

# *A blueprint for action*

Pathways into the health workforce for Aboriginal and Torres Strait Islander people





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# Foreword

The context for this paper is found in an experience shared by a friend:

*an Aboriginal basketball player was asked by an Aboriginal school boy how many pairs of shoes he had. He told him he had many pairs for training and playing. The basketball player then asked the young boy how many pairs he had. The answer was three—one pair for school, one pair for sport and one pair for funerals.*

This *Blueprint for Action* is intended to improve the health and life expectancy of our people by outlining how we can work together to increase the size and capacity of the Aboriginal and Torres Strait Islander health workforce.

When I treat young Aboriginal or Torres Strait Islander children in clinics, I often drape my stethoscope around their neck and tell them that they could be a doctor, a nurse or a health worker. But sadly, even if they are keen, there hasn't been a clear pathway I can link them into.

We have smart kids, but they often lack the support, access to role models, career information and other opportunities that would lead to a better future for them and their communities. This paper is about working together to make articulated pathways for people entering the health workforce. The system should be one that encourages, celebrates and realises our children's potential.

This paper is timely. Prime Minister Kevin Rudd provided a foundation for our work in his 'Apology to Australia's Indigenous Peoples' on 13 February 2008:

*... the core of [our] partnership for the future is the closing of the gap between Indigenous and non-Indigenous Australians on life expectancy, education achievement and employment opportunities.*

There are policy, planning and resource implications to achieving this partnership. Leadership and responsibility for change will rest with all levels of government, health and education portfolios, and Aboriginal and Torres Strait Islander communities and professionals. The driving energy will need to come from the Council of Australian Governments' stated commitment to both Indigenous health and education. We will need a mechanism for taking action at this highest level.

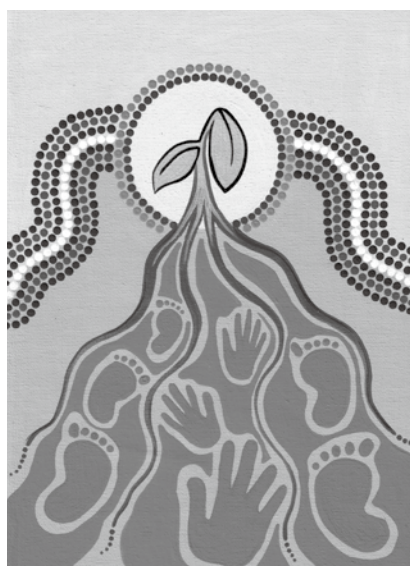
I want to thank all of you who have contributed, not only to this paper, but also to our successes to date. Specifically, I want to thank Silvia Liertz (our Project Manager), Gregory Phillips (our Consultant Writer) and those on the Working Group – our diverse backgrounds and collaboration is a model for future partnerships. Thank you also to those people who will be implementing the reforms that stem from this paper.

Together we can create a better future for Aboriginal and Torres Strait Islander children.



Dr Mark Wenitong  
Chair, NATSIHC Paper Working Group

# Artwork



The painting on the front cover is by Layla Schrieber 'Jungaringan Dhakin' of the Kabi Kabi tribe in Queensland.

- The red and yellow circle represents the sun symbolising health and healing as it is the giver of all life.
- The purple and blue stripes represent the rainbow serpent symbolising education as the rainbow serpent is the giver of knowledge. It also represents water.
- The two entities combine to nurture the growth of the sapling which represents the growth of a health workforce.
- The handprints and footprints among the roots of the sapling represent the people who will make it work.

# Acknowledgements

This paper was funded by the Australian Government Department of Health and Ageing.

The National Aboriginal and Torres Strait Islander Health Council (NATSIHC) acknowledges all the people who have contributed to the development of this paper. We particularly thank Dr Mark Wenitong for his vision and strategic leadership, the NATSIHC Paper Working Group members for their expertise and guidance, Mr Gregory Phillips for his commitment to writing the paper, and the Australian Indigenous Doctors' Association for its project leadership (see Appendix A).

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# Abbreviations

ABS	Australian Bureau of Statistics
APSC	Australian Public Service Commission
ASCED	Australian Standard Classification of Education
AESOC	Australian Education and Science Officials' Committee
AHMAC	Australian Health Ministers' Advisory Council
AHMC	Australian Health Ministers' Conference
AHW(s)	Aboriginal and Torres Strait Islander Health Worker(s)
AIDA	Australian Indigenous Doctors' Association
AIEW(s)	Australian Indigenous education worker(s)
AMA	Australian Medical Association
ATSIHWWG	Aboriginal and Torres Strait Islander Health Workforce Working Group
CATSIN	Congress of Aboriginal and Torres Strait Islander Nurses
CDAMS	Committee of Deans of Australian Medical Schools (now Medical Deans Australia and New Zealand)
COAG	Council of Australian Governments
CSHISC	Community Services and Health Industry Skills Council
DEEWR	Department of Education, Employment and Workplace Relations (formerly the Department of Education, Science and Training)
DEST	former Department of Education, Science and Training (now the Department of Education, Employment and Workplace Relations)
DEWR	former Department of Employment and Workplace Relations (now Department of Education, Employment and Workplace Relations)
DoHA	Department of Health and Ageing
FaHCSIA	Department of Families, Housing, Community Services and Indigenous Affairs
HECS	Higher Education Contribution Scheme
HREOC	Human Rights and Equal Opportunity Commission
HWPC	Health Workforce Principal Committee
IHEAC	Indigenous Higher Education Advisory Council
ISP	Indigenous Support Program

MCEETYA	Ministerial Council on Education, Employment, Training and Youth Affairs
MCVTE	Ministerial Council for Vocational and Technical Education
NAIDOC	National Aborigines and Islanders Day Observance Committee
NATSIHC	National Aboriginal and Torres Strait Island Health Council
OATSIH	Office for Aboriginal and Torres Strait Islander Health
PMSEIC	Prime Minister's Science, Engineering and Innovation Council
RCC	recognition of current competency
RPL	recognition of prior learning
RTO	registered training organisation
UA	Universities Australia (formerly Australian Vice-Chancellors' Committee)
VET	vocational education and training

# Definitions

**Aboriginal and Torres Strait Islander and Indigenous** are used interchangeably to refer to Australian Aboriginal and/or Torres Strait Islander peoples.

**Aboriginal and Torres Strait Islander health workforce** refers to people working in all health occupations who identify as being Aboriginal and/or Torres Strait Islander. This includes:

- Aboriginal and Torres Strait Islander people trained in the higher education and vocational education, and training (VET) sectors and
- Aboriginal and Torres Strait Islander people employed in mainstream as well as Aboriginal and Torres Strait Islander health services.<sup>1</sup>

**All governments** is used to refer to the Australian, State, Territory and local governments.

**Cultural safety** refers to institutional reform processes that support making an organisation more respectful and safe for Aboriginal and Torres Strait Islander people – related terms include 'cultural respect', 'cultural competence' and 'cultural security'.

**Education spectrum** refers to early childhood, primary, secondary, VET, higher education, horizontal transition (retraining in another area) and professional development.

**Horizontal transition** refers to re-skilling or retraining in another area.

**Primary school** refers to education from Year 1 to Years 6 or 7, or the equivalent in each State and Territory, that leads to a primary school graduation certificate and enables the student to enter secondary studies.

**Secondary school** refers to education from Years 6 or 7 to Years 12 or 13, or the equivalent in each State and Territory, leading to a final secondary school qualification that enables the student to enter tertiary studies in either the VET or higher education systems.

**Tertiary education** is inclusive of both VET and higher education.

**Transitions** refers to linked student support services between institutions, rather than merely the articulation of education programs.



# Executive Summary

## PURPOSE

This paper provides Australian, State and Territory governments with strategic advice and strategies from the National Aboriginal and Torres Strait Islander Health Council (NATSIHC). It focuses on:

- maximising Aboriginal and Torres Strait Islander participation in the health workforce, by promoting and improving pathways between school, vocational education and training (VET) and higher education and
- retaining and building the capacity of the existing Aboriginal and Torres Strait Islander health workforce by addressing ongoing support and career development needs.

## CONTEXT

While 2.3% of the Australian population are Aboriginal and Torres Strait Islander people, only 1.6% of the national health workforce is made up of Aboriginal and Torres Strait Islander people.<sup>2</sup>

Health outcomes for Aboriginal and Torres Strait Islander people are poor and, in many instances, continue to deteriorate.<sup>3</sup> An accessible and competent health workforce is vital for ensuring that the health system has the capacity to provide culturally safe services that meet the needs of Aboriginal and Torres Strait Islander people and improve their health outcomes. A key way to achieve this is to increase the number and capacity of Aboriginal and Torres Strait Islander people entering into and working in the health workforce.<sup>4</sup>

## RATIONALE

Key reasons for investing in Aboriginal and Torres Strait Islander health workforce reform include:

- a more effective return on investment from increasing Aboriginal and Torres Strait Islander participation in the health workforce than if current incremental approaches are continued
- the economic benefits of tapping a previously untapped labour market by maximising Aboriginal and Torres Strait Islander workforce participation
- potential administrative savings accrued by aligning health and education sector priorities and strategies
- benefits of higher quality data tracking systems and, critically
- equity of health outcomes.

## KEY ISSUES

Consistent issues that arise in the literature and in consultation with Aboriginal and Torres Strait Islander health and education stakeholders are:

- excellence in student support services
- culturally safe learning environments
- reforming the system and
- leadership.

*Excellence in student support services* will ensure strong Aboriginal and Torres Strait Islander health leaders. It includes:

- connected support services between institutions
- family and community engagement
- the importance of mentors and role models and
- strengthening financial and accommodation support.

*Culturally safe learning environments* includes whole-of-education institution strategies reviewing:

- decision-making arrangements
- core Aboriginal and Torres Strait Islander health curriculum
- core competencies and standards for the health workforce
- quality teaching and quality learning frameworks and
- staff capacity development.

*Reforming the system* includes:

- health and education sector collaboration
- reviewing funding models
- building the evidence and outcomes tracking infrastructure and
- providing for national reform frameworks and regional planning.

*Leadership* includes Aboriginal and Torres Strait Islander leadership and non-Indigenous national leadership to ensure success in health workforce development.

## PROPOSALS

NATSIHC proposes a reform model that allows for coordination, planning, implementation and evaluation at the national level. It proposes new reporting relationships and roles within existing infrastructure.

Twenty-one recommendations have been made (following).

## THE WAY FORWARD

To effectively reduce the economic and social burden of the poor health experienced by Aboriginal and Torres Strait Islander people, investing in the Aboriginal and Torres Strait Islander health workforce must be a priority.<sup>5</sup> Collaborative target setting, accountability frameworks and adequate resourcing for evidence-based interventions are very important. The most critical priority however, is the need for genuine national leadership and coordination to bridge bureaucratic, cultural, sectoral and jurisdictional divisions.

This paper's blueprint for action identifies priorities and lists recommendations. These tasks should be the direct responsibility of the Council of Australian Governments (COAG), supported by the Health Workforce Principal Committee (HWPC) working in partnership with COAG's new Indigenous Reform Working Group and Aboriginal and Torres Strait Islander health leaders, professionals, academics and experts.

# Recommendations

## THE STUDENT AND THEIR NEEDS

### RECOMMENDATION 1

All governments to participate in a national evaluation of Aboriginal and Torres Strait Islander mathematics, science, literacy and numeracy programs across the education spectrum. Governments to provide funding for the development of a national culturally respectful strategy aimed at *improving mathematics, science and literacy*.

### RECOMMENDATION 2

Aboriginal and Torres Strait Islander education workers to be given training in *careers guidance* and be supported to supplement (not replace) the roles of existing careers advisors.

### RECOMMENDATION 3

Sustainable *role model and mentoring programs* to be made available for all Aboriginal and Torres Strait Islander students, including encouraging mathematics, science and literacy, and family and community engagement at secondary school level.

### RECOMMENDATION 4

All Aboriginal and Torres Strait Islander tertiary health students to have *access to student support* from health-specific units/staff within health faculties/departments as well as access to more general Aboriginal and Torres Strait Islander student support services on campus. Governments to provide specific funding for these services.

### RECOMMENDATION 5

The Council of Australian Governments to consult with stakeholders on the development of individual *Aboriginal and Torres Strait Islander* student plans.

### RECOMMENDATION 6

Education institutions to demonstrate how they effectively include *Aboriginal and Torres Strait Islander communities in decision making* about curricula and student support services as part of their funding acquittals and reporting.

### RECOMMENDATION 7

A nationally coordinated marketing and promotions program to ensure access to *culturally appropriate information* regarding the options available for health-related careers and the support available for study.

### RECOMMENDATION 8

A national review of the availability of *financial and accommodation support* for Aboriginal and Torres Strait Islander health students to be undertaken and updated every four years.

### RECOMMENDATION 9

Any existing *financial restrictions or disincentives* to study under existing government programs to *be removed*. This includes reviewing any financial support that is time-limited, or scholarships that adversely affect ABSTUDY payments.

### RECOMMENDATION 10

The development of a nationally coordinated health workforce training strategy and scheme to ensure that Aboriginal and Torres Strait Islander students in health courses are well supported through a range of *financial supports*.

## THE INSTITUTIONAL CONTEXT

### RECOMMENDATION 11

Tertiary education providers to consult with Aboriginal and Torres Strait Islander communities on a *whole-of-institution strategy* to increase the number of Aboriginal and Torres Strait Islander students in health courses. Strategies are to include student support and curriculum matters.

### RECOMMENDATION 12

Education institutions and Aboriginal and Torres Strait Islander health personnel and communities to work in partnership to develop a culturally inclusive *Aboriginal and Torres Strait Islander health curriculum* in a multidisciplinary manner.

### RECOMMENDATION 13

A *national accreditation and registration mechanism* to be established which sets standards and assesses the quality of training delivery in relation to Aboriginal and Torres Strait Islander health across all health disciplines.

## ENABLING THE SYSTEM

### RECOMMENDATION 14

The Council of Australian Governments to review, develop and strengthen the education and training pathways into the health workforce for Aboriginal and Torres Strait Islander people. *Flexible vertical and horizontal pathways* are to include pathways from secondary school to vocational education and training (VET), pre-entry university enabling courses, and transitions between VET, university and the workplace.

### RECOMMENDATION 15

A national plan for consistent and sustainable *education transition programs* that span the education spectrum to be developed in partnership with all governments, education providers, Aboriginal and Torres Strait Islander communities, health and education organisations and industry groups.

### RECOMMENDATION 16

Establish *national partnerships* across industry groups, governments, Aboriginal and Torres Strait Islander communities and health and education organisations to achieve an increase in Aboriginal and Torres Strait Islander workforce participation.

### RECOMMENDATION 17

Develop a national system for joint planning, target setting and monitoring progress regarding increasing the size and capacity of the Aboriginal and Torres Strait Islander health workforce. *Performance review frameworks* to be supported by a national health workforce database.



## RECOMMENDATION 18

A national review of health and education sector *funding models* in relation to Aboriginal and Torres Strait Islander health workforce matters to be undertaken. This will inform the development of a nationally coordinated approach to workforce planning and education funding. Resources to be allocated for clinical placements in Aboriginal and Torres Strait Islander health settings.

## LEADERSHIP FOR CHANGE

### RECOMMENDATION 19

The Health Workforce Principal Committee and relevant partners to undertake consultations for the development of a *professional body for Aboriginal Health Workers*. Sustainable funding to be allocated for the operation of the professional body.

### RECOMMENDATION 20

The Council of Australian Governments to work with industry, communities, and professional and philanthropic groups to develop strategies to address the *continuing professional development* needs, and build the leadership capacity, of Aboriginal and Torres Strait Islander health personnel.

## RECOMMENDATION 21

The Council of Australian Governments to lead the development and establishment of the proposed *model for actioning reform* in partnership with the Health Workforce Principal Committee, National Aboriginal and Torres Strait Islander Health Council, Aboriginal and Torres Strait Islander Health Workforce Working Group, Department of Health and Ageing, and Department of Education, Employment and Workplace Relations.

# Introduction

## 1. OVERVIEW

### 1.1 BACKGROUND

This paper responds to the realisation that health and education sectors need to work more closely together to effectively address Aboriginal and Torres Strait Islander health workforce issues. This realisation came as a result of a presentation that the then Department of Education, Science and Training (DEST) made to NATSIHC in 2004.

In February 2005, NATSIHC formed a Working Group to prepare a paper on key reforms to support the training and skills development of the Aboriginal and Torres Strait Islander health workforce. In November 2005, NATSIHC requested modifications to the paper presented by the Working Group. Given the changing education and workforce environment, a fresh approach to the paper was needed.

In August 2006, NATSIHC agreed that Dr Mark Wenitong, the then Australian Indigenous Doctors' Association (AIDA) representative on NATSIHC, would take the lead on finalising the paper under the guidance of the Health Council Paper Working Group (see Appendix A).

### 1.2 PURPOSE

This paper identifies key gaps and barriers in national health workforce policy and program directions, and attempts to influence them by providing strategic advice in relation to Aboriginal and Torres Strait Islander workforce issues. The paper particularly aims to promote collaboration and action among the health and education sectors at every level (i.e. between all leadership, governments and institutions).

### 1.3 SCOPE

The primary focus of the paper is to increase the number of Aboriginal and Torres Strait Islander people in the health workforce by:

- promoting and improving pathways into VET and higher education health-related qualifications and
- supporting transitions from education to employment.

The paper's secondary focus is on retaining and building the capacity of the existing Aboriginal and Torres Strait Islander health workforce by addressing their ongoing support and career development needs.

A large body of work already exists on best practice models for attracting, training, graduating, recruiting and employing Aboriginal and Torres Strait Islander people. Examples include:

- *Indigenous Australian Apprenticeships Resource Kit* – an informative and practical guide to building organisations' capacity to attract, train and retain Aboriginal and Torres Strait Islander people (DEEWR 2007)
- *Aboriginal and Torres Strait Islander Participation in Vocational Education and Training* (CSHISC 2006)
- *Footprints Forwards: Better Strategies For the Recruitment, Retention and Support of Indigenous Medical Students* (Drysdale, Faulkener & Chesters 2006)
- *Partnerships, Pathways and Policies – Improving Indigenous Education Outcomes* (Devlin & James 2006)
- *Dadirri: A Report on the Status of Indigenous Nurse Education in Australia* (Miller et al. 2005)
- *Healthy Futures: Defining Best Practice in the Recruitment and Retention of Aboriginal and Torres Strait Islander Medical Students* (Minniecon & Kong 2005)
- *CDAMS Indigenous Health Curriculum Framework* (Phillips 2004) and
- *'Gettin em n keepin em': Report of the Indigenous Nursing Education Working Group* (Goold et al. 2002).

