) 'Remote health workforce turnover and retention: what are the policy and practice priorities?', *Human resources for health*, 17(1):99.

Walter M, Martin K, Bodkin-Andrews G (2017), *Indigenous Children Growing Up Strong*, Palgrave Macmillan, London.

Watson K, Young J, Barnes M (2013) 'What constitutes 'support' for the role of the Aboriginal and Torres Strait Islander child health workforce?', *Australian Health Review*, 37(1):112–6.

West R, Foster K, Stewart L, Usher K (2016) 'Creating walking tracks to success: A narrative analysis of Australian Aboriginal and Torres Strait Islander nursing students' stories of success', *Collegian*, 23(4):349–54.

West R, Usher K, Buettner PG, Foster K, Stewart L (2013) 'Indigenous Australians' participation in pre-registration tertiary nursing courses: A mixed methods study', *Contemporary Nurse*, 46(1):123–34.

World Health Organisation (2010), *Key components of a well functioning health system*, WHO, Genève.

Zubrick S, Silburn SR, Lawrence D, Mitrou FG, Dalby RB, Blair E, Griffin J, Milroy H, De Maio JA, Cox A, Li J (2005) *The Western Australian Aboriginal Child Health Survey: The social and emotional wellbeing of Aboriginal children and young people*, Curtin University of Technology and the Telethon Institute for Child Health Research.