With this in mind, this paper addresses strategies to attract, train, graduate and retain an Aboriginal and Torres Strait Islander health workforce at a strategic level. This ambitious blueprint for action and collaboration between the health and education sectors looks at harnessing and building on existing efforts.

This paper outlines:

- the key issues, context and broad priorities for reform (Section 2)
- the policy environment (Section 3)
- supply and demand data analysis (Section 4)
- stakeholder views (Section 5)
- strategic priorities and recommendations (Section 6)
- the rationale for reform (Section 7)
- mechanisms for reform (Section 8) and
- a summary of recommendations and timeframe for action (Section 9).

The paper's scope does not include a detailed implementation plan (outlining roles, responsibilities and timeframes for recommended action), nor an accountability framework with performance measures. The NATSIHC Paper Working Group recommends that COAG's Health Workforce Principal Committee work in partnership with NATSIHC to consider how best to negotiate a whole-of-government approach to this.

#### 1.4 POLICY CONTEXT

Maximising Aboriginal and Torres Strait Islander participation in the health workforce is a critical component of any approach to improving the health of and reducing the life expectancy gap between Aboriginal and Torres Strait Islander and non-Indigenous Australians. Increasing Aboriginal and Torres Strait Islander participation in the health workforce relatively quickly, rather than only allowing for incremental development, is the strategy most likely to produce a fully equipped workforce. Dr Noel Hayman, one of Queensland's first Aboriginal and Torres Strait Islander doctors, has shown that Aboriginal and Torres Strait Islander

patients are more likely to access the health system if an Aboriginal and Torres Strait Islander health professional is central to their health care. For example, by working with elders and the local community on making the Inala Community Health Centre more culturally safe, the number of Aboriginal and Torres Strait Islander patients at the Health Centre has risen from 12 to 2500 in one decade.<sup>6</sup>

In looking at how to improve pathways into the health workforce for Aboriginal and Torres Strait Islander people, this paper situates itself within overarching health workforce and education reform agendas, including work being led by COAG, the Australian Health Ministers' Conference (AHMC), the Ministerial Council for Education, Employment, Training and Youth Affairs (MCEETYA), and the Ministerial Council for Vocational and Technical Education (MCVTE). The paper takes into account the changing nature of health workforce planning in Australia, particularly in relation to the redefinition of work roles within some health occupations, and the work being led by COAG to establish national accreditation and registration schemes.

#### 1.5 METHODOLOGY

A literature review and analysis of policy documents (Sections 2&3) has been undertaken. A thematic analysis has been used to synthesise the material into three key domains: the issues, the current context and broad priorities for reform.

This has been enhanced by analysis of existing health workforce data (Section 4), and by consulting with expert policy, industry and academic stakeholders from the health and education sectors at a stakeholder workshop held on 19 November 2007 in Canberra (Section 5).

The results of the literature and policy review, the workforce demand and supply data and stakeholder consultations have been synthesised into strategic priorities and recommendations for action (Section 6). The rationale (Section 7) and mechanisms for change (Section 8) assist in completing the blueprint for reform.

# Current state of play

## 2. CONTEXT

This section outlines the themes that consistently arise as key issues in Aboriginal and Torres Strait Islander health and education literature and policy. These themes are critical to understanding strategic reform priorities in the current policy context. This section also identifies broad priorities for each issue based on the literature. These broad priorities are further refined in *Section 6* in the form of strategic priorities and recommendations.

Successful pathways to employment in the health workforce for Aboriginal and Torres Strait Islander people begin with:

- good healthcare for Aboriginal and Torres Strait Islander children
- appropriate early education opportunities
- equitable access to primary school
- appropriate school attendance
- culturally appropriate literacy and numeracy support
- culturally safe learning environments
- positive role models and
- effective secondary school retention strategies.

While it is broadly acknowledged that giving Aboriginal and Torres Strait Islander children a positive start in life is critical to their success later in life, the early education and primary and secondary school system continues to struggle to meet the needs of these students in terms of access, participation and outcomes. The Australian Education Union reports that about half of eligible four year old Aboriginal and Torres Strait Islander children do not enrol in preschool education.<sup>7</sup> Similarly, the *Overcoming Indigenous Disadvantage Report* indicates that in 2004/05, a smaller proportion (22%) of Aboriginal and

Torres Strait Islander people than non-Indigenous people (47%) had completed year 12, and that the proportion of Aboriginal and Torres Strait Islander students who achieved a year 12 certificate has changed little between 2001 and 2005.<sup>8</sup>

The improvements needed to ensure that Aboriginal and Torres Strait Islander children achieve the education outcomes needed 'downstream' in order to grow the pool of Aboriginal and Torres Strait Islander people available 'upstream' to enrol in VET and higher education health-related courses, is the responsibility of education departments. While the issues outlined below are relevant to all stages of education and employment related to a career in the health workforce, the point on the pathway from which this paper specifically engages is from secondary school onwards.

### 2.1 STRONG ABORIGINAL AND TORRES STRAIT ISLANDER HEALTH LEADERS: STUDENTS AND THEIR NEEDS

#### 2.1.1 SEAMLESS AND CONNECTED SUPPORT SERVICES

##### ISSUE

Linking support services for Aboriginal and Torres Strait Islander students throughout the education spectrum is critical. Discrete programs exist within education and employment sectors to support Aboriginal and Torres Strait Islander students.<sup>9</sup> However, support staff often lack the resources, or are unsupported in terms of institutional capacity, to provide linked support *between* education institutions/sectors, and between education and employment.



## CONTEXT

The Indigenous Higher Education Advisory Council (IHEAC) is supporting universities to work with schools and registered training organisations (RTOs) to build pathways and raise levels of aspirations and confidence of Aboriginal and Torres Strait Islander students.<sup>10</sup> Support may include:

- career information
- culturally safe application processes
- mentoring
- access to Aboriginal and Torres Strait Islander staff
- resources (such as text books and information technology)
- access to professional networks and
- tutorial assistance.

## PRIORITIES

While it is important to develop mechanisms within institutions to support Aboriginal and Torres Strait Islander students and employees, it is in developing a seamless policy and program approach *between* them to support successful transitions (linked support) that will prove most effective. Strategic, whole-of-life approaches to support are required.

### 2.1.2 PARENT, FAMILY AND COMMUNITY ENGAGEMENT

#### ISSUE

Those closest to Aboriginal and Torres Strait Islander students and their education – their families and communities – need to be engaged and encouraged to participate in students' education.

#### CONTEXT

Aboriginal and Torres Strait Islander parents and community leaders may have experienced negative or suboptimal education experiences. The inclusion of parents and community leaders in promoting participation in education programs is important to break what may otherwise be a negative intergenerational cycle. Central

to this, is the need to involve Aboriginal and Torres Strait Islander communities in developing culturally safe and relevant curricula and learning environments.<sup>11</sup> For example, the Parent School Partnership Initiative administered by the Department of Education, Employment and Workplace Relations (DEEWR) encourages parents of Aboriginal and Torres Strait Islander school students, communities, schools and other organisations to work together to address local barriers to education. Similarly, best practice Aboriginal and Torres Strait Islander health support units involve Aboriginal and Torres Strait Islander communities.<sup>12</sup>

## PRIORITIES

The education system must be genuine in welcoming and respecting Aboriginal and Torres Strait Islander people; and their worldviews, cultures and experiences into its institutions.

### 2.1.3 LIFELONG SUPPORT – ABORIGINAL AND TORRES STRAIT ISLANDER MENTORS AND ROLE MODELS

#### ISSUE

Aboriginal and Torres Strait Islander people lack access to mentors and role models from the health workforce. Mentoring from an Aboriginal and Torres Strait Islander worldview that includes personal, cultural, and spiritual support as well as support to develop aspirations, is particularly valued by Aboriginal and Torres Strait Islander students.

#### CONTEXT

Events such as Croc Festivals<sup>13</sup> provide opportunities for children to aspire to work in health occupations and to meet role models. Interaction between Aboriginal and Torres Strait Islander secondary school, VET and higher education students enrolled in health courses, and the Aboriginal and Torres Strait Islander health workforce is an effective way to deliver

health careers information.<sup>14</sup> Aboriginal and Torres Strait Islander professional associations such as AIDA and the Congress of Aboriginal and Torres Strait Islander Nurses (CATSIN) provide a network of mentors and role models.

## PRIORITIES

In situations where family or community members may not be able to provide ongoing support, education institutions and health service providers must develop mechanisms for lifelong access to Aboriginal and Torres Strait Islander mentors and role models. The programs themselves and individuals will inevitably change: the commitment, mechanisms and infrastructure for this lifelong support must be sustainable.

### 2.1.4 FINANCIAL SUPPORT FOR ABORIGINAL AND TORRES STRAIT ISLANDER STUDENTS

#### ISSUE

Aboriginal and Torres Strait Islander people experience higher levels of socioeconomic disadvantage than other Australians.<sup>15</sup> Poor access to adequate financial resources remains a contributing factor to lower Aboriginal and Torres Strait Islander education outcomes.<sup>16</sup>

#### CONTEXT

In order to mitigate such systemic financial disadvantage, a wide range of financial support is available to Aboriginal and Torres Strait Islander students through a mix of government scholarships and study schemes;<sup>17</sup> and industry, corporate and philanthropic programs.

The Australian Government scheme, ABSTUDY, is a major source of financial support in the form of living allowances for Aboriginal and Torres Strait Islander students. ABSTUDY provides funding and support for a broader range of activities than Austudy or the Youth Allowance. Additionally, scholarships for Aboriginal and

Torres Strait Islander students enrolled in health courses are funded by government schemes [such as the Puggy Hunter Memorial Scholarship Scheme<sup>18</sup> and Rotary Grants funded by the Department of Health and Ageing (DoHA)] and non-government schemes, [such as the Australian Medical Association (AMA) Indigenous Medical Scholarship and Rotary Scholarships]. DEEWR Commonwealth Indigenous Access Scholarships are a new student financial support initiative for Aboriginal and Torres Strait Islander students in university that will commence from 2008.

While there are a range of programs, no reliable information is available as to the nature, extent and universal availability of such programs given they come from a mix of government, industry, corporate and philanthropic sources. Further, no clear current national picture of the relationship between available financial support and education outcomes in relation to Aboriginal and Torres Strait Islander health workforce matters is available.

However, changes made to ABSTUDY in 2000 modified and limited a number of payment components.<sup>19</sup> An internal report of the then Department of Education, Science and Training found that:

*It does not appear that the majority of ABSTUDY tertiary students were disadvantaged financially by the ABSTUDY changes in 2000... Nevertheless, it is possible that the ABSTUDY changes played a contributing role in continuing weakness in enrolments through apprehensions in the Indigenous community, delayed responses to reductions in the real value of the ABSTUDY living allowance, and problems in service delivery.<sup>20</sup>*

A survey conducted by Universities Australia has found that Aboriginal and Torres Strait Islander students' general and study-related expenses are higher overall than those of non-Indigenous students; and that Aboriginal and Torres Strait Islander students are more likely to agree that their financial situation

is often a source of worry to them (72.5%) than non-Indigenous students (52.5%).<sup>21</sup>

Another serious financial impediment to Aboriginal and Torres Strait Islander access to higher education remains in the time limits imposed on some payments since Aboriginal and Torres Strait Islander students may take longer to complete their education program.<sup>22,23</sup>

## PRIORITIES

Given the desire to tap an untapped workforce market, systems and processes that maximise potential Aboriginal and Torres Strait Islander student outcomes need to be developed.

Rather than focusing on individual program inputs and their impacts on education outcomes, more research is required to develop reliable information about the *overall range* of available financial supports and whether access to equitable and universal support for developing the workforce is guaranteed.

Questions remain about the nature, extent and universality of necessary financial support to achieve optimal results. For example, are Aboriginal and Torres Strait Islander students in health-related fields missing out on equitable access to the full range of financial support? Does this vary in relation to the VET or higher education sectors? Such research would allow governments to review the availability of current sources of support, consider promotional strategies and penetration of the market, and identify the gaps in availability.

Examination of more flexible policy initiatives as potential solutions must also be undertaken. Potential solutions include:

- waiving Higher Education Contribution Scheme (HECS) fees for key target areas
- removing inbuilt disincentives to apply for some scholarships where, for example, ABSTUDY or other entitlements are reduced as a result of receiving the scholarship, or at least, closing any gaps between the payments and

- seriously considering the call for fully funded training places and full scholarships to close the gap between Aboriginal and Torres Strait Islander and non-Indigenous participation in the health workforce.<sup>24</sup>

The range of scholarships and other financial assistance schemes should also be coordinated more efficiently and marketed more strategically.

## 2.2 CULTURALLY SAFE LEARNING ENVIRONMENTS: THE INSTITUTIONAL CONTEXT

### 2.2.1 ABORIGINAL AND TORRES STRAIT ISLANDER REFORMS MUST BE 'BUILT IN' NOT 'BOLTED ON'

#### ISSUE

Aboriginal and Torres Strait Islander education initiatives across the education spectrum have, until recently, been seen as 'special' – somehow different from mainstream education concerns.

#### CONTEXT

At the policy level, the key direction in the *Australian Directions in Indigenous Education 2005–2008* is that initiatives for Aboriginal and Torres Strait Islander students should be 'built in' rather than 'bolted on'.<sup>25</sup> At the institution level, the tendency for education and health institutions has been to delegate 'everything Indigenous' to Aboriginal and Torres Strait Islander support units. Some symbolic development in some institutions has occurred [e.g. acknowledging Country, and National Aborigines and Islanders Day Observance Committee (NAIDOC) celebrations]. Partnerships have also been formed (e.g. establishing Aboriginal and Torres Strait Islander advisory groups).<sup>26</sup> However, improvements are often established and implemented by individual champions as a one-off production rather than as part of an ongoing program.<sup>27</sup> This approach is no longer

sustainable, and if left unchallenged, may contribute to the stigmatisation and separation of Aboriginal and Torres Strait Islander studies as something different to mainstream education endeavours. Worse, it may allow racism and the social exclusion of Aboriginal and Torres Strait Islander children to continue unchecked having obvious detrimental effects on their health and therefore participation in schooling.<sup>28</sup>

#### PRIORITIES

While Aboriginal and Torres Strait Islander health education and employment units remain critical to ensuring Aboriginal and Torres Strait Islander participation and success rates, faculties, departments and institutions *as a whole* must also take steps to provide culturally safe and optimal education/employment environments for Aboriginal and Torres Strait Islander people. Such approaches need to be nationally consistent, and implementation should be monitored and tied to government policy and funding levers.

#### 2.2.2 DECISION MAKING AND ORGANISATIONAL REFORM

##### ISSUE

While Aboriginal and Torres Strait Islander people tend to be involved in education and employment institutions in an advisory capacity, they are underrepresented on decision-making bodies.

##### CONTEXT

Aboriginal and Torres Strait Islander partnerships and ownership are prerequisites to culturally safe institutions. In order to achieve culturally safe education and employment environments for the Aboriginal and Torres Strait Islander health workforce, the dynamics of institutions will need to be changed to be truly embracing and respectful of Aboriginal and Torres Strait Islander needs and culture through two-way learning. Some institutions are leading the way by employing Aboriginal and Torres

Strait Islander academics at senior levels to lead strategic reform across the institution. Institution community partnerships need to be based on shared decision making, shared responsibility for outcomes and mutual respect.

IHEAC, in its 2006 report to the then Minister for Education, Science and Training, made recommendations to improve the participation of Aboriginal and Torres Strait Islander people in university governance and management.<sup>29</sup>

#### PRIORITIES

Organisational reform is required in order to increase the involvement of Aboriginal and Torres Strait Islander people in decision making about policy, planning, resources and the delivery of health courses. It means re-ordering current power-sharing and decision-making arrangements to ensure Aboriginal and Torres Strait Islander people are included meaningfully at all levels of the school, VET, university and clinical placement setting.

#### 2.2.3 CURRICULUM REFORM

##### ISSUE

Research has shown that if Aboriginal and Torres Strait Islander people see no account of their knowledge, values, history and experience in an education institution's curricula, they will have less reason to participate in its courses.<sup>30</sup> Research in the VET sector has shown that the *way* a course is delivered has a huge impact on Aboriginal and Torres Strait Islander retention and outcomes.<sup>31</sup> The presence of their values and experience in curricula also affects the retention of Aboriginal and Torres Strait Islander students enrolled in health qualifications.<sup>32</sup>

##### CONTEXT

Curriculum reform is a critical aspect of ensuring that the learning environment is culturally safe for Aboriginal and Torres Strait



Islander students. The *National Aboriginal Health Strategy* (1989) recommended that all undergraduate and postgraduate courses for health professionals include the compulsory study of Aboriginal culture, history and health issues as part of formal course work.<sup>33</sup> While higher education curricula is the responsibility of individual universities, national frameworks can be established (e.g. the *CDAMS Indigenous Health Curriculum Framework*).<sup>34</sup> National curricula frameworks in higher education and nationally endorsed VET curricula have the potential to produce health personnel who are more likely to be trained in a nationally consistent manner.

#### PRIORITIES

Implementing the *CDAMS Indigenous Health Curriculum Framework*, for example, will require staff development, resource allocation and decision-making structures to be reviewed.

In the VET sector, the current roll-out of the eight new national Aboriginal Health Worker qualifications needs to be supported. This support should include professional development for trainers, a national registration scheme, and establishment of a representative network/association for Aboriginal Health Workers.

Other disciplines also need to consider developing compulsory Aboriginal and Torres Strait Islander curricula. This could complement the specific Aboriginal and Torres Strait Islander studies curricula taught by Aboriginal and Torres Strait Islander research and academic centres.

## 2.2.4 QUALITY TEACHING AND QUALITY LEARNING

### ISSUE

Most Aboriginal and Torres Strait Islander health curricula rely on *ad hoc* funding and individual champions. Quality teaching and learning is not sustainable in this environment.

### CONTEXT

Some recent promising changes to nursing,<sup>35</sup> medical<sup>36</sup> and some postgraduate level health curricula<sup>37</sup> have occurred, and this must be linked to quality assurance processes if we are to objectively measure outcomes in quality and student education outcomes.<sup>38</sup> Care must be taken not to teach from a cultural deficit model, where it is often presumed the Aboriginal and Torres Strait Islander student and their worldviews are lacking. Instead, cultural understanding models where teaching *for* Aboriginal and Torres Strait Islander students is the norm should be encouraged.<sup>39</sup>

### PRIORITIES

A comprehensive approach must be developed by education institutions, possibly as follows:

- student outcomes statements should be amended to include Aboriginal and Torres Strait Islander-related proficiencies (targets)
- professional development and design of curricula should be inclusive of Aboriginal and Torres Strait Islander leadership (implementation)
- Aboriginal and Torres Strait Islander curricula should be reviewed regularly (evaluation) and
- accrediting agencies should include Aboriginal and Torres Strait Islander health standards in their professional accreditation guidelines (quality assessment).<sup>40</sup>

### 2.2.5 LITERACY AND NUMERACY, INCLUDING SCIENCE AND MATHEMATICS LITERACY

#### ISSUE

Aboriginal and Torres Strait Islander students are achieving well below the national averages in English literacy and numeracy. Students who are considering health-related courses, often have not been encouraged or supported in taking prerequisite secondary mathematics and science courses.<sup>41</sup>

#### CONTEXT

Teachers and institutions should not assume that 'if Aboriginal and Torres Strait Islanders simply learned proper English and mathematics then everything would be okay.' This standpoint ignores the primacy of Aboriginal and Torres Strait Islander languages and Aboriginal and Torres Strait Islander peoples' experience with colonisation and ongoing institutional racism. Literacy and numeracy can be taught as a part of regular health-related training, rather than as stand-alone courses. Where they and other subjects are taught in an Aboriginal and Torres Strait Islander way, it is likely to increase the relevance and applicability of the study in the student's mind.<sup>42</sup>

#### PRIORITIES

Increasing the number of Aboriginal and Torres Strait Islander secondary students undertaking mathematics and science prerequisites, as well as pre-entry courses for tertiary health-related courses, is a high priority and needs to be delivered *in a culturally appropriate manner* and resourced accordingly. A range of approaches to literacy and numeracy, including accelerated learning programs, should be evaluated to assess their ability to assist in this area.<sup>43</sup>

### 2.2.6 STAFF DEVELOPMENT

#### ISSUE

Successful implementation of Aboriginal and Torres Strait Islander health curricula rely on the capacity of staff to deliver them.

#### CONTEXT

Making education institutions more accessible to Aboriginal and Torres Strait Islander students will necessarily require up-skilling all staff. Aboriginal and Torres Strait Islander staff will require realistic career development pathways that are cognisant of the extra community obligation placed upon them as academic knowledge exchange brokers.

DEEWR provides staff scholarships for Aboriginal and Torres Strait Islander academic and general staff in higher education institutions who have actively encouraged Aboriginal and Torres Strait Islander students to participate in, and complete their higher education courses. The scholarships enable staff to take one year of leave from their university employment to undertake full-time higher education study in their chosen area. Anecdotal evidence suggests the financial support levels for Aboriginal and Torres Strait Islander academic staff scholarships however, is often relatively low, particularly for mature age students with family obligations and commitments.

#### PRIORITIES

Aboriginal and Torres Strait Islander people should be employed across all academic, management and administrative levels of education and health institutions. They require appropriate scholarships to undertake professional development. Cultural and community development activities need to be recognised as a critical part of their workload.

Non-Indigenous staff will require access to cultural safety training as part of their orientation, and to professional development opportunities to develop their capacity in Aboriginal and Torres Strait Islander-related research, teaching and knowledge exchange (e.g. public lectures, ethics training, volunteer work and community protocol training).

## 2.2.7 REDEFINING THE ROLE OF AUSTRALIAN INDIGENOUS EDUCATION WORKERS (AIEWS)

### ISSUE

AIEWS play a critical role in supporting Aboriginal and Torres Strait Islander students, including through providing career guidance.

### CONTEXT

Career counsellors are often ill-equipped to deal with the needs of Aboriginal and Torres Strait Islander students (due to a lack of cultural knowledge, poor expectations, overwork and inexperience). Drysdale, Faulkner and Chesters (2006) report that:

- supporting and encouraging Aboriginal and Torres Strait Islander students is best undertaken by a person other than a career coordinator and
- only 58% of career counsellors have some literature about Australian medical courses on hand.<sup>44</sup>

The role of AIEWS varies between schools and could be strengthened in the area of career guidance. AIEWS need to be allowed to provide cultural and personal support to students in transition. Conversely, primary, secondary and tertiary institutions can not leave Aboriginal and Torres Strait Islander student support solely to AIEWS or their equivalents, and must develop comprehensive support mechanisms in partnership with parents and communities as a prerequisite for their Indigenous-related student funding.

All education providers receiving funding under DEEWR's Supplementary Recurrent Assistance element of the Indigenous Education Programme are required to report on formal training undertaken by AIEWS. While AIEWS and their training are the responsibility of the education provider, funding guidelines may be developed to ensure AIEW training and role clarification allows them to undertake career advising support work.

## PRIORITIES

AIEWS or their equivalents in primary and secondary schools need institutional support for and access to training and mentoring in career guidance.

## 2.3 ENABLING THE SYSTEM

### 2.3.1 HEALTH AND EDUCATION SECTOR COLLABORATION

#### ISSUE

No direct negotiation mechanisms exist for tying health workforce needs to the planning and education outputs of health science faculties and relevant registered training providers.<sup>45</sup>

#### CONTEXT

Workforce planning is mediated by the national education system, without adequate information about the specific discipline-based needs of the health sector.

At the ministerial level, the AHMC and MCEETYA are responsible for coordinating health and education policy respectively across the Australian, State and Territory governments. These bodies will meet annually to discuss the health workforce. The focus is on mainstream issues, particularly in regard to medical professions. The VET sector requires appropriate representation at this level, as does the Aboriginal and Torres Strait Islander health workforce.

At the advisory body level, the NATSIHC, Aboriginal and Torres Strait Islander Health Workforce Working Group (ATSIHWWG), IHEAC, and the Indigenous VET Advisory Taskforce advise on Aboriginal and Torres Strait Islander health and education policy. However, this does not guarantee that Aboriginal and Torres Strait Islander health workforce needs are addressed at the decision-making levels (i.e. by officials or ministers).

## PRIORITIES

A national policy priority continues to be to improve links between the health and education sectors to address the needs of the Aboriginal and Torres Strait Islander health workforce. Consideration must also be given to supporting collaboration at local levels (e.g. by developing mechanisms for Aboriginal and Torres Strait Islander health service providers to negotiate on a State and regional basis with education providers regarding their workforce needs).

### 2.3.2 ABORIGINAL AND TORRES STRAIT ISLANDER HEALTH EDUCATION FUNDING

#### ISSUE

Funding for health qualifications from DEEWR to education institutions is based on enrolments alone without sustainable input from the health sector, including Aboriginal and Torres Strait Islander community-controlled health organisations. No sustainable direct negotiation mechanisms exist for tying health workforce needs to the planning and education outputs of education providers.<sup>46</sup>

At a systemic level, funding models concentrate on training delivery but do not take account of the additional support required to help Aboriginal and Torres Strait Islander people complete their health qualification.

#### CONTEXT

DEEWR is responsible for funding VET and higher education health-related courses. Funding is provided to higher education providers by DEEWR for each student place and education institutions are responsible for allocating resources to support Aboriginal and Torres Strait Islander health education. Clinical training is funded by DoHA.

Funding for Aboriginal and Torres Strait Islander centres in universities is through the Indigenous Support Program (ISP).

To be eligible for ISP, universities are required to demonstrate that they have

- an Aboriginal and Torres Strait Islander employment strategy
- Aboriginal and Torres Strait Islander involvement in decision making and
- strategies for improving access, participation and success for Aboriginal and Torres Strait Islander students.

## PRIORITIES

Funding needs to be negotiated by the education and health portfolios with input from Aboriginal and Torres Strait Islander health organisations. Funding models should be reviewed and consideration be given to tying funding to the existence of comprehensive Aboriginal and Torres Strait Islander education strategies on agreed criteria covering leadership, curricula, quality and outcome/completions measures.

### 2.3.3 TRANSITIONS ARE CRITICAL ISSUE

Future members of the Aboriginal and Torres Strait Islander health workforce will not be attracted to, or may drop out of, pathways into health occupations if education and employment transitions (linked support) are not flexible and appropriately resourced.

#### CONTEXT

In the context of national skills shortages, smooth and supported transitions will create a bigger pool of people for the Aboriginal and Torres Strait Islander health workforce to draw on. Transitions refers to the links for support between institutions, such as:

- mentoring, encouraging primary school students to succeed and experiential visits to high school to meet AIEWs and Aboriginal and Torres Strait Islander students



- ensuring high school students access homework classes, extra tutorials, role models and mentors, cultural support and information about career course prerequisites (e.g. the Aboriginal and Islander Tertiary Aspirations Program in Queensland and the Northern Territory enjoyed marked success in this area in the 1990s in terms of matriculation and higher education entry rates)<sup>47</sup>
- articulated pathways between VET in schools, VET and university
- specific programs that encourage high school students to consider, prepare and apply for VET or university courses (including careers camps, promotional activities, making personal contact with university Aboriginal and Torres Strait Islander education support units, making clear the availability of cultural and academic support, and financial and accommodation options)<sup>48</sup>
- postgraduate training pathways and
- career transitions, including within the health workforce.

A VET student survey by the Community Services and Health Industry Skills Council highlighted that there need to be resources developed around potential career pathway options.<sup>49</sup>

The Australian, State and Territory governments have policies and programs in place to support Aboriginal and Torres Strait Islander students' transitions.<sup>50</sup> However, a more coordinated approach from a whole-of-life perspective is needed, where linked support services between institutions complement the articulated pathway itself. For example, IHEAC is encouraging universities to take responsibility for reaching back into schools and communities to *boost perceptions* of the attainability and relevance of higher education and to equip more young Aboriginal and Torres Strait Islander people for university.

## PRIORITIES

All governments must, in partnership with Aboriginal and Torres Strait Islander people and communities, and education and health professionals, develop a system for seamless, supported transitions for linking support *between* the primary, secondary, VET and higher education (including postgraduate) and employment sectors. In particular, a focus on VET in schools and VET may achieve the greatest boost to the number of people in the Aboriginal and Torres Strait Islander health workforce.<sup>51</sup> Further work on horizontal articulation pathways is also needed (e.g. for Aboriginal Health Workers, enrolled nurses and for medical professionals wishing to specialise, re-skill or re-train in another area). These multiple and flexible pathways must take into account people's life stages, education, socioeconomic background and cultural context.

### 2.3.4 EVIDENCE-BASED INTERVENTIONS AND QUALITY DATA

#### ISSUE

Developing an effective Aboriginal and Torres Strait Islander health workforce will require sound planning based on quality data and evaluation mechanisms. Policy and program interventions must be evidence based, evaluated, supported by action research and appropriate infrastructure/resources.

#### CONTEXT

Work is underway to develop more accurate Aboriginal and Torres Strait Islander health data (for example, not all State and Territory medical registration authorities maintain Aboriginal and Torres Strait Islander identifiers).<sup>52</sup>

The Australian Health Ministers' Advisory Council (AHMAC) is funding several projects to:

- update macro demand and supply data



- undertake specialty workforce modelling and
- develop national data sources (for DEEWR and VET data).

It is not clear if any of these projects will specifically benefit Aboriginal and Torres Strait Islander health workforce planning.

While several best practice projects have been identified (e.g. medical<sup>53</sup> and nursing accreditation<sup>54</sup> changes, the Dare to Lead Program<sup>55</sup> and the national Aboriginal Health Worker competencies), few have been formally evaluated. Evaluation needs to be a high priority if the evidence base required in the future is to be developed. No mechanism exists to formally share best practice recruitment, and education and retention models nationally, or to ensure these are integrated across government programs.

#### PRIORITIES

Governments must invest in research to measure the demand and supply needs of the Aboriginal and Torres Strait Islander health workforce. This should include the development of an Aboriginal and Torres Strait Islander health workforce/education database, and action research that identifies areas of need and develops the theoretical and measurement bases for quality interventions. Targeted activities should be funded for evaluation in the future. These processes will benefit from active collaboration between research institutions, government departments and health and education providers.

#### 2.3.5 REGIONAL VARIANCE

##### ISSUE

Health workforce needs differ geographically. Workforce planning mechanisms that address the needs of all regions are required.

##### CONTEXT

Regional health service providers do not have direct health workforce planning relationships with education providers (although an academic clinical training system does exist in rural clinical schools and university departments of rural health).

One of the priorities in Rural Health Workforce Australia's *Strategic Plan 2007–2010* is to ensure that future health professionals are attracted to rural and remote health careers.<sup>56</sup> Given that most Aboriginal and Torres Strait Islander people live in urban areas, care must be taken to ensure that workforce needs are not only addressed in a rural or remote health workforce context.

##### PRIORITIES

The health and education portfolios must work together to allow quality regional and State Aboriginal and Torres Strait Islander health workforce plans to be developed and resourced. National funding formulae and evaluation frameworks need to be developed, which then translate to State and regional joint planning and implementation.

### 2.3.6 EQUAL ACCESS, PARTICIPATION AND OUTCOMES

#### ISSUE

Aboriginal and Torres Strait Islander people are under-represented in the health workforce and higher education health qualifications.

#### CONTEXT

Equal access to, and participation in, education is identified in policy frameworks by all levels of government. Aboriginal and Torres Strait Islander advisory bodies continue to advocate improvements in this area (e.g. IHEAC, in its 2006 report to the then Minister for Education, Science and Training, identified improving rates of success, retention and completion for Aboriginal and Torres Strait Islander students as a priority for action.)<sup>57</sup> High-level reporting on progress made under policy frameworks and/or bilateral funding arrangements has not led to equal participation or outcomes in education for Aboriginal and Torres Strait Islander people.

#### PRIORITIES

Actioning governments' commitment to achieve equal participation and outcomes for Aboriginal and Torres Strait Islander Australians in education will require:

- national target setting that includes the views of government, community, corporate and philanthropic sectors
- long term bipartisan political commitment and
- funding to address issues.

Governments need detailed implementation plans to ensure Aboriginal and Torres Strait Islander people have access to health courses and achieve successful outcomes. Implementation plans should include achievable milestones and reporting frameworks – and be tied to government funding arrangements.

### 2.3.7 CORE COMPETENCIES AND STANDARDS

#### ISSUE

A national approach to core competencies and standards for health professionals wishing to work in Aboriginal and Torres Strait Islander health does not exist.

#### CONTEXT

Aboriginal and Torres Strait Islander health is emerging as a specialty discipline and, like other areas of professional education, will require a comprehensive approach to setting curricula and standards in education and training.

In the VET sector, nationally endorsed units of competency have been developed for eight Aboriginal Health Worker qualifications.<sup>58</sup>

Nationally agreed curricula, competencies and standards will be aided by establishment of a national registration and accreditation system. COAG has agreed to establish, by July 2008, a single national registration scheme for health professionals, beginning with the nine professions currently registered in all jurisdictions: medical practitioners, nurses and midwives, pharmacists, physiotherapists, psychologists, osteopaths, chiropractors, optometrists and dentists. COAG noted that other professional groups (including Aboriginal Health Workers) may be added.<sup>59</sup>

#### PRIORITIES

Other health science disciplines need to consider developing specific core competencies for Aboriginal and Torres Strait Islander health, and standards/registration mechanisms. This needs to be done in a collaborative and multidisciplinary way that ensures Aboriginal and Torres Strait Islander leadership and ownership of the infrastructure and processes that support this work.

### 2.3.8 CLARIFYING THE ROLES OF ABORIGINAL HEALTH WORKERS

#### ISSUE

Recent significant developments have improved the professional recognition of Aboriginal Health Workers in terms of national endorsement for competencies for eight Aboriginal Health Workers qualifications.<sup>60</sup> However, within the health sector's occupation hierarchy, the role of Aboriginal Health Workers remains undervalued, particularly in relation to role substitution.

#### CONTEXT

Health workforce shortages and changing service delivery needs, due to changing demographics and disease profiles, are fuelling discourse around new job roles and role substitution in health workforce planning.<sup>61</sup> Changes to job roles (including substitution of specific tasks by occupation groups that have not traditionally performed those tasks) will require:

- clear identification of the substitution of tasks
- protocols to identify which patients will benefit from task substitution
- clarification of supervisory arrangements and
- negotiation of salary arrangements.<sup>62</sup>

They may be supplemented by a nationally agreed clear description of roles and responsibilities for Aboriginal Health Workers.

#### PRIORITIES

To clarify the roles and responsibilities of Aboriginal Health Workers, this occupation group should be included in COAG's national accreditation and registration scheme as soon as practicable. However, in order to meet the health care needs of Aboriginal and Torres Strait Islander people, flexibility will need to be integrated into role definitions for Aboriginal Health Workers, and all other health professionals working in Aboriginal and Torres Strait Islander health settings.

The position of Aboriginal Health Workers in the health workforce could be improved by establishing an Aboriginal Health Worker professional body that can assist Aboriginal Health Workers to contribute to national workforce planning and policy processes.

### 2.4 LEADERSHIP FOR CHANGE

#### 2.4.1 LEADERSHIP IN ABORIGINAL AND TORRES STRAIT ISLANDER HEALTH EDUCATION ACROSS THE EDUCATION SPECTRUM

#### ISSUE

Given the extent and nature of Aboriginal and Torres Strait Islander health and education disadvantage, it will not be sufficient to wait for incremental approaches to recruitment, retention and graduation of Aboriginal and Torres Strait Islander health science students to filter through the health workforce education system at current rates.

#### CONTEXT

Leadership programs, such as Dare to Lead, are having positive impacts on the ability of school principals to engage with and address Aboriginal and Torres Strait Islander education needs. Some higher education and VET sector institutions enjoy the benefits of similar leadership (e.g. through adoption of Aboriginal and Torres Strait Islander student service charters in the VET sector).