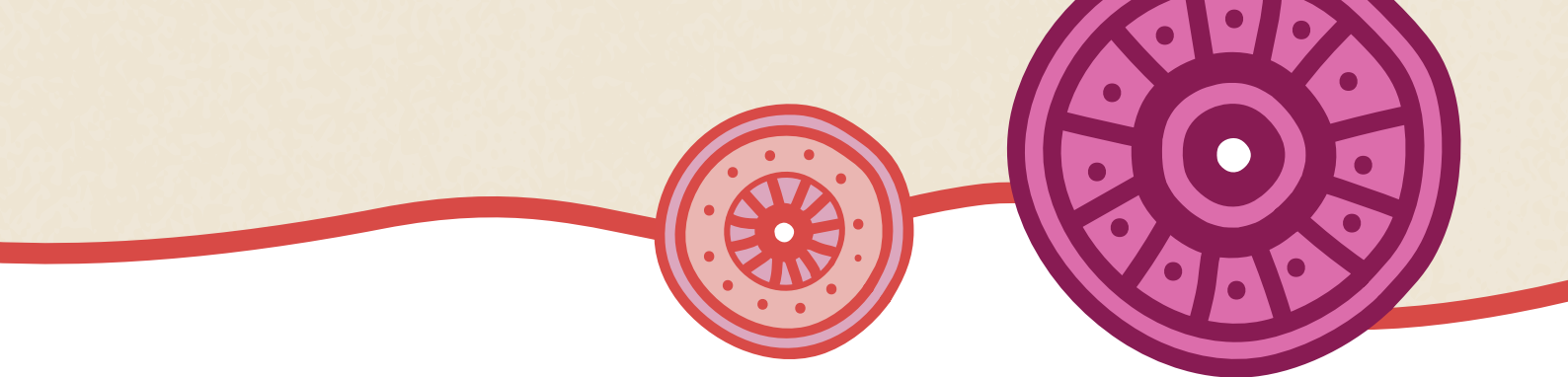


## APPENDIX 11: REFERENCE LIST

1. Australian Health Ministers' Advisory Council, *Aboriginal and Torres Strait Islander Health Performance Framework 2017 Report*, AHMAC, 2017, accessed 10 May 2021.
2. Australian Institute of Health and Welfare (AIHW), *Australia's Welfare Snapshots 2019, Indigenous employment*, AIHW, 2019, accessed 10 May 2021.
3. Australian Bureau of Statistics (ABS), *National Aboriginal and Torres Strait Islander Social Survey, 2014–15*, ABS, 2016, accessed 10 May 2021.
4. ABS, *2021.0 - Census of Population and Housing: Reflecting Australia - Stories from the Census, 2016*, ABS, 2016, accessed 10 May 2021.
5. ABS, *Estimates and Projections, Aboriginal and Torres Strait Islander Australians, 2006 to 2031*, ABS, 2019, accessed 10 May 2021.
6. Australian Government, *Closing the Gap website*, n.d., accessed 10 May 2021.
7. ABS *Estimates and Projections, Aboriginal and Torres Strait Islander Australians, 2006 to 2031*.
8. Department of Education, Skills and Employment, *2020 Employment Projections – for the five years to November 2025*, Labour Market Information Portal, 2020, accessed on 10 May 2021.
9. Lowitja Institute, *Culture is Key: Towards cultural determinants-driven health policy – Final Report*, Lowitja Institute, 2020.
10. V Mbuji, P Fulbrook and M Jessup, 'Indigenous cardiac patients' and relatives' experiences of hospitalisation: A narrative inquiry', *Journal of Clinical Nursing*, 2017, 26(23–24):5052–64.
11. AIHW, *Aboriginal and Torres Strait Islander Health Performance Framework 2020 summary report*, AIHW, 2020, accessed 10 May 2021.
12. Australian Government, *3.12 Aboriginal and Torres Strait Islander people in the health workforce*, AIHW, 2021, accessed 10 May 2021.
13. AIHW, *Aboriginal and Torres Strait Islander-specific primary health care: results from the OSR and nKPI collections*, AIHW, 2020, accessed 10 May 2021.
14. Department of Health, *Health Workforce Data Tool*, Australian Government, 2021, accessed 15 April 2021.
15. GC Lai, E Taylor, MM Haigh and S Thompson, 'Factors Affecting the Retention of Indigenous Australians in the Health Workforce: A Systematic Review', *International Journal of Environmental Research and Public Health*, 2018, 15(5):914.
16. National Aboriginal Community Controlled Health Organisation (NACCHO), *NACCHO website*, n.d., accessed 10 May 2021.
17. Australian National University (ANU), *Mayi Kuwayu National Study of Aboriginal and Torres Strait Islander Wellbeing website*, 2021, accessed 10 May 2021.
18. W Fogarty, M Lovell, J Lagenberg, M-J Heron, *Deficit Discourse and Strengths-based Approaches: Changing the Narrative of Aboriginal and Torres Strait Islander Health and Wellbeing*, The Lowitja Institute & National Centre for Indigenous Studies, 2018.
19. Lai et al., 'Factors Affecting the Retention of Indigenous Australians in the Health Workforce: A Systematic Review' and EV Taylor, A Lalovic, SC Thompson, 'Beyond enrolments: a systematic review exploring the factors affecting the retention of Aboriginal and Torres Strait Islander health students in the tertiary education system', *International journal for equity in health*, 2019, 18(1):136.
20. Department of Health, *Health Workforce Data Tool*.
21. AIHW, *Australian Burden of Disease Study: impact and causes of illness and death in Aboriginal and Torres Strait Islander people 2011*, AIHW, 2016, accessed 10 May 2021.
22. AIHW, *Aboriginal and Torres Strait Islander Health Performance Framework 2020 summary report*
23. AIHW, *Aboriginal and Torres Strait Islander Health Performance Framework 2020 summary report*
24. Y Paradies, R Harris, and I Anderson, *The Impact of Racism on Indigenous Health in Australia and Aotearoa: Towards a Research Agenda*, Discussion Paper No. 4, Cooperative Research Centre for Aboriginal Health, 2008 and A Ferdinand, Y Paradies and M Kelaher, *Mental Health Impacts of Racial Discrimination in Victorian Aboriginal Communities: The Localities Embracing and Accepting Diversity (LEAD) Experiences of Racism Survey*, The Lowitja Institute, 2012 and A Markwick, Z Ansari, D Clinch, et al., 'Experiences of racism among Aboriginal and Torres Strait Islander adults living in the Australian state of Victoria: a cross-sectional population-based study', *BMC Public Health* 19, 2019, 309.
25. AIHW, *Aboriginal and Torres Strait Islander Health Performance Framework 2020 summary report*.
26. National Health Leadership Forum, *Position Paper on Racism*, NHLF, 2017, accessed 10 May 2021.
27. ABS, *Estimates of Aboriginal and Torres Strait Islander Australians*, 2016, ABS, 2018, accessed 10 May 2021.