#### PRIORITIES

School principals, directors of training institutions, vice-chancellors of universities and health employers must develop comprehensive approaches to Aboriginal and Torres Strait Islander education and professional development within their institutions (i.e. strategies, action and evaluation plans, and reporting mechanisms). Government funding should be tied to development of these plans and to education outcomes of Aboriginal and Torres Strait Islander students.

#### 2.4.2 ABORIGINAL AND TORRES STRAIT ISLANDER LEADERSHIP IS ESSENTIAL

##### ISSUE

Aboriginal and Torres Strait Islander leadership and ownership is a hallmark of a culturally safe institution, and is more likely to facilitate positive Aboriginal and Torres Strait Islander engagement with the education and health sectors.

##### CONTEXT

Aboriginal and Torres Strait Islander peoples participation in planning and implementing their health care is a human right.<sup>63</sup> Where Aboriginal and Torres Strait Islander people's leadership and decision making is strong, the likelihood of success of education and health interventions increases.<sup>64</sup>

It is acknowledged that many national strategies, such as *Partners in a Learning Culture: Australia's National Aboriginal and Torres Strait Islander Strategy for VET*, include objectives to increase involvement of Aboriginal and Torres Strait Islander people in decision making about policy, planning, resources and service delivery. As a caution, this does not mean Aboriginal and Torres Strait Islander health or education staff must be left alone to carry the weight of reforming the institution.<sup>65</sup>

##### PRIORITIES

It is essential that education institutions develop mechanisms to mentor and promote Aboriginal and Torres Strait Islander staff to senior decision-making positions, and ensure Aboriginal and Torres Strait Islander people are part of decision-making and leadership forums.

#### 2.4.3 CELEBRATING SUCCESS

##### ISSUE

In an environment where Aboriginal and Torres Strait Islander education and health disadvantage is pervasive, it is easy for workers and students to feel that achieving goals or making positive change is impossible.

##### CONTEXT

Celebrating success brings our attention to the excellent work that is happening, creates positive belief that further change is possible, and inspires students and staff alike to continue to work towards worthwhile goals. For example, in the field of human resource management, professional recognition is an acknowledged catalyst for better performance.

While a range of student scholarships are available to celebrate and reward success with a view to extending achievement, few avenues are available for recognition of institutional reform and community partnerships for curriculum reform. The LIMELight Awards<sup>66</sup> in medical education and the new National Aboriginal and Torres Strait Islander Health Excellence Awards are positive steps in this direction, but need to be considered in all disciplines. Similarly, the VET training awards is an excellent achievement-focused scheme, but has no specific Aboriginal and Torres Strait Islander health-related award.

##### PRIORITIES

A national award scheme for excellence in Aboriginal and Torres Strait Islander health workforce should be developed, possibly as a part of the new National Aboriginal and Torres Strait Islander Health Excellence Awards. Mechanisms to share success stories within and between the health and education sectors also need to be developed.

### 3. THE POLICY ENVIRONMENT

This section outlines the existing policy frameworks and structures that play important roles in Aboriginal and Torres Strait Islander health workforce development.

#### 3.1 COUNCIL OF AUSTRALIAN GOVERNMENTS

COAG is a key strategic driver in developing the Aboriginal and Torres Strait Islander health workforce, particularly through HWPC and the Health Workforce Taskforce. COAG has committed to:

- reforming Australia's health workforce in response to the Productivity Commission's findings, chief among them a national accreditation and registration scheme
- the human capital agenda, including Aboriginal and Torres Strait Islander target areas
- developing a series of working groups, including on Aboriginal and Torres Strait Islander affairs and
- working with MCEETYA on youth transitions from school to employment.

On 14 January 2008, COAG issued a communiqué stating they would be '...measuring the cost-effectiveness of Aboriginal and Torres Strait Islander programs as a means of informing better policy making in Indigenous affairs,' and that all jurisdictions have agreed to

'...cooperate in the development of a national framework for reporting expenditure on Indigenous services. The national framework will comprise expenditure by all jurisdictions, at both Australian and State/Territory levels and will seek to include both Indigenous specific and mainstream spending on services for Indigenous Australians in areas such as: education; justice; health; housing; community services; employment; and other significant expenditure.'<sup>67</sup>

Additionally, COAG's package of health workforce reforms in response to the Productivity Commission's report on Australia's health workforce recognised that workforce requirements of groups with special needs are not always addressed as part of mainstream policy formulation and recommends that AHMC 'ensure that all broad institutional health workforce frameworks make explicit provision to consider the particular workforce requirements of groups with special needs,' including Aboriginal and Torres Strait Islander people.<sup>68</sup>

These may be key policy opportunities in terms of a coordinated whole-of-government agenda on Aboriginal and Torres Strait Islander affairs, and the focus on health workforce through AHMC.

#### 3.2 THE HEALTH SECTOR

##### 3.2.1 AHMC AND AUSTRALIAN HEALTH MINISTERS' ADVISORY COUNCIL

AHMC and AHMAC have committed to:

- working with MCEETYA on health workforce issues
- the *National Aboriginal and Torres Strait Islander Health Strategic Framework* and Performance Measures and
- the goals contained in the *Aboriginal and Torres Strait Islander Health Workforce Strategic Framework* and Action Plan ('the Yellow Book').

AHMC and AHMAC are forums for agreeing on policy and project priorities. However, funding for the implementation of agreed work plans is not guaranteed, such as in the case of the Aboriginal and Torres Strait Islander Health Workforce Strategic Framework and Action Plan. Similarly, when AHMAC agreed in 2007 to \$4 million in funding for health workforce projects, this did not include a specific Aboriginal and Torres Strait Islander health workforce project.

AHMAC is supported by HWPC. HWPC has the opportunity to link its activity regarding COAG's health workforce agenda to COAG's



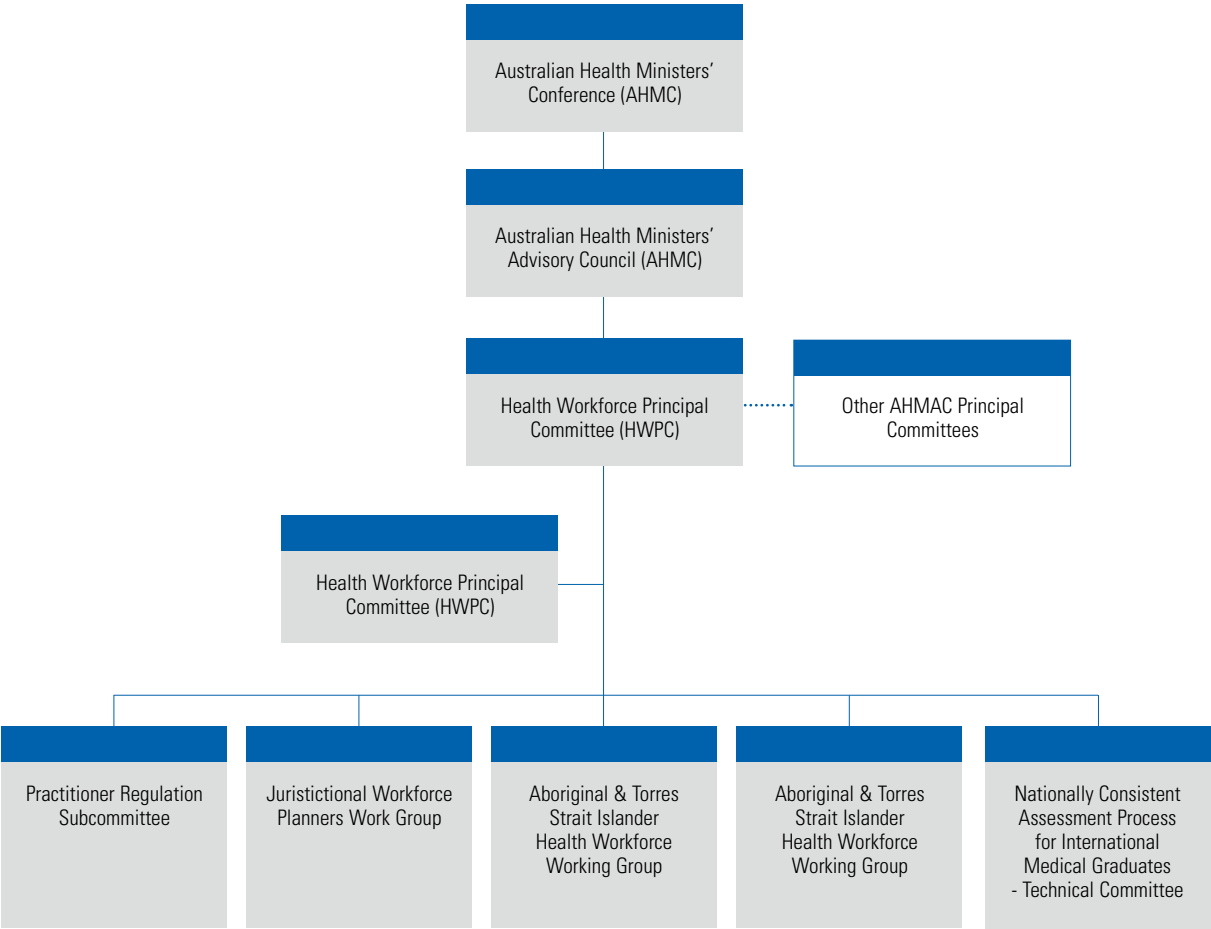
other agenda in Aboriginal and Torres Strait Islander health, including in whole-of-government planning, education, housing and employment. Similarly, HWPC and the Health Workforce Taskforce need to approach their work collaboratively with the education sector.

At the advisory level, NATSIHC advises AHMAC and the Australian Government Minister for Health and Ageing. ATSIHWWG provides advice and undertakes initiatives to support HWPC on Aboriginal and Torres Strait Islander health workforce matters. ATSIHWWG also has responsibility for the 'Yellow Book'. The final review of the 'Yellow Book' provides a further opportunity to focus and support action on Aboriginal and Torres Strait Islander health workforce matters.

3.2.2 DEPARTMENT OF HEALTH AND AGEING

DoHA has primary carriage of the nation's Aboriginal and Torres Strait Islander health workforce strategy and programs. DoHA will retain a key national strategic position in ensuring better Aboriginal and Torres Strait Islander health workforce outcomes, and should develop the ability to jointly set national targets and a national implementation plan with other stakeholders, including the Department of Education, Employment and Workplace Relations perhaps through HWPC. DoHA will also be central to developing clear reporting and accountability frameworks.

FIGURE 1: Health Workforce Principal Committee structure.



### 3.3 EDUCATION AND EMPLOYMENT SECTOR

#### 3.3.1 PRIME MINISTER'S SCIENCE, ENGINEERING AND INNOVATION COUNCIL

The Prime Minister has a ministerial council on science and innovation comprising key ministers and leaders from the scientific community. The council is formally known as the Prime Minister's Science, Engineering and Innovation Council (PMSEIC). Its secretariat is located in the Department of Innovation, Industry, Science and Research.

PMSEIC has significant influence in determining and addressing priorities for the nation. In the past, the council has provided advice on important issues in science and relevant aspects of education and training; and examined the contribution of science to the innovative capacity, and economic and social development of Australia. A working group will shortly report to the Prime Minister on Aboriginal and Torres Strait Islander health, specifically regarding maternal, foetal and post-natal health. A previous working group on climate change in Australia has highlighted the fact that Australia needs to protect communities with lower adaptive capacity that are most at risk, including Aboriginal and Torres Strait Islander communities.<sup>69</sup> Issues such as these have implications for the Aboriginal and Torres Strait Islander health workforce.

In addressing scientific topics, the council has the potential to look at further Aboriginal and Torres Strait Islander health and health workforce issues.

#### 3.3.2 MINISTERIAL COUNCIL FOR EMPLOYMENT, EDUCATION, TRAINING AND YOUTH AFFAIRS

Commencing 2007, MCEETYA and AHMC have met annually to discuss improving the supply and distribution of the health workforce to better meet community needs.

MCEETYA's plan to prioritise Aboriginal and Torres Strait Islander education for the 2005 to 2008 period was endorsed in July 2006.<sup>70</sup> Implementation of its recommendations is shared across the States and Territories and education providers. Implementation of the priorities is supported by MCEETYA's Reference Group on Indigenous Education, which includes representatives of each of the school systems (State and Territory government and Catholic and Independent school systems) as well as a representative of the Indigenous Education Consultative Bodies.

Another policy framework for Aboriginal and Torres Strait Islander education is the *National Aboriginal and Torres Strait Islander Education Policy*. Its 21 goals have long been regarded as a credible framework for change. Remaining work needs to be identified, and all stakeholders will need to develop a national strategic direction and implementation plan for tying these goals to a national Aboriginal and Torres Strait Islander health workforce plan.

The Australian Education Systems Officials' Committee (AESOC), which consists of the heads of relevant Australian, State and Territory government departments, has identified partnerships, school leadership, quality teaching, pathways and systems enabling processes as high priorities for action.

#### 3.3.3 MINISTERIAL COUNCIL FOR VOCATIONAL AND TECHNICAL EDUCATION

One of the objectives of Australia's national strategy for VET from 2004 to 2010<sup>71</sup> is that 'Indigenous Australians will have skills for viable jobs and their learning culture will be shared.' This strategy has been agreed by all ministers responsible for VET.

*Partners in a Learning Culture* is linked to *Shaping our future* and is a strategy and blueprint to improve opportunities for Aboriginal and Torres Strait Islander Australians in VET. The revised blueprint (2004) includes priorities that aim to build VET

sector capacity through Aboriginal and Torres Strait Islander involvement; creating more pathways for Aboriginal and Torres Strait Islander people from school to training and employment; and developing culturally appropriate products and delivery.

The Indigenous VET Advisory Taskforce provides advice on implementing these policy frameworks to MCVTE through the National Senior Officials' Committee.

### 3.3.4 INDIGENOUS HIGHER EDUCATION ADVISORY COUNCIL

IHEAC is a high profile committee that advises the Australian Minister for Education, Employment and Workplace Relations. IHEAC has strategic and influential partnerships with Universities Australia (UA), the VET sector's Indigenous Advisory Taskforce and the Australian Education Union.

### 3.3.5 DEPARTMENT OF EDUCATION, EMPLOYMENT AND WORKPLACE RELATIONS

DEEWR has primary carriage for Aboriginal and Torres Strait Islander education and plays a role in addressing Australia's skills shortages.

DEEWR is responsible for negotiating and monitoring the multi- and bi-lateral funding agreements between the Australian Government and State/Territory governments. For example, the 2005–08 Australian–State Funding Agreement for Skilling Australia's Workforce aims to improve outcomes for Aboriginal and Torres Strait Islander people in VET. New funding agreements will be negotiated in 2008 for school, VET and Aboriginal and Torres Strait Islander education. This is an opportunity to improve funding models, include priorities for Aboriginal and Torres Strait Islander health education, and review reporting requirements.

Recent changes to departmental roles mean DEEWR now plays a role in training, employment transition programs and overall planning for national skill shortages.

## 3.4 ABORIGINAL AND TORRES STRAIT ISLANDER AFFAIRS

### 3.4.1 DEPARTMENT OF FAMILIES, HOUSING, COMMUNITY SERVICES AND INDIGENOUS AFFAIRS (FAHCSIA)

The previous Prime Minister and Cabinet's Department took a lead on radically reshaping Aboriginal and Torres Strait Islander affairs with themes of shared responsibility, economic development and whole-of-government approaches:

- it replaced Aboriginal and Torres Strait Islander representative arrangements with advisory groups (e.g. National Indigenous Council) and
- it focused on rural and remote Aboriginal and Torres Strait Islander communities, child protection, substance abuse and home ownership incentives that reshape land title arrangements.

The current Australian Government, through FaHCSIA, has committed to continue focusing on some of these areas, albeit in a markedly different form, and has committed to consult on the development of an Aboriginal and Torres Strait Islander representative body.

The most critical policy opportunity in the Aboriginal and Torres Strait Islander health workforce reform agenda is the whole-of-government approach, and efforts to strengthen health and education sector collaboration can be credibly argued as a practical and clear initiative in this regard.

### 3.4.2 HUMAN RIGHTS AND EQUAL OPPORTUNITY COMMISSION (HREOC)

HREOC's work in reporting on social justice and Aboriginal and Torres Strait Islander health matters, as well as its responses to the *Overcoming Indigenous Disadvantage Report*, provides a good overview of Aboriginal and Torres Strait Islander health issues.

In particular, the Social Justice Commissioner's call for performance measures and accountability frameworks to close the life expectancy gap within 25 years has gained social and political currency as a reasonable national public policy target.<sup>72</sup>

#### 4. SUPPLY AND DEMAND DATA ANALYSIS

This section provides an overview of the Australian health workforce to provide some context for Aboriginal and Torres Strait Islander health workforce issues. It provides an overview of the number of Aboriginal and Torres Strait Islander students enrolled in health courses and contrasts this supply data with the growth in the Aboriginal and Torres Strait Islander health workforce required to address the under-representation of Aboriginal and Torres Strait Islander people in Australia's health workforce.

##### 4.1 AUSTRALIA'S HEALTH WORKFORCE

In 2006, 601 750 Australians were employed in health occupations, accounting for approximately 6% of the total workforce:

- nursing occupations made up 46%
- the medical group accounted for approximately 9% and
- allied health workers represented approximately 36% of the health workforce.<sup>73</sup>

The proportion of allied health workers has increased significantly from 9% in 2001.

The supply of graduates for Australia's health workforce has not kept pace with demand. In 2005, the Productivity Commission reported that 'Australia is experiencing workforce shortages across a number of health professions despite a significant and growing reliance on overseas trained health workers,' who now make up 25% of the overall medical workforce compared to 19% a decade ago.<sup>74</sup>

DEEWR maintains a list of occupations that are experiencing workforce shortages. At 30 July 2007,

occupations in demand included: dental specialist, dentist, dermatologist, emergency medicine specialist, general medical practitioner, hospital pharmacist, medical diagnostic radiographer, obstetrician, gynaecologist, occupational therapist, ophthalmologist, paediatrician, pathologist, physiotherapist, podiatrist, psychiatrist, radiologist, registered midwife, registered mental health nurse, registered retail pharmacist, nurse specialist, physician, speech pathologist, and surgeon.<sup>75</sup>

The Australian Government has substantially increased the number of higher education places in medicine, nursing and other health fields, including allocating over 1300 new places in allied health (excluding medicine and nursing) and 1600 new places in nursing which commenced in 2005. In 2006, the Australian Government, as part of its contribution to COAG's Mental Health and Health Workforce packages, allocated 605 new medical places, 1036 new general nursing places, 431 new mental health nursing places, 210 new clinical psychology places and 573 other health-related places, which commenced in 2007. In 2007, the Australian Government allocated a further 395 nursing places and 210 places in allied health and other health-related disciplines to commence in 2008, along with funding for 240 new places for a new School of Dentistry and Oral Health at Charles Sturt University. None of these new places have been specifically designated for Aboriginal and Torres Strait Islander students.

Any initiatives developed to address mainstream health workforce shortages, must include measures to grow the Aboriginal and Torres Strait Islander health workforce. However, special measures to develop the Aboriginal and Torres Strait Islander health workforce will also be needed given that:

- the health status of Aboriginal and Torres Strait Islander people is significantly below that of the non-Indigenous population
- Aboriginal and Torres Strait Islander health professionals play a unique and critical role in achieving positive

health outcomes for Aboriginal and Torres Strait Islander people<sup>76</sup> and

- Aboriginal and Torres Strait Islander people are currently significantly under-represented in Australia's health workforce.

## 4.2 ABORIGINAL AND TORRES STRAIT ISLANDER HEALTH WORKFORCE SUPPLY DATA

### 4.2.1 ABORIGINAL AND TORRES STRAIT ISLANDER STUDENTS UNDERTAKING HEALTH-RELATED COURSES IN THE HIGHER EDUCATION SECTOR

In 2006, 1661 Aboriginal and Torres Strait Islander students were enrolled in health fields of study in

the higher education sector, representing 1.1% of all students enrolled in health fields of study (see Tables 1&2). This proportion has remained stable since 2001. Within health fields of study, Aboriginal and Torres Strait Islander students are most likely to enrol in nursing and public health. Non-Indigenous students are most likely to enrol in nursing, psychology, medical studies and other health fields. While Aboriginal and Torres Strait Islander students are well represented in public and Aboriginal and Torres Strait Islander health, they are significantly under-represented in the fields of biology, applied science, pharmacy, optometry, radiography, dentistry, speech pathology, nutrition and dietetics, and occupational therapy.

**TABLE 1:** All enrolments for non-Indigenous students by selected detailed health fields of study (2001–2006).

Detailed fields (a)	2001		2002		2003		2004		2005		2006	
	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%
Biology	4 653	3.91	5 106	4.21	4 944	3.80	6 468	4.73	6 467	4.52	6 540	4.21
Applied science	4 885	4.11	5 592	4.61	6 955	5.35	8 360	6.11	8 537	5.97	9 706	6.25
Medical studies	12 825	10.79	13 254	10.93	13 525	10.40	13 791	10.08	15 265	10.68	16 406	10.57
Nursing	34 002	28.61	34 917	28.79	35 464	27.27	36 141	26.41	37 579	26.28	41 282	26.59
Pharmacy	3 883	3.27	4 217	3.48	4 568	3.51	5 094	3.72	5 640	3.94	5 997	3.86
Dental studies	1 508	1.27	1 564	1.29	1 577	1.21	1 901	1.39	2 149	1.50	2 432	1.57
Optometry	702	0.59	673	0.55	718	0.55	737	0.54	865	0.60	830	0.53
Public health	7 471	6.29	5 042	4.16	8 369	6.44	8 364	6.11	8 39	5.97	8 910	5.74
Radiography	2 269	1.91	2 297	1.89	2 530	1.95	2 641	1.93	2 718	1.90	2 799	1.80
Rehabilitation therapy	11 718	9.86	12 243	10.09	12 916	9.93	13 649	9.97	14 238	9.96	15 152	9.76
Complementary therapy	1 168	0.98	1 473	1.21	1 509	1.16	1 578	1.15	1 614	1.13	2 405	1.55
Other health	11 612	9.77	12 596	10.38	13 366	10.28	13 746	10.04	15 024	10.51	17 212	11.09
Psychology	22 164	18.65	22 326	18.41	23 612	18.16	24 376	17.81	24 361	17.04	25 566	16.47
<b>Actual total</b>	<b>118 860</b>	<b>100.00</b>	<b>121 300</b>	<b>100.00</b>	<b>130 053</b>	<b>100.00</b>	<b>136 846</b>	<b>100.00</b>	<b>142 996</b>	<b>100.00</b>	<b>155 237</b>	<b>100.00</b>
<b>DEST total (b)</b>	<b>115 518</b>		<b>122 460</b>		<b>127 963</b>		<b>134 595</b>		<b>140 088</b>		<b>152 046</b>	

Source: DEEWR Higher Education Statistics Collection.

a) Fields of study are based on the Australian Standard Classification of Education (ASCED).

b) DEEWR's Higher Education Statistics Collection takes into account the coding of combined courses to two fields of education. As a consequence, counting both fields of education for combined courses means that the totals may be less than the sum of all broad fields of education.

Note: Non-Indigenous figures include overseas students.



**TABLE 2:** All enrolments for Aboriginal and Torres Strait Islander students by selected detailed health fields of study (2001–2006).

Detailed Fields	2001		2002		2003		2004		2005		2006	
	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%
Biology	19	1.47	22	1.49	30	1.89	31	1.90	36	2.34	29	1.74
Applied science	18	1.39	22	1.49	26	1.64	30	1.84	32	2.08	38	2.27
Medical studies	104	8.02	134	9.07	126	7.94	121	7.41	122	7.92	132	7.90
Nursing	337	26.00	367	24.83	419	26.40	473	28.98	442	28.68	520	31.12
Pharmacy	5	0.39	10	0.68	6	0.38	9	0.55	9	0.58	12	0.72
Dental studies	3	0.23	3	0.20	6	0.38	4	0.25	7	0.45	10	0.60
Optometry	2	0.15	3	0.20	5	0.32	5	0.31	2	0.13	3	0.18
Public health	418	32.25	352	23.82	355	22.37	374	22.92	509	33.03	502	30.04
Radiography	8	0.62	5	0.34	7	0.44	9	0.55	8	0.52	7	0.42
Rehabilitation therapy	55	4.24	55	3.72	42	2.65	47	2.88	52	3.37	68	4.07
Complementary therapy	7	0.54	8	0.54	11	0.69	10	0.61	11	0.71	16	0.96
Other health	151	11.65	341	23.07	374	23.57	338	20.71	150	9.73	144	8.62
Psychology	169	13.04	156	10.55	180	11.34	181	11.09	161	10.45	190	11.37
<b>Actual total</b>	<b>1 296</b>	<b>100.00</b>	<b>1 478</b>	<b>100.00</b>	<b>1 587</b>	<b>100.00</b>	<b>1 632</b>	<b>100.00</b>	<b>1 541</b>	<b>100.00</b>	<b>1 671</b>	<b>100.00</b>
<b>DEST total (a)</b>	<b>1 285</b>		<b>1 337</b>		<b>1 431</b>		<b>1 488</b>		<b>1 528</b>		<b>1 661</b>	

Source: DEEWR Higher Education Statistics Collection.

a) DEEWR's Higher Education Statistics Collection takes into account the coding of combined courses to two fields of education. As a consequence, counting both fields of education for combined courses means that the totals may be less than the sum of all broad fields of education.

**TABLE 3:** Non-Indigenous student enrolments by selected health programs (2001–2006).

Programs	2001	2002	2003	2004	2005	2006
General medicine	7 109	7 142	7 141	7 387	8 549	9 492
General nursing	19 732	20 023	20 079	21 911	22 914	24 746
Midwifery	1 135	1 291	1 509	1 649	1 505	1 657
Dentistry (a)	1 355	1 411	1 427	1 584	1 770	1 962
Indigenous health	24	17	14	26	47	65
Physiotherapy	3 537	3 600	3 845	4 133	4 404	4 786
Occupational therapy	3 127	3 325	3 474	3 603	3 527	3 655
Speech pathology	1 648	1 766	1 770	1 803	1 939	2 055
Nutrition and dietetics	1 280	1 532	1 792	1 809	2 027	2 683
Psychology	17 732	17 534	18 728	19 796	19 712	20 726

Source: DEEWR Higher Education Statistics Collection.

The non-Indigenous numbers include overseas students.

a) Does not include 'dental assisting' or 'dental technology' as in Tables 1 and 2.

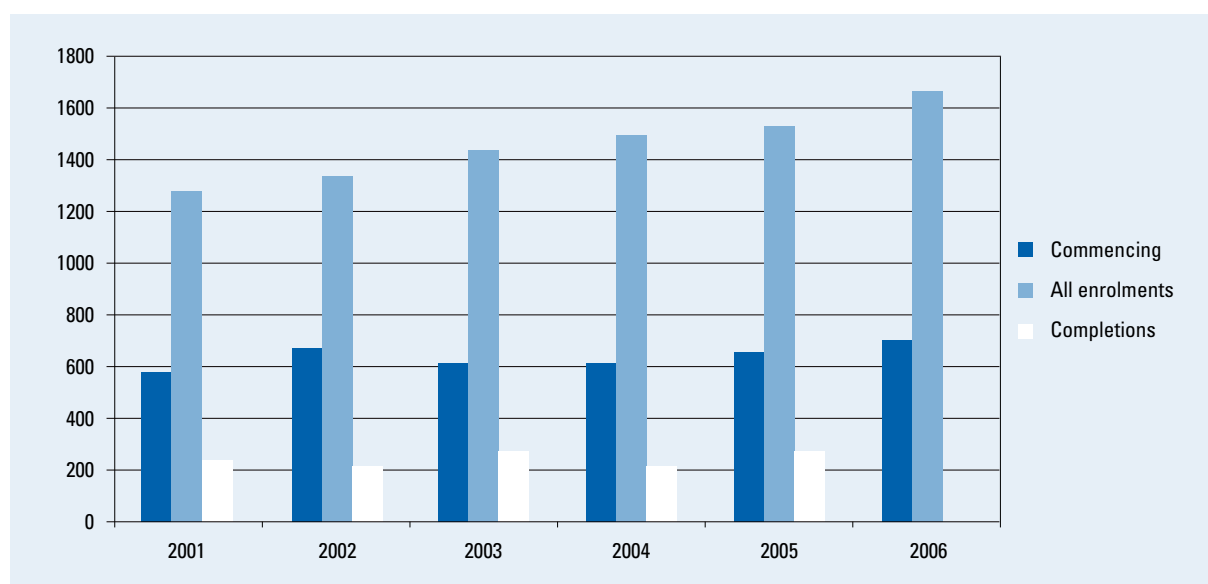
**TABLE 4:** Aboriginal and Torres Strait Islander student enrolments by selected health programs (2001–2006).

Programs	2001	2002	2003	2004	2005	2006
General medicine	72	98	89	86	87	98
General nursing	207	205	229	290	272	308
Midwifery	7	13	15	17	20	25
Dentistry	1	2	4	3	5	6
Indigenous health	236	89	121	149	327	287
Physiotherapy	32	28	24	20	19	29
Occupational therapy	9	12	7	12	16	15
Speech pathology	7	8	8	5	6	7
Nutrition and dietetics	1	53	53	53	4	11
Psychology	117	115	132	144	135	149

Source: DEEWR Higher Education Statistics Collection.

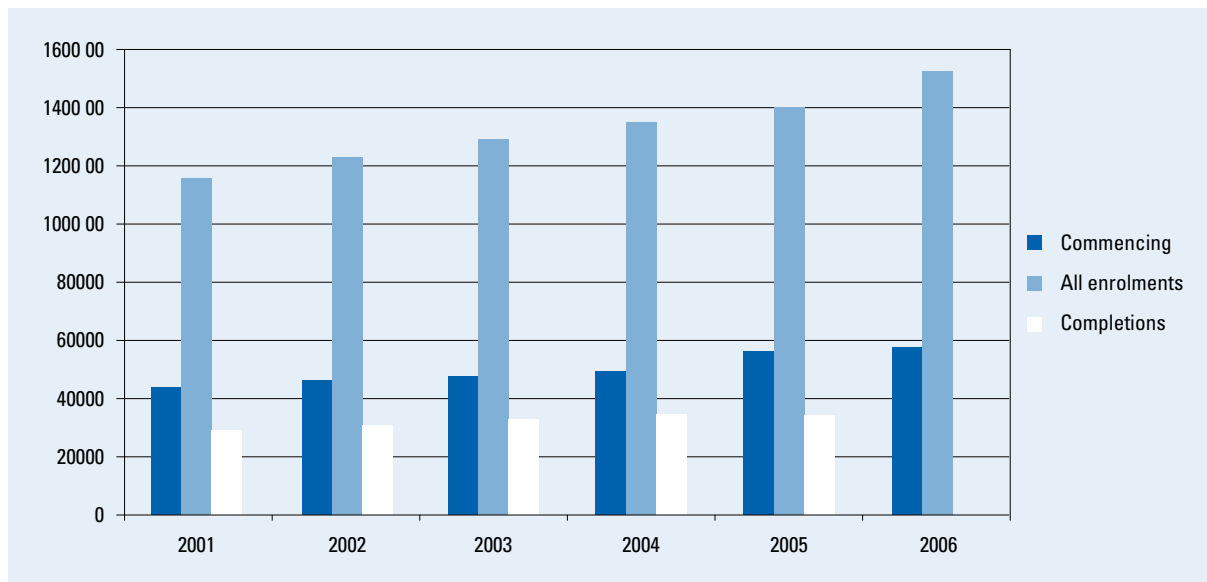
A smaller proportion of Aboriginal and Torres Strait Islander students who enrol in health fields of education are likely to

complete their education compared to non-Indigenous students (see Graphs 1&2).

**GRAPH 1:** Total broad field health enrolments (Aboriginal and Torres Strait Islander students) current, commencing and completing (2001–2006).

Source: DEEWR Higher Education Statistics Collection.

**GRAPH 2:** Total broad health enrolments (non-Indigenous students) current, commencing and completing (2001–2006).

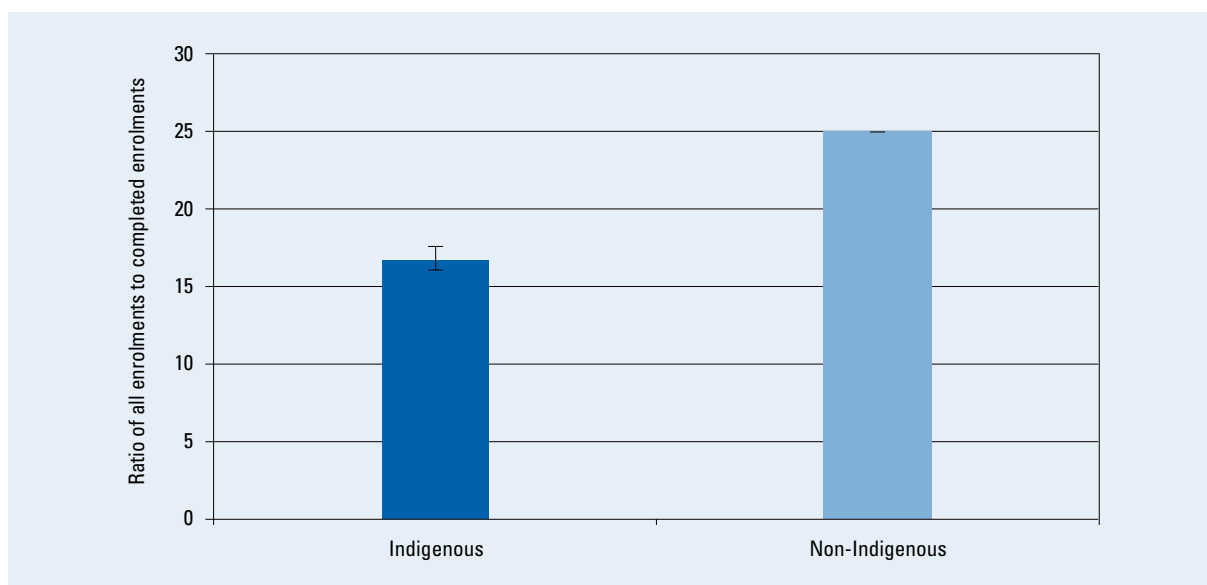


Source: DEEWR Higher Education Statistics Collection.

Approximately one non-Indigenous student completes their degree for every four non-Indigenous students enrolled (Graph 3). However, approximately one Aboriginal and Torres Strait Islander student completes their degree for every six Aboriginal and Torres Strait Islander

students enrolled. This may be a result of a higher drop-out rate or a delayed completion time amongst Aboriginal and Torres Strait Islander students. Also an increase in Aboriginal and Torres Strait Islander enrolments has occurred but these students may not yet have had time to complete their course.

**GRAPH 3:** Ratio of all broad field health enrolments to completed enrolments for Aboriginal and Torres Strait Islander and non-Indigenous students (2001–2006).



Source: DEEWR Higher Education Statistics Collection.

#### 4.2.2 LIMITATIONS OF DATA

Aboriginal and Torres Strait Islander student data relies on students self-identifying at enrolment and may therefore be under-represented.

The field of study categories need to be interpreted with caution. For example, 'dental studies' includes dentistry, dental assisting and dental technology and thus is not a record of the number of Aboriginal and Torres Strait Islander students training to become dentists.<sup>77</sup>

The data presented may also include enabling and bridging course enrolments and this may affect total numbers presented.

#### 4.2.3 VOCATIONAL EDUCATION AND TRAINING

Aboriginal and Torres Strait Islander students experience high participation rates in the VET sector. In 2006, 67 000 Aboriginal and Torres Strait Islander students were undertaking VET courses and qualifications.<sup>78</sup>

The largest numbers of Aboriginal and Torres Strait Islander and non-Indigenous students for each year (2001–2006 inclusive) were enrolled in 'public health'<sup>79</sup> followed by the field of 'other health' and then 'nursing' (Tables 5&6). Much work needs to be done in the fields of 'pharmacy' and 'optical science' with Aboriginal and Torres Strait Islander enrolments being reported as five or less in these fields. The percentage of Aboriginal and Torres Strait Islander to non-Indigenous students in these selected health fields has varied over the years from 3.7% (2003) to 5% (2006).