28. AIHW, *Aboriginal and Torres Strait Islander Health Performance Framework 2020 summary report*.
29. Australian Human Rights Commission, *Wiyi Yani U Thangani Report*, AHRC, 2020, accessed 13 April 2021.
30. AIHW, *Aboriginal and Torres Strait Islander Health Performance Framework 2020 summary report*.
31. Department of Prime Minister and Cabinet, *Closing the Gap Report 2020*, the annual report to parliament on progress in Closing the Gap, Australian Government, 2020, accessed March 2020.
32. Australian Health Ministers' Advisory Council, *Aboriginal and Torres Strait Islander Health Performance Framework 2017 Report*.
33. AIHW, 'Australia's welfare 2017', *Australia's welfare series*, no. 13. AUS 214, AIHW, 2017.
34. Department of Prime Minister and Cabinet, *Closing the Gap Report 2020*.
35. Department of Prime Minister and Cabinet, *Closing the Gap Report 2020*.
36. Steering Committee for the Review of Government Service Provision (SCRGSP), *Overcoming Indigenous Disadvantage: Key Indicators 2020*, Productivity Commission, 2020.
37. Department of Prime Minister and Cabinet, *Closing the Gap Report 2020*.
38. AIHW, *Aboriginal and Torres Strait Islander Health Performance Framework 2020 summary report*.
39. AIHW, *Aboriginal and Torres Strait Islander Health Performance Framework 2020 summary report*.
40. R Hill, PL Pert, J Davies, CJ Robinson, F Walsh and F Falco-Mammone, *Indigenous Land Management in Australia: Extent, scope, diversity, barriers and success factors*, CSIRO Ecosystem Sciences, 2013.
41. AIHW, *Disability support for Indigenous Australians*, 2021, accessed 7 October 2021.
42. Commonwealth of Australia, *National Disability Strategy 2010–2020*, 2011, accessed 10 May 2021.
43. PricewaterhouseCoopers (PwC), *Engaging Aboriginal community controlled organisations in disability service provision in the NT*, Northern Territory Department of Health, Darwin, 2018, accessed 7 October 2021.
44. ABS, *Aboriginal and Torres Strait Islander people with disability*, ABS, 2021, accessed 5 October 2021.
45. ABS, *Aboriginal and Torres Strait Islander people with disability*.
46. ABS, *Aboriginal and Torres Strait Islander people with disability*.
47. ABS, *Aboriginal and Torres Strait Islander people with disability*.
48. National Disability Insurance Agency (NDIA), *Aboriginal and Torres Strait Islander participants report*, NDIA, 2019, accessed 10 May 2021.
49. NDIA, *NDIS quarterly report to disability ministers*, NDIA, 2021, accessed 5 October 2021.
50. NDIA, *NDIS Participant Employment Strategy 2019–2022*, NDIA, 2020, accessed 10 May 2021.
51. Australian Government, *Closing the Gap Priority Reforms*, n.d., accessed 10 May 2021.
52. AIHW, *National Health Workforce Data Set (NHWDS): Doctors*, AIHW, 2019, accessed 10 May 2021 and ABS, *Estimates and Projections, Aboriginal and Torres Strait Islander Australians*, 2006 to 2031.
53. Medical Deans Council of Australia, *National Data Report 2020: 2015–2019 data from final year students at Australian medical schools*, 2020, accessed 25 September 2020.
54. AIHW, *National Health Workforce Data Set (NHWDS): Doctors*.
55. Ahpra & National Boards, *Aboriginal and Torres Strait Islander Health Strategy*, 2019, accessed 23 September 2020.
56. Telethon Institute for Child Health Research/Kulunga Research Network, in collaboration with the University of Western Australia, *Working Together: Aboriginal and Torres Strait Islander Mental Health and Wellbeing Principles and Practice*, Chapter 13, Australian Government, 2014, accessed 10 May 2021.
57. DM Griffith, M Mason, M Yonas, E Eng, V Jeffries, S Plihcik, B Parks, 'Dismantling institutional racism: theory and action', *American Journal of Community Psychology*, 2007, 39(3–4):381–92.
58. A Simpson, *Pathway to Allied Health: Insights from Indigenous Health Professionals*, National Centre for Student Equity in Higher Education, n.d.
59. A Simpson, *Pathway to Allied Health: Insights from Indigenous Health Professionals*.
60. A Simpson, *Pathway to Allied Health: Insights from Indigenous Health Professionals*.
61. W Brady, *Indigenous Student Support in Australian Universities*, Department of Education, 2012.
62. Nunkuwarrin Yunti of South Australia Inc, *Workforce Support Unit*, Nunkuwarrin Yunti of South Australia Inc website, n.d., accessed 20 October 2021.
63. Nunkuwarrin Yunti of South Australia Inc, *10772NAT – Diploma of Narrative Approaches for Aboriginal People (Counselling Group and Community Work)*, Nunkuwarrin Yunti of South Australia Inc website, n.d., accessed 20 October 2021.