**TABLE 5:** Aboriginal and Torres Strait Islander VET course enrolments in selected fields of education (a) (2002–2006).

FIELD OF EDUCATION	2002	2003	2004	2005	2006
0601 – Medical studies	205	90	60	c	130
0603 – Nursing	220	190	170	245	355
0605 – Pharmacy	c	c	0	0	0
0607 – Dental studies	40	45	55	50	45
0609 – Optical science	c	c	5	5	5
0613 – Public health	2 815	3 190	2 135	2 435	2 855
0617 – Rehabilitation therapies	90	30	20	15	55
0619 – Complementary therapies	10	25	35	25	25
0699 – Other health	1 280	1 340	1 585	1 715	1 675
<b>Total (b)</b>	<b>4 660</b>	<b>4 910</b>	<b>4 065</b>	<b>4 490</b>	<b>5 145</b>

Source: National VET provider collection, 2006.

a The broad field of health education includes veterinary studies.

b Students may be enrolled in more than one course.

c Student numbers 1–4 inclusive for reasons of confidentiality.

**TABLE 6:** All VET course enrolments in selected fields of education (a) in Australia (2002–2006).

FIELD OF EDUCATION	2002	2003	2004	2005	2006
0601 – Medical studies	1 965	1 885	1 220	675	585
0603 – Nursing	11 455	11 000	13 140	15 645	17 630
0605 – Pharmacy	540	115	25	20	30
0607 – Dental studies	2 835	3 240	3 285	3 675	3 660
0609 – Optical science	880	890	910	970	1 070
0613 – Public health	42 595	69 995	46 335	39 965	39 955
0617 – Rehabilitation therapies	3 350	1 820	1 170	820	830
0619 – Complementary therapies	680	2 825	3 710	3 130	3 205
0699 – Other health	41 370	39 985	33 215	38 765	35 425
<b>Total (b)</b>	<b>105 670</b>	<b>131 755</b>	<b>103 010</b>	<b>103 665</b>	<b>102 390</b>

Source: National VET provider collection, 2006.

a The broad field of health education includes veterinary studies.

b Students may be enrolled in more than one course.

c Student numbers 1–4 inclusive for reasons of confidentiality.

Aboriginal and Torres Strait Islander VET students in the selected health fields of education are less likely than their non-Indigenous counterparts to be in receipt of an apprenticeship (Table 7). The field of 'dental studies' has the most

apprenticeships for both Aboriginal and Torres Strait Islander and non-Indigenous students. Almost 100% of Aboriginal and Torres Strait Islander enrolments in 'dental studies' is in receipt of an apprenticeship.

**TABLE 7:** VET course enrolments undertaken as part of Australian Apprenticeships by Aboriginal and Torres Strait Islander status (2006).

FIELD OF EDUCATION	ABORIGINAL AND TORRES STRAIT ISLANDER ENROLMENTS		ALL ENROLMENTS	
	Total enrolments	Proportion that are Australian Apprenticeships (%)	Total enrolments	Proportion that are Australian Apprenticeships (%)
0601 – Medical studies	130	0.0	585	0.5
0603 – Nursing	355	1.4	17 630	4.5
0605 – Pharmacy	0	0.0	30	0.0
0607 – Dental studies	45	44.4	3 660	39.2
0609 – Optical science	5	0.0	1 070	1.4
0613 – Public health	2 855	4.6	39 955	4.8
0617 – Rehabilitation therapies	55	0.0	830	1.2
0619 – Complementary therapies	25	0.0	3 205	0.6
0699 – Other health	1 675	7.2	35 425	6.9
<b>Total</b>	<b>5 145</b>	<b>5.3</b>	<b>102 390</b>	<b>6.5</b>

Source: National VET provider collection, 2006.

Students may be enrolled in more than one course.



The number of Aboriginal and Torres Strait Islander enrolments completed for the selected health fields in comparison to their non-Indigenous counterparts is small (Tables 8&9). With the exception of 'nursing' and 'dental studies'

all other course completions for Aboriginal and Torres Strait Islander students have varied greatly (Table 8). The Aboriginal and Torres Strait Islander course completions have also dropped significantly from 2002 (Table 8).

**TABLE 8:** Aboriginal and Torres Strait Islander VET course completions in selected fields of education (2002–2006).

FIELD OF EDUCATION	2002	2003	2004	2005	2006
0601 – Medical studies	55	0	c	0	105
0603 – Nursing	45	35	45	55	45
0605 – Pharmacy	0	0	0	0	0
0607 – Dental studies	10	10	20	10	10
0609 – Optical science	c	c	0	c	0
0613 – Public health	500	190	125	135	200
0617 – Rehabilitation therapies	c	10	0	5	c
0619 – Complementary therapies	c	c	5	5	5
0699 – Other health	295	15	15	10	70
<b>Total</b>	<b>905</b>	<b>260</b>	<b>210</b>	<b>220</b>	<b>435</b>

Source: National VET provider collection, 2006.

Students may be enrolled in more than one course.

c Student numbers 1–4 inclusive for reasons of confidentiality.

**TABLE 9:** All VET course completions in selected fields of education in Australia (2002–2006).

FIELD OF EDUCATION	2002	2003	2004	2005	2006
0601 – Medical studies	230	180	50	5	110
0603 – Nursing	2 510	2 765	2 540	3 925	2 915
0605 – Pharmacy	185	85	10	c	c
0607 – Dental studies	775	1 000	1 005	1 360	1 205
0609 – Optical science	100	110	120	125	120
0613 – Public health	2 030	1 695	1 500	1 485	1 915
0617 – Rehabilitation therapies	650	460	175	95	100
0619 – Complementary therapies	125	585	815	810	950
0699 – Other health	6 160	665	935	895	850
<b>Total</b>	<b>12 765</b>	<b>7 545</b>	<b>7 150</b>	<b>8 700</b>	<b>8 165</b>

Source: National VET provider collection, 2006.

Students may be enrolled in more than one course.

c Student numbers 1–4 inclusive for reasons of confidentiality.

### 4.3 ABORIGINAL AND TORRES STRAIT ISLANDER HEALTH WORKFORCE DEMAND DATA

#### 4.3.1 SIZE AND CHARACTERISTICS OF THE ABORIGINAL AND TORRES STRAIT ISLANDER HEALTH WORKFORCE

In 2006, some 9342 Aboriginal and Torres Strait Islander people were employed in health-related occupations:

- 69% were allied health professionals

- 26% were nurses
- 2% were dental workers
- 1.5% were health managers
- 1% were medical workers and
- 0.1% were pharmacists.

This data draws on census data collected by the Australian Bureau of Statistics (ABS), and should only be considered as a general guide to the Aboriginal and Torres Strait Islander health workforce because the ABS randomly adjusts data in order to avoid the release of confidential information.

**TABLE 10:** Employed persons in health-related occupations (Australian and New Zealand Standard Classification of Occupations) by Aboriginal and Torres Strait Islander status (2006).

	Non-Indigenous	Aboriginal and Torres Strait Islander	Not stated	Total	Proportion who were Aboriginal and Torres Strait Islander
Allied health professionals	207 145	6 473	1 521	215 139	3.0
Health professionals	985	18	7	1 010	1.8
Health diagnostic and promotion professionals	113	3	-	116	2.6
Dieticians	2 567	7	14	2 588	0.3
Medical imaging professionals	10 095	20	32	10 147	0.2
Occupational and environmental health professionals	10 625	146	68	10 839	1.3
Optometrists and orthoptists	3 566	8	11	3 585	0.2
Other health diagnostic and promotion professionals	4 002	440	22	4 464	9.9
Health therapy professionals	211	-	-	211	0.0
Chiropractors and osteopaths	3 266	6	18	3 290	0.2
Complementary health therapists	5 240	21	45	5 306	0.4
Occupational therapists	6 799	13	26	6 838	0.2
Physiotherapists	12 176	54	56	12 286	0.4
Podiatrists	2 082	7	9	2 098	0.3
Speech professionals and audiologists	4 919	16	14	4 949	0.3
Psychiatrists	2 170	-	10	2 180	0.0
Health and welfare support workers	632	46	5	683	6.7
Ambulance officers and paramedics	8 902	154	41	9 097	1.7
Diversional therapists	3 999	41	38	4 078	1.0
Indigenous health workers	39	965	6	1 010	95.5
Massage therapists	8 100	54	46	8 200	0.7

**TABLE 10:** Employed persons in health-related occupations (Australian and New Zealand Standard Classification of Occupations) by Aboriginal and Torres Strait Islander status (2006) (continued).

	Non-Indigenous	Aboriginal and Torres Strait Islander	Not stated	Total	Proportion who were Aboriginal and Torres Strait Islander
Welfare support workers	37 569	2 490	238	40 297	6.2
Personal carers and assistants	2 025	42	30	2 097	2.0
Aged and disabled carers	74 910	1 735	768	77 413	2.2
Special care workers	2 153	187	17	2 357	7.9
Pharmacists	15 261	11	65	15 337	0.1
Dental workers	29 208	204	213	29 625	0.7
Dental practitioners	8 997	18	57	9 072	0.2
Dental hygienists, technicians and therapists	5 125	15	35	5 175	0.3
Dental assistants	15 086	171	121	15 378	1.1
<b>Medical workers</b>	<b>52 551</b>	<b>91</b>	<b>239</b>	<b>52 881</b>	<b>0.2</b>
Medical practitioners	1 342	3	9	1 354	0.2
Generalist medical practitioners	35 219	80	155	35 454	0.2
Anaesthetists	2 714	-	14	2 728	0.0
Internal medicine specialists	3 574	-	17	3 591	0.0
Surgeons	3 877	4	22	3 903	0.1
Other medical practitioners	5 825	4	22	5 851	0.1
<b>Nursing workers</b>	<b>273 539</b>	<b>2 421</b>	<b>1 998</b>	<b>277 958</b>	<b>0.9</b>
Midwifery and nursing professionals	918	4	8	930	0.4
Midwives	12 136	50	49	12 235	0.4
Nurse educators and researchers	3 729	17	16	3 762	0.5
Nurse managers	10 802	46	51	10 899	0.4
Registered nurses	170 323	1 104	1 137	172 564	0.6
Enrolled and mothercraft nurses	19 047	216	132	19 395	1.1
Nursing support and personal care workers	56 584	984	605	58 173	1.7
<b>Health managers</b>	<b>10 605</b>	<b>141</b>	<b>61</b>	<b>10 807</b>	<b>1.3</b>
Health and welfare services managers	762	10	5	777	1.0
Medical administrators	1 931	16	10	1 957	0.8
Nursing clinical directors	2 318	9	17	2 344	0.4
Health and welfare services managers	5 594	106	29	5 729	1.9
<b>Total (excluding health managers)</b>	<b>577 704</b>	<b>9 200</b>	<b>4 036</b>	<b>590 940</b>	<b>1.6</b>
<b>Total (including health managers)</b>	<b>588 315</b>	<b>9 342</b>	<b>4 092</b>	<b>601 749</b>	<b>1.6</b>

Source: ABS Census of Population and Housing, 2006 (unpublished data).

Cells in this table have been randomly adjusted to avoid the release of confidential information.

#### 4.3.2 GAP ANALYSIS

Based on available data, there are three ways to look at Aboriginal and Torres Strait Islander health workforce demand, through:

- job vacancy rates
- Aboriginal and Torres Strait Islander people's ability to access health services and
- the need to achieve health workforce parity for Aboriginal and Torres Strait Islander people.

Aboriginal and Torres Strait Islander health providers experience high vacancy rates. At 30 June 2004, approximately 1850 full-time equivalent health (clinical) staff and 1030 full-time equivalent administrative and support (management) staff positions within Aboriginal and Torres Strait Islander primary health care organisations were funded by the Australian Government. The number of full-time equivalent vacancies was 138 health staff and 24 administrative and support staff (representing 7.4% and 2.3% of full-time equivalent positions). The highest *number* of these vacancies were for Aboriginal Health Workers (50), nurses (27) and social and emotional wellbeing workers (17). Meanwhile, the occupations with the highest *proportion* of vacancies were dentists (11.3%), allied health professionals (9.1%) and nurses (8.9%).<sup>80</sup> Looking at these vacancy rates geographically, the Northern Territory had the highest proportion of health staff vacancies in Aboriginal and Torres Strait Islander primary health care organisations (10%), as did very remote areas of Australia (9.5% compared to 6% in major cities).<sup>81</sup>

These vacancy rates show current demand for the Aboriginal and Torres Strait Islander health workforce in Aboriginal and Torres Strait Islander primary care organisations that already exist. Looking at Aboriginal and Torres Strait Islander people's ability to access health services indicates that the demand for Aboriginal Health Workers and professionals is much greater.

A 2001 survey of people living in discrete Aboriginal and Torres Strait Islander communities

revealed that over 50% lived at least 100 km from the nearest hospital (with 12% of this group having no access to a medical emergency air service), and around 45% lived in communities that had no community health centre, with 3% of this group located 100 km or more from the nearest centre.<sup>82</sup>

More current data paint the same picture – in 2004/05, approximately 14 509 full-time equivalent general practitioners were working in Australia. Approximately 47% of general practitioners were working in areas where less than 1% of the population was Aboriginal and Torres Strait Islander. Only 0.2% of general practitioners were working in areas where more than 50% of the population was Aboriginal and Torres Strait Islander.<sup>83</sup>

Another way to look at the growth required in the Aboriginal and Torres Strait Islander health workforce is to ensure that Aboriginal and Torres Strait Islander people are proportionately represented in Australia's health workforce (see Table 5).

While 2.3% of the Australian population are Aboriginal and Torres Strait Islander people, only 1.6% of the national health workforce is made up of Aboriginal and Torres Strait Islander people. Breaking this down further, although Aboriginal and Torres Strait Islander people account for 95.5% of Aboriginal Health Workers, they only represent 0.2% or less of all medical workers, medical imaging professionals, optometrists, chiropractors and osteopaths, occupational therapists, psychiatrists, pharmacists and dental practitioners.<sup>84</sup>

#### 4.4 CLOSING THE GAP

A methodology for formulating nationally consistent indicative workforce ratio targets for the Aboriginal and Torres Strait Islander health workforce still needs to be comprehensively addressed.

Targets identified in comparative countries have in most cases been determined by calculating workforce ratios to population ratios.<sup>85</sup> Similarly, the AMA has called for a commitment to a target of 2.4% of all health professionals being from Aboriginal and Torres Strait Islander backgrounds by 2012.<sup>86</sup> The AMA argues that to increase the proportion of Aboriginal and Torres Strait Islander people working as health professionals to non-Indigenous levels, 2570 nurses, 2000 Aboriginal Health Workers, 928 doctors, 275 pharmacists, 213 physiotherapists, 149 medical imaging professionals, 161 dentists, 119 occupational therapists and 59 optometrists need to be trained over 10 years.<sup>87</sup>

This means, for example, that 50 Aboriginal and Torres Strait Islander students would need to enrol in medical schools across Australia each year for the next four years, and then 100 would need to enrol each year after that to make up the current Aboriginal and Torres Strait Islander medical workforce shortfall. On this calculation, an extra 350 Aboriginal and Torres Strait Islander medical students would need to be enrolled in medicine by 2010.<sup>88</sup>

The cost of training the required number of health professionals to adequately provide for Aboriginal and Torres Strait Islander health needs will be \$36.5 million per annum initially running to \$167 million over 6 years.<sup>89</sup> Yet, of the \$4.7 billion new spending on health over five years in the 2007/08 budget, only \$8.5 million has been flagged for the Aboriginal and Torres Strait Islander health workforce.<sup>90</sup>

The level of quality, supported and culturally safe training outlined by the AMA is a critical investment in Australia's future. The opportunity cost of not taking action now, will be continued investment to support the poor health and welfare needs of many Aboriginal and Torres Strait Islander Australians.

If Aboriginal and Torres Strait Islander health workforce planning is to have an appropriate evidence base, the scarcity of up-to-date and informative data must be addressed. In 2006, COAG agreed to undertake numerical workforce projections directed at advising governments on the implications for education and training to meet differing levels of health services demand. COAG agreed that these projections should concentrate on the major health workforce groups, 'while recognising that projections for smaller groups may be required from time to time.'<sup>91</sup>

This advice is supported by research undertaken by Access Economics in 2004.<sup>92</sup> While this research remains relevant, it will need updating. To this end, it is recommended that AHMAC commission a collection of quantitative data to achieve:

- a clear picture of the health care services needed by Aboriginal and Torres Strait Islander people
- the health workforce (by occupation/discipline) needed now and in the medium and long term to deliver the health care services and
- the projected funding required to train this Aboriginal and Torres Strait Islander health workforce.



## 5. CONSULTATION RESULTS: WHAT STAKEHOLDERS SAY

### 5.1 OVERVIEW

A stakeholder workshop was held in Canberra on Monday, 19 November 2007. The workshop brought together 49 stakeholders from the health and education sectors. The participant list is included here as Appendix C. Workshop participants discussed and refined issues and solutions to be considered for inclusion in this final paper. While a full set of proceedings can be viewed at Appendix D, a summary of the key issues and gaps, solutions and next steps are provided here.

### 5.2 CURRENT POLICY ENVIRONMENT

**Professor Rosemary Calder**, Chair of the Aboriginal and Torres Strait Islander Health Workforce Working Group (see Appendix E), from DoHA made the following key points:

- the health sector is facing intense competition for workforce recruits
- strong collaboration between DoHA and DEEWR is essential
- substantial challenges remain in attracting, supporting and retaining young Aboriginal and Torres Strait Islander Australians in health careers
- literacy and numeracy skills will be critical
- multi-professional interaction will strengthen workforce capacity
- entry pathways for short-term intensive training needs consideration and
- discussion at ATSIHWWG will be guided by this paper.

**Dr Carol Nicoll** from the then DEST said:

- DEST and DoHA are committed to working closely together
- effective State and Territory engagement is required
- curriculum issues are the responsibility of education providers
- it is important to recognise existing achievements, while acknowledging that there is still more to do
- the Australian Government wants to further strengthen Aboriginal and Torres Strait Islander outcomes in the next round of Australian–State/Territory funding agreements
- a focus on language, literacy and numeracy is still required and
- there are significant economic benefits of Aboriginal and Torres Strait Islander health workforce training and participation.

**Associate Professor Gail Garvey** a member of NATSIHC reported that:

- the 2006 ABS Census reports that 1.6% of people in health-related occupations are Aboriginal and Torres Strait Islander, with significant under-representation in most categories
- there are significant issues regarding the quality of available workforce data, and efforts to improve it will need to continue and
- DEST data indicate there were 1661 Aboriginal and Torres Strait Islander higher education students in health fields of study, with many in nursing and public health.

**Gregory Phillips** (Consultant Writer) presented an overview of the initial findings from *Section 2* of this paper, and a brief group discussion followed.

### 5.3 PROPOSED SOLUTIONS

Participants identified the following solutions and issues that require attention.

#### 5.3.1 BREAKOUT GROUP 1

**Topic:** Aboriginal and Torres Strait Islander Leadership

**Chair:** Dr Sally Goold

- Respect – to be a leader, you need respect for self and respect for others
- Role models – Aboriginal and Torres Strait Islander health workforce role models need to be supported and promoted, and good practice initiatives such as the AIDA Board school visits should be expanded
- Capacity building – opportunities for Aboriginal and Torres Strait Islander leaders are needed, and good practice models such as Dare to Lead and the Ambassadors Program should be expanded and replicated across other education and health sectors and
- Aboriginal and Torres Strait Islander leadership – positions within institutions need to be established (e.g. the regional Aboriginal and Torres Strait Islander chair model or identified leadership positions within faculties should be considered).

#### 5.3.2 BREAKOUT GROUP 2

**Topic:** The Learning Environment

**Chair:** Associate Professor Gail Garvey

- Curriculum – a planned progression is needed from primary school through to postgraduate training; should include transparency and accountability in delivering comprehensive curriculum frameworks, and building the capacity of teaching staff and management
- Transitions – mapping existing health education pathways from school to vocational education and training (VET) and higher education will allow the identification of gaps and better planning for career pathways and linkages and

- Organisational reform – mapping good practice models, linking into COAG frameworks and structures, industry reporting and regulatory bodies.

#### 5.3.3 BREAKOUT GROUP 3

**Topic:** The System

**Chair:** Dr Mark Wenitong

- Links – higher-level and more effective links are needed between existing advisory and committee structure bodies
- Leadership – is everyone's responsibility; promoting Aboriginal and Torres Strait Islander leadership will be key
- Economic drivers – while there is intense competition for labour, economic drivers for health workforce reform include the untapped Aboriginal and Torres Strait Islander workforce
- Pathways – establish smooth horizontal and vertical education and career pathways and
- Policy drivers – harness identified policy drivers.

#### 5.3.4 BREAKOUT GROUP 4

**Topic:** Students' Needs

**Chair:** Mr Romlie Mokak

- Scientific literacy – need improvements at primary and secondary school levels
- Marketing – effectively market health careers
- Flexible pathways and transitions – create and promote flexible entry and ongoing pathways; support transitions between high school and higher education, VET and higher education, and to postgraduate study
- Commitment to outcomes – implement the seven key factors for positive outcomes<sup>93</sup>
- Professional development – develop opportunities for the postgraduate workforce
- Centre of excellence – academy for Aboriginal and Torres Strait Islander health workforce required

- Partnerships – develop partnerships between education providers and industry
- Financial incentives are needed [e.g. scholarships and exempting students from the payment of student contribution amounts (previously known as HECS) and tuition fees] and
- Support – Aboriginal and Torres Strait Islander support units (that are health specific wherever possible) are essential.

#### 5.4 NEXT STEPS

The following points were presented as the main outcomes of the workshop.

##### 5.4.1 PRIORITY INITIATIVES

- Partnerships – between industry, education providers and Aboriginal and Torres Strait Islander communities and organisations
- Enhanced flexible pathways – both horizontal and vertical
- Supported transitions – system-wide planning
- Aboriginal and Torres Strait Islander leadership – combined with institutional responsibility
- Mathematics and science literacy and
- Strong collaboration between education and health sectors.

##### 5.4.2 DRIVERS

- Economic rationale – untapped Aboriginal and Torres Strait Islander health workforce
- Accountability frameworks – need to be developed
- Health and education equity
- Workforce responsiveness and parity and
- Quality and evidence base.

##### 5.4.3 MECHANISMS

There was general support from participants on the following principles for a high level mechanism for change. Any new arrangements must include:

- COAG/ministerial responsibility and ownership
- a high level and effective supporting structure for advising AHMC, MCEETYA and MCVTE
- the Aboriginal and Torres Strait Islander health workforce should be a standing agenda item for COAG/joint ministerial meetings
- Primacy of the Aboriginal and Torres Strait Islander leadership needs to be acknowledged and combined with *institution-wide responsibility* for change
- partnership between ministers, departments and Aboriginal and Torres Strait Islander leaders will be critical
- broad representation – school, VET, higher education and health sectors
- performance measures – critical and should be jointly developed and
- establishment of a whole new body should occur only if necessary.



# Reform

## 6. STRATEGIC PRIORITIES

This section synthesises the findings of the current context and literature and policy review (Sections 2&3), the current health workforce data (Section 4), and the stakeholder feedback (Section 5) into priority areas and recommendations.

### 6.1 STRONG ABORIGINAL AND TORRES STRAIT ISLANDER HEALTH LEADERS: STUDENTS AND THEIR NEEDS

#### 6.1.1 MATHEMATICS, SCIENCE, LITERACY AND NUMERACY

Improving the education outcomes of Aboriginal and Torres Strait Islander students in primary and secondary school is critical to expand the pool of potential Aboriginal and Torres Strait Islander students in VET and higher education health courses. Central to this goal is the need to improve general Aboriginal and Torres Strait Islander literacy and numeracy outcomes in terms of ensuring programs are universally available across the country, and cognisant of individual students' needs.

While care must be taken to ensure Aboriginal and Torres Strait Islander languages are respected, it will be essential to focus on improving:

- general Aboriginal and Torres Strait Islander literacy and numeracy and
- mathematics, science and literacy, particularly at secondary school level through a range of program approaches.

A range of approaches to boosting mathematics, science, literacy and numeracy, including accelerated learning programs, may be central to this goal, and their effectiveness should be evaluated as part of developing a national strategy. Staff capacity and attitudes and the level of institutional commitment and leadership should be considered as part of the evaluation of program trials.

#### RECOMMENDATION 1

All governments to participate in a national evaluation of Aboriginal and Torres Strait Islander mathematics, science, literacy and numeracy programs across the education spectrum. Governments to provide funding for the development of a national culturally respectful strategy aimed at *improving mathematics, science and literacy*.

#### 6.1.2 EFFECTIVE STUDENT SUPPORT

Aboriginal and Torres Strait Islander students will require access to a range of cultural, academic and mentoring support. Education providers will need to ensure that:

- support is available and strengthened
- support is health-specific in tertiary studies
- students have sustainable access to Aboriginal and Torres Strait Islander role models and mentors, preferably from the health sector and
- staff are working in direct contact with staff in other institutions, organisations and communities (e.g. secondary school support staff will need to ensure each potential student is personally linked with support staff in VET and higher education institutions).



Specialised support comes at a high cost, and will require support from State and Territory governments to ensure the strengthening of staffing levels and capacity, and that sustainable, concerted programs are developed in partnership with local Aboriginal and Torres Strait Islander communities and parent/carer groups.

COAG should consult with stakeholders on the development of individual Aboriginal and Torres Strait Islander student plans. The plans should be initiated at primary school level, updated yearly and transferred with the student's education record throughout their school education. Education institutions should be required to ensure the Aboriginal and Torres Strait Islander student plan is administered effectively, and that this forms part of their overall Aboriginal and Torres Strait Islander funding acquittal and reporting. They should also be required to ensure personal face-to-face contacts and links between each institution (e.g. a high school support officer links individuals and groups of students with VET or university support staff early in Year 9 and this continues throughout secondary school).

#### RECOMMENDATION 2

Aboriginal and Torres Strait Islander education workers to be given training in *careers guidance* and be supported to supplement (not replace) the roles of existing careers advisors.

#### RECOMMENDATION 3

Sustainable *role model and mentoring programs* to be made available for all Aboriginal and Torres Strait Islander students, including encouraging mathematics, science and literacy, and family and community engagement at secondary school level.

#### RECOMMENDATION 4

All Aboriginal and Torres Strait Islander tertiary health students to have *access to student support* from health-specific units/staff within health faculties/departments as well as access to more general Aboriginal and Torres Strait Islander student support services on campus. Governments to provide specific funding for these services.

#### RECOMMENDATION 5

The Council of Australian Governments to consult with stakeholders on the development of individual *Aboriginal and Torres Strait Islander student plans*.

### 6.1.3 FAMILY AND COMMUNITY ENGAGEMENT

Parents and family members must be welcomed into the education institution and encouraged to take an active part in their children's education. This will include family and community input into parent and student associations, and input into curricula. Additionally, students and their families and communities will require access to culturally appropriate marketing and promotional initiatives, and materials for health courses.

#### RECOMMENDATION 6

Education institutions to demonstrate how they effectively include *Aboriginal and Torres Strait Islander communities in decision making* about curricula and student support services as part of their funding acquittals and reporting.

## RECOMMENDATION 7

A nationally coordinated marketing and promotions program to ensure access to *culturally appropriate information* regarding the options available for health-related careers and the support available for study.

### 6.1.4 FINANCIAL AND ACCOMMODATION SUPPORT

While a range of financial and accommodation support programs are available from a number of different sources – both government and other – there is no overall picture of the universal availability of these supports and no clear understanding of their relationship to education outcomes. A consistent, coordinated and sustainable approach to financial accommodation assistance should be developed so that no Aboriginal or Torres Strait Islander potential health student should be prevented from studying health-related courses for financial reasons.

A national review of the availability of financial and accommodation support for Aboriginal and Torres Strait Islander health students must be undertaken, and updated every four years. This information should be compared to student enrolments and outcomes over time to better understand this relationship. The review should include workforce modelling to examine the potential for a range of innovative funding schemes to increase Aboriginal and Torres Strait Islander enrolments and graduations in health-related fields, including:

- exempting students from the payment of student contribution amounts (previously known as HECS) and tuition fees
- fully-funded scholarships and
- fully-funded training places.

Based on the outcomes of Recommendations 8 and 9 below, a nationally coordinated health workforce training strategy and scheme that ensures Aboriginal and Torres Strait Islander students in

health courses are well supported through a range of financial supports (including living allowance, accommodation support, scholarships, student contribution and tuition fee exemptions, text book allowances, and away from base and cultural support) should be developed. This scheme should ensure universal and equitable access and include financial support mechanisms for VET courses, including cadetships, traineeships and apprenticeships.

## RECOMMENDATION 8

A national review of the availability of *financial and accommodation support* for Aboriginal and Torres Strait Islander health students to be undertaken and updated every four years.

## RECOMMENDATION 9

Any existing *financial restrictions or disincentives* to study under existing government programs *to be removed*. This includes reviewing any financial support that is time-limited, or scholarships that adversely affect ABSTUDY payments.

## RECOMMENDATION 10

The development of a nationally coordinated health workforce training strategy and scheme to ensure that Aboriginal and Torres Strait Islander students in health courses are well supported through a range of *financial supports*.

## 6.2 CULTURALLY SAFE LEARNING ENVIRONMENTS: THE INSTITUTIONAL CONTEXT

### 6.2.1 WHOLE-OF-EDUCATION INSTITUTION STRATEGIES

Improving Aboriginal and Torres Strait Islander access and participation in health education will require education institutions to be culturally safe, and to welcome Aboriginal and Torres Strait Islander students and their families into the institution, and its structures, operations and culture. This will require:

- partnerships with local Aboriginal and Torres Strait Islander communities
- allocation of adequate resources for Aboriginal and Torres Strait Islander strategies
- Aboriginal and Torres Strait Islander participation in decision making, a quality teaching approach and
- concerted strategies to ensure staff are required to attend cultural safety training.

Additionally, at the tertiary level, health departments or faculties should develop their own Aboriginal and Torres Strait Islander teaching, research and support strategies, rather than leaving 'all things Aboriginal' to the Aboriginal and Torres Strait Islander student support centre. While these centres will have a key role to play, faculties should take responsibility for developing their own strategies in conjunction with such centres. These programs should be coordinated as a whole-of-institution strategy and be evaluated accordingly.

#### RECOMMENDATION 11

Tertiary education providers to consult with Aboriginal and Torres Strait Islander communities on a *whole-of-institution strategy* to increase the number of Aboriginal and Torres Strait Islander students in health courses. Strategies are to include student support and curriculum matters.

### 6.2.2 CURRICULUM REFORM AND IMPLEMENTATION

Curricula that include Aboriginal and Torres Strait Islander histories, cultures, values and experiences will better equip tomorrow's health workforce with the information they will require for working with Aboriginal and Torres Strait Islander patients. Curricula that include relevant Aboriginal and Torres Strait Islander content is also more likely to produce better Aboriginal and Torres Strait Islander education outcomes than those that do not. Curriculum reform is also an effective way of reforming education institutions to be more responsive to the needs and aspirations of Aboriginal and Torres Strait Islander students and communities. A collaborative and multidisciplinary approach is needed to effectively implement curricula reforms.

Partnerships must be developed between education institutions and Aboriginal and Torres Strait Islander health personnel and communities to develop culturally inclusive Aboriginal and Torres Strait Islander health curricula in a multidisciplinary manner. These partnerships must be required by governments and accreditation agencies as part of whole-of-institution strategies, and tied to funding agreements that provide for sustainable curricula reform and implementation. These partnerships must feature Aboriginal and Torres Strait Islander decision making in curricula reform and in developing staff capacity, such as including Aboriginal or Torres Strait Islander people on accreditation teams.

#### RECOMMENDATION 12

Education institutions and Aboriginal and Torres Strait Islander health personnel and communities to work in partnership to develop a culturally inclusive *Aboriginal and Torres Strait Islander health curriculum* in a multidisciplinary manner.

### 6.2.3 CORE COMPETENCIES AND A NATIONAL ACCREDITATION AND REGISTRATION SCHEME

Ensuring the highest standards of Aboriginal and Torres Strait Islander health service delivery may be assisted by a national accreditation and training scheme of core competencies for training health personnel.

Responsibility for good practice and ethical standards lies with individual professions, education providers and accrediting agencies. However, a national mechanism may be effective in ensuring the consistency of quality and in reducing duplication. It may also assist with development of enhanced flexible pathways into the health workforce for Aboriginal and Torres Strait Islander people.

A national accreditation and registration mechanism should be established to set standards and assess the quality of training delivery for Aboriginal and Torres Strait Islander health across all disciplines. It may be an Aboriginal and Torres Strait Islander health academy or college that empowers Aboriginal and Torres Strait Islander leaders and coordinates rather than duplicates education. Research should be undertaken to identify options for a national registration and accreditation mechanism.

#### RECOMMENDATION 13

*A national accreditation and registration mechanism to be established which sets standards and assesses the quality of training delivery in relation to Aboriginal and Torres Strait Islander health across all health disciplines.*

## 6.3 ENABLING THE SYSTEM

### 6.3.1 ENHANCED FLEXIBLE PATHWAYS

Aboriginal and Torres Strait Islander people use a number of pathways to access education and training in health. A number of areas that require development have been identified including developing and strengthening:

- secondary school to VET training pathways, and VET in schools
- secondary school to VET to secondary school matriculation pathways
- the number of pre-entry, enabling and bridging courses available for Aboriginal and Torres Strait Islander students, particularly for higher education courses
- articulation pathways for VET graduates to enter into university health-related courses (e.g. welfare course to pre-entry psychology)
- pathways between the workplace and university, and workplace and VET (e.g. the Mount Isa registered nursing trial)
- health education courses that use the Australian Apprenticeships model, such as the Aboriginal Health Worker Apprenticeships Program in the Northern Territory – anecdotal evidence suggests that this is showing better retention rates than for those not studying under the apprenticeships model
- the availability of postgraduate and continuing professional development opportunities (e.g. including targeting Aboriginal and Torres Strait Islander graduates from other areas and asking them to consider public health or health management and administration training)
- recognition of current competency (RCC) and recognition of prior learning (RPL) guidelines for the range of possible transitions and
- re-skilling and re-training for horizontal career moves (a core competencies and recognition scheme in Recommendation 13 will assist).



Funding for a range of enabling courses is available through DEEWR (see Appendix C). However, specific funding should be offered to boost participation in cadetships, traineeships and apprenticeships, and may include extending the apprenticeships model to Aboriginal and Torres Strait Islander mental health workers and enrolled nurses.

COAG should review, develop and strengthen the education and training pathways into the health workforce for Aboriginal and Torres Strait Islander people including secondary school–VET pathways, pre-entry university enabling course availability, VET–university transitions, and workplace–tertiary education pathways. A standardised system should be developed to enable RCC and/or RPL processes to be undertaken between these transitions. Governments should ensure funding to boost participation in enabling courses and provide for the high associated costs of student support. Extending the Australian Apprenticeships model to Aboriginal and Torres Strait Islander mental health workers and enrolled nurses may be an immediate specific initiative.

#### RECOMMENDATION 14

The Council of Australian Governments to review, develop and strengthen the education and training pathways into the health workforce for Aboriginal and Torres Strait Islander people. *Flexible vertical and horizontal pathways* are to include pathways from secondary school to vocational education and training (VET), pre-entry university enabling courses, and transitions between VET, university and the workplace.

#### 6.3.2 SUSTAINABLE AND CONSISTENT TRANSITION PROGRAMS

Support, mentoring and marketing programs that enable national consistency in transitions (linked support) programs should be developed in all States and Territories. These programs would respond to any needs identified in an individual Aboriginal and Torres Strait Islander student plan (as outlined in *Section 6.1.2* and *Recommendation 5*). Transitions programs should include:

- mentoring programs for primary school students to undertake experiential visits to secondary school to meet Australian Indigenous education workers and Aboriginal and Torres Strait Islander students
- ensuring secondary school students have access to homework classes, extra tutorials, role models and mentors, cultural support, information about career options and course prerequisites, and career promotional activities such as Croc Festivals and careers camps
- visits for secondary school students to workplaces, VET providers, and universities to make personal contact with Aboriginal and Torres Strait Islander education support workers, students and support units and
- making clear to potential students and their families the availability of cultural, academic, financial and accommodation support.