- 
64. Nunkuwarrin Yunti of South Australia Inc, *Student Testimonials*, Nunkuwarrin Yunti of South Australia Inc website, n.d., accessed 20 October 2021.
  65. Medical Board of Australia, *Registration Data Table – Dec 2019*, Ahpra, 2019.
  66. Y Dimitropoulos, K Gwynne, A Blinkhorn, A Holden, 'A school fluoride varnish program for Aboriginal children in rural New South Wales, Australia', *Health Promotion Journal of Australia*, 2019 and K Gwynne, 'New TAFE program for Aboriginal health-care students sees a near perfect completion rate', *The Conversation*, 2019 and K Gwynne, J Skinner and Y Dimitropoulos, 'Collaborating with communities delivers better oral health for Indigenous kids in rural Australia', *The Conversation*, 2020 and J Skinner, Y Dimitropoulos, A Masoe, et al., 'Aboriginal dental assistants can safely apply fluoride varnish in regional, rural and remote primary schools in New South Wales, Australia', *The Australian Journal of Rural Health*, 2020.
  67. NSW Government, *Skills NSW 2020 Winners – NSW Training Awards*, 2020 and NSW Government, *Skills NSW Keeping an ear to the ground to understand community needs*, n.d.
  68. C Harris, 'Thousands more indigenous vocational trainees getting a second chance', *NT News*, 12 September 2020.
  69. Lowitja Institute, *Culture is Key: Towards cultural determinants-driven health policy – Final Report*.
  70. Fogarty et al., *Deficit Discourse and Strengths-based Approaches: Changing the Narrative of Aboriginal and Torres Strait Islander Health and Wellbeing*.
  71. Lai et al., 'Factors Affecting the Retention of Indigenous Australians in the Health Workforce: A Systematic Review'.
  72. S Deroy, H Schütze, 'Factors supporting retention of aboriginal health and wellbeing staff in Aboriginal health services: a comprehensive review of the literature', *International Journal for Equity in Health*, 2019, 18(1):70.
  73. Lai et al., 'Factors Affecting the Retention of Indigenous Australians in the Health Workforce: A Systematic Review'.
  74. S Ewen, T Ryan, C Platania-Phung, *A review and analysis of the Aboriginal and Torres Strait Islander health researcher workforce*, The Lowitja Institute, 2019.
  75. EV Taylor, A Lalovic, SC Thompson, 'Beyond enrolments: a systematic review exploring the factors affecting the retention of Aboriginal and Torres Strait Islander health students in the tertiary education system', *International journal for equity in health*, 2019, 18(1):136.
  76. Lai et al., 'Factors Affecting the Retention of Indigenous Australians in the Health Workforce: A Systematic Review' and Taylor et al., 'Beyond enrolments: a systematic review exploring the factors affecting the retention of Aboriginal and Torres Strait Islander health students in the tertiary education system'.
  77. Australian Health Practitioner Regulation Agency, *Aboriginal and Torres Strait Islander Health Practice Board: About Us*, accessed 2021.
  78. New South Wales Government, *NSW Health: Aboriginal Liaison Officer*.
  79. Australian Institute of Aboriginal and Torres Strait Islander Studies, *Vision, Mission and Functions*, n.d.
  80. AHPRA, *The National Scheme's Aboriginal and Torres Strait Islander Health and Cultural Safety Strategy 2020–2025*, AHPRA, n.d., accessed 23 September 2021.
  81. Article 1 of the International Covenant on Civil and Political Rights.
  82. Department of the Prime Minister and Cabinet, *National Strategic Framework for Aboriginal and Torres Strait Islander peoples' Mental Health and Social and Emotional Wellbeing 2017–2023*, Australian Government, 2017, accessed 10 May 2021.
  83. S Salmon, K Doerey, P Dance, J Chapman, R Gilbert, R Williams, R Lovett, *Defining the Indefinable: Descriptors of Aboriginal and Torres Strait Islander Peoples' Cultures and their Links to Health and Wellbeing*, Mayi Kuwayu and The Lowitja Institute, 2019.
  84. Heath Workforce Australia, *Growing our Future: the Aboriginal and Torres Strait Islander Health Worker project final report*, HWA, Adelaide, 2011.
  85. Commonwealth of Australia, Department of Health, *Aboriginal and Torres Strait Islander Health Curriculum Framework*, 2014.
  86. Commonwealth of Australia, *National Disability Strategy*.
  87. Australian Government Department of Health, *Stronger Rural Health Strategy – factsheets*, page last updated 21 November 2019.