#### RECOMMENDATION 15

A national plan for consistent and sustainable *education transition programs* that span the education spectrum to be developed in partnership with all governments, education providers, Aboriginal and Torres Strait Islander communities, health and education organisations and industry groups.



### 6.3.3 INDUSTRY – EDUCATION PROVIDER – COMMUNITY PARTNERSHIPS

Given that the health sector in general is under intense pressure to attract graduates from other sectors, and that industry–education provider partnerships are producing some success in other areas (e.g. in the mining industry), similar partnerships should be explored in relation to Aboriginal and Torres Strait Islander health workforce. Industry may need to be encouraged to recognise that it has a vested interest in improving Aboriginal and Torres Strait Islander health outcomes – collaboration rather than competition between industries should be encouraged. Partnership stakeholders should trial and evaluate industry–education partnerships, to maximise Aboriginal and Torres Strait Islander general and health workforce participation.

#### RECOMMENDATION 16

Establish *national partnerships* across industry groups, governments, Aboriginal and Torres Strait Islander communities and health and education organisations to achieve an increase in Aboriginal and Torres Strait Islander workforce participation.

frameworks using a collaborative approach is more likely to engender joint ownership of targets and a willingness to meet desired outcomes. Planning that involves industry may be best done on a regional basis to allow for local variance. Comparability can still be achieved by using nationally developed frameworks and templates.

A national system should be developed to jointly plan and set achievable milestones, and then monitor progress towards desired outcomes. Governments, education providers, health industry groups, Aboriginal and Torres Strait Islander communities, and Aboriginal and Torres Strait Islander health and education organisations should all be involved in this joint exercise. Areas of responsibility for all signatories who are involved in setting and monitoring milestones should be developed.

#### RECOMMENDATION 17

Develop a national system for joint planning, target setting and monitoring progress regarding increasing the size and capacity of the Aboriginal and Torres Strait Islander health workforce. *Performance review frameworks* to be supported by a national health workforce database.

### 6.3.4 HEALTH WORKFORCE PLANNING AND PERFORMANCE REVIEW

Australia does not have mechanisms to ensure that the health industry, government agencies, education providers and Aboriginal and Torres Strait Islander communities work together to plan, train and deliver a better workforce to meet the needs of Aboriginal and Torres Strait Islander Australians. A health workforce database, and joint planning and setting of achievable milestones are needed to progress beyond an incremental approach. Setting targets and developing reporting

### 6.3.5 HEALTH AND EDUCATION FUNDING MODELS

Most funding for health qualifications transfers directly from DEEWR to education institutions and is based on enrolments alone. Funding models concentrate on training delivery but do not always take account of the additional support required to help Aboriginal and Torres Strait Islander people complete their health course/qualification.

Funding models will need to be reviewed to be brought into line with national and regional workforce planning systems as outlined in

Section 6.3.4 and Recommendation 18. This will ensure collaboration between industry, community, government and education providers for regional planning and funding.

Funding models could be more effective if education providers are funded flexibly based on a mix of:

- need identified through regional collaborative workforce planning
- enrolments
- student support needs and
- outcomes, rather than merely enrolments.

This approach is more likely to produce a more sustainable, coordinated and efficient use of resources. Specific resources should be allocated for clinical placements in Aboriginal and Torres Strait Islander health settings.

Further, specific infrastructure funding for clinical placements in Aboriginal and Torres Strait Islander health settings will be required. At present, Aboriginal community-controlled health organisations and other community organisations are expected to host clinical placements without additional resources to enable placements to take place safely and effectively. The pressure this places on already strained resources and capacity is unacceptable.

#### RECOMMENDATION 18

A national review of health and education sector *funding models* in relation to Aboriginal and Torres Strait Islander health workforce matters to be undertaken. This will inform the development of a nationally coordinated approach to workforce planning and education funding. Resources to be allocated for clinical placements in Aboriginal and Torres Strait Islander health settings.

## 6.4 LEADERSHIP FOR CHANGE

### 6.4.1 PROFESSIONAL BODY FOR ABORIGINAL HEALTH WORKERS

The presence of Aboriginal and Torres Strait Islander nurses and doctors associations has increased:

- Aboriginal and Torres Strait Islander participation in the health workforce
- visibility and awareness raising among mainstream colleagues and administrators of the importance of Aboriginal and Torres Strait Islander leadership and policy contributions and
- development of an identified talent pool for role-modelling and mentorship.

Serious attention and resources should be invested in the development of a professional body for Aboriginal Health Workers. This is likely to produce more effective Aboriginal and Torres Strait Islander leadership and advocacy on issues such as:

- role clarification
- negotiation with other professional groups on role substitution
- supervision and remuneration and
- articulation of career pathways from VET to university training.

#### RECOMMENDATION 19

The Health Workforce Principal Committee and relevant partners to undertake consultations for the development of a *professional body for Aboriginal Health Workers*. Sustainable funding to be allocated for the operation of the professional body.

#### 6.4.2 CONTINUING PROFESSIONAL DEVELOPMENT

Strategies that provide for the continuing professional development needs of Aboriginal and Torres Strait Islander health personnel, including mentoring, marketing and career promotion strategies will need to be developed. Medical, nursing and other professional bodies and industry should be encouraged to develop strategies that highlight career pathways and initiatives for Aboriginal and Torres Strait Islander members. These may include scholarships commensurate with salaries, and the marketing of up-skilling programs (in key target areas such as research, public health or health management) and career promotion opportunities.

Research training should be characterised by well-trained academic and cultural supervisors, yearly summer schools, financial support that is realistic for mature age people with family and community obligations, and regular opportunities for networking and professional collaborations.

COAG should work with industry, communities, and professional and philanthropic groups to develop strategies to build leadership capacity and address continuing professional development needs of Aboriginal and Torres Strait Islander health personnel. This should include the development of a mentor scheme that allows personnel to become and/or have sustainable access to career mentors.

#### RECOMMENDATION 20

The Council of Australian Governments to work with industry, communities, and professional and philanthropic groups to develop strategies to address the *continuing professional development* needs, and build the leadership capacity, of Aboriginal and Torres Strait Islander health personnel.

## 7. THE RATIONALE FOR REFORM

This section outlines six key reasons why the proposed strategic priorities and recommendations for creating opportunity, providing support, and increasing participation are so critical.

### 7.1 INCREASING ABORIGINAL AND TORRES STRAIT ISLANDER PARTICIPATION IN THE HEALTH WORKFORCE

The most effective and efficient short-term gains for Aboriginal and Torres Strait Islander health are likely to come through training more Aboriginal and Torres Strait Islander health personnel. Increasing the size of the workforce produces a cohort that will be more workplace-ready in terms of community networks, cultural safety and communication skills. Aboriginal and Torres Strait Islander health personnel are also likely to influence the mainstream health sector through collegial and professional activities and through research or teaching.

While investment in up-skilling and training the non-Indigenous health workforce is important, improvements made in this way (e.g. by improving the knowledge, skills and attitudes of staff to address the health sector's ability to meet the needs of Aboriginal and Torres Strait Islander people) are only likely to be incremental. It is also challenging to measure and assess improvements. Incremental growth alone will not be sufficient given the burden of ill health and lack of access.

Both approaches are critical, and parallel strategies must be developed. However, increasing the size of the Aboriginal and Torres Strait Islander health workforce is likely to provide the most effective gains and returns on the recommended investments.

## 7.2 ADDRESSING HEALTH WORKFORCE AND SKILLS SHORTAGES: CLOSING THE GAP

Maximising Aboriginal and Torres Strait Islander health workforce participation through a range of initiatives (student support, institutional and systemic reforms and leadership) not only creates significant short- to medium-term return on investments, it also assists in closing the broader health workforce shortages.

It makes no sense to rely primarily on overseas-trained personnel when an untapped Aboriginal and Torres Strait Islander labour market is available, particularly given the range of challenges associated with overseas-trained personnel. Foreign personnel are often sent to communities with proportionately high Aboriginal and Torres Strait Islander populations but with little or no cultural sensitivity or communication skills. Reducing difficulties with secondary and tertiary health care service delivery can be alleviated by increasing the size of the Aboriginal and Torres Strait Islander health workforce, including by maintaining and strengthening the role of Aboriginal Health Workers in comprehensive primary care.

Aboriginal and Torres Strait Islander people report that a major motivation for undertaking health studies is a keen willingness to contribute to their communities. This motivation must be harnessed and built on in both the mature age and school leaver entry categories.

## 7.3 ALIGNING THE HEALTH AND EDUCATION SECTORS' PRIORITIES AND STRATEGIES: NATIONAL COORDINATION AND PARTNERSHIPS

Given the proven high returns on investment of maternal and early childhood education the focus of the education sector for services to Aboriginal and Torres Strait Islander people is primarily on early childhood and primary school intervention. The health sector, however, is largely focused on

service delivery and reducing the chronic health care crisis in Aboriginal and Torres Strait Islander communities. This means that secondary to tertiary transitions is an area of relatively unmet need.

Focusing on upper secondary preparation for VET or university studies, and ensuring we have in place student transition systems that support mathematics, science and literacy, institutional and systemic reform, and leadership will be absolutely critical.

While the health and education sectors are to be commended for their extensive efforts in improving Aboriginal and Torres Strait Islander health and education outcomes, mechanisms for better and more sustainable coordination between them is urgently required. Australia can no longer afford isolated planning in Aboriginal and Torres Strait Islander affairs. The national leadership must develop mechanisms for the health and education sectors to coordinate their planning, service delivery and evaluation initiatives.

A system of National and State partnerships between Aboriginal and Torres Strait Islander leaders and communities, governments, industry and education providers will be critical to ensuring duplication of resources is reduced and health workforce development initiatives are effectively coordinated.

## 7.4 EVIDENCE-BASED POLICY: EVALUATION AND BETTER TRACKING OF OUTCOMES

Coordinated national health workforce planning mechanisms for policy and program development and implementation will also allow better tracking of outcomes. The work of the National Working Group for Aboriginal and Torres Strait Islander Health Data can be effectively supplemented by the development of a national Aboriginal and Torres Strait Islander health workforce database. This database would coordinate reporting of the regional health workforce planning partnerships proposed in *Section 6.3.4* and Recommendation 17.

## 7.5 REDUCING THE BURDEN OF HEALTH CARE COSTS: COST EFFICIENCY

If maximising Aboriginal and Torres Strait Islander health workforce participation is likely to assist in higher quality and more appropriate service delivery, then such service delivery may well be more efficient and cost-effective in the long term. Aboriginal and Torres Strait Islander health personnel are keen innovators and have a passion to reduce costly health system backlogs and practices. While short-term increases in health funding may be required to reduce the backlog of chronic ill health, reductions in the overall costs of health care can be made by changing the nature of the system and how health services are delivered.

Reductions in the cost of health care delivery to a sector of the Australian population with such a relatively huge burden of ill health will lead to reduction in the costs of the national health budget. A larger Aboriginal and Torres Strait Islander health workforce will be critical to this approach.

## 7.6 EQUITY OF HEALTH AND EDUCATION OUTCOMES: A HUMAN RIGHTS APPROACH

Equity of health and education outcomes for Aboriginal and Torres Strait Islander people, and improving the life expectancy outcomes in particular, is a moral and human rights issue.

## 7.7 STRATEGIC POLICY OPPORTUNITIES

Figure 2 sets out some of the policy levers and strategic opportunities that may be employed in arguing the case for the recommendations. This is not a comprehensive list of priorities or strategic policy opportunities, but rather, a sample of the most salient opportunities for change.



**FIGURE 2:** Strategic policy opportunities.

Priorities	Strategic policy opportunities
<b>Students and their needs</b>	
Coordinated mentoring and parent engagement Financial and accommodation scheme	National Health Workforce Strategic Framework Indigenous Higher Education Advisory Committee and Universities Australia's acknowledgement of financial need National Aboriginal Education Policy AHMAC / Productivity Commission report
<b>The learning environment</b>	
National curriculum frameworks Mathematics and science literacy programs Aboriginal and Torres Strait Islander worker support, training and promotion Staff development Quality teaching	Nationally consistent school curricula Supportive learning environments Productivity Commission report AESOC quality teaching and engagement statements
<b>The system</b>	
Joint COAG Committee on Aboriginal and Torres Strait Islander health and education with workforce as the priority Institutional accreditation and funding framework based on their Indigenous education strategy Clarify roles of AHWs and AIEWs in multidisciplinary teams IHEAC/ National Indigenous Higher Education Network form partnerships with Universities Australia, deans of health sciences, VET heads and school principals for leadership and faculty/institutional reform Reporting and accountability framework on workforce data projections linked to overcoming Indigenous disadvantage, human capital and existing health performance measurement frameworks	Make Aboriginal and Torres Strait Islander health workforce a national priority area for joint AESOC/AHMAC collaboration Partnerships and decision making widely acknowledged as key COAG national framework for reporting expenditure on Aboriginal and Torres Strait Islander services Build on success of Dare to Lead program; work with deans of nursing and medicine COAG 'evaluation of special needs' DEEWR negotiating multi- and bi-lateral funding agreements for vocational education and training sector, schools and Aboriginal and Torres Strait Islander programs
<b>Leadership</b>	
Accreditation and funding linked to each institution's Aboriginal and Torres Strait Islander strategies and outcomes College of Aboriginal health to coordinate education and training standards nationally and to assist the Australian Government and education institutions to articulate clear education pathways in the health sciences	COAG national registration and accreditation scheme HREOC's close the life expectancy gap call HWPC's focus on role clarification Multidisciplinary health teams

# Actioning Reform

## 8. MECHANISMS FOR REFORM

It is clear that the national leadership must develop mechanisms for the health and education sectors to coordinate their planning, service delivery and evaluation initiatives in relation to Aboriginal and Torres Strait Islander health workforce matters. The nation can no longer afford non-integrated planning in health workforce planning or in Aboriginal and Torres Strait Islander affairs.

### 8.1 PRINCIPLES

A number of principles have been proposed by stakeholders for any new or upgraded planning mechanisms. They include:

- COAG/ministerial responsibility and ownership
- a supporting structure that is as high level and effective as possible for advising AHMC, MCEETYA and MCVTE
- acknowledging the primacy of Aboriginal and Torres Strait Islander leadership, and combining it with *institution-wide responsibility* for change
- partnerships between ministers, government departments and Aboriginal and Torres Strait Islander leadership
- broad representation – inclusive of the school, VET, higher education and health sectors
- performance measures that are jointly developed and
- no establishment of a new body unless necessary.

### 8.2 PROPOSED MECHANISMS

Proposed mechanisms suggested by stakeholders to ensure collaboration and coordination include:

- HWPC – ensuring the Health Workforce Taskforce of HWPC includes Aboriginal and Torres Strait Islander health workforce in their list of strategic priority areas for development

*Appraisal* – This option, while valuable, would not by itself allow for high level input from education and Aboriginal and Torres Strait Islander affairs portfolios

- Annual Joint Ministerial Meeting – requesting that Aboriginal and Torres Strait Islander health be a standing item on the newly established annual joint meetings between Australian, State and Territory health and education ministers

*Appraisal* – This option, while valuable, would require a supporting infrastructure

- COAG – requesting that COAG develop some new mechanism for the highest levels of planning, and to ensure Australian, State and Territory buy-in

*Appraisal* – This option, while having some merit, may require new structures and processes and

- Aboriginal and Torres Strait Islander Health Workforce Working Group and NATSIHC – reviewing and raising the level of health, education, State, Territory and Australian Government participation in the work of ATSIHWWG and NATSIHC.

*Appraisal* – While delivering a number of key strategies and outcomes, these committees can not by themselves ensure the highest level political and bureaucratic collaboration and action required.

### 8.3 PROPOSED MODEL

Given the above principles, suggestions and appraisals, it is proposed that a three-tiered model for actioning reform that uses existing infrastructure in new partnerships, reporting relationships and roles be established (see Figure 3).

The proposed model allows for coordination and evaluation at the national level, and collaborative planning and implementation at the State and Territory and regional level.

#### RECOMMENDATION 21

The Council of Australian Governments to lead the development and establishment of the proposed *model for actioning reform* in partnership with the Health Workforce Principal Committee, National Aboriginal and Torres Strait Islander Health Council, Aboriginal and Torres Strait Islander Health Workforce Working Group, Department of Health and Ageing, and Department of Education, Employment and Workplace Relations.

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**FIGURE 3:** Proposed model for actioning reform.

Role	Responsible Partners	Mechanism
National leadership	COAG, AHMC and MCEETYA	Focus area for COAG Standing agenda item on joint annual meeting of health and education ministers.
National policy frameworks (Joint target-setting and monitoring of outcomes)	HWPC in conjunction with representatives from NATSIHC, ATSIHWWG, DoHA, DEEWR, FaHCSIA, IHEAC, National VET Indigenous Advisory Taskforce, UA and industry groups	HWPC make Aboriginal and Torres Strait Islander health workforce matters a strategic priority Develop national partnerships with industry
State and Territory planning (Priority and target-setting, flexible funding arrangements and implementation)	State/Territory planning forums with representatives from Aboriginal and Torres Strait Islander communities and health and education organisations, DoHA, DEEWR, FaHCSIA, education providers and industry groups	State/Territory planning and implementation forums

## 9. SUMMARY OF RECOMMENDATIONS AND TIMEFRAMES FOR ACTION

This section summarises the issues, strategic priorities and recommendations contained in this paper. 'Short term' means establishing and funding programs/initiatives within 1 year; 'medium term' – within 2 to 3 years; long term – within 3 to 5 years.

**FIGURE 4:** Summary of recommendations and timeframe for action.

Issue	Strategic priorities	Recommendations	Priority level
<b>1. Strong Aboriginal and Torres Strait Islander health leaders: students and their needs</b>			
Seamless and connected support services Parent, family and community engagement Lifelong support – mentors and role models Financial and accommodation support	Literacy and numeracy for primary schools	Evaluate literacy and numeracy and accelerated learning programs and fund a national strategy	Short to medium term
	Mathematics and science literacy for secondary students	AIEWs up-skilled and supported to deliver basic careers guidance	Medium term
	Accelerated learning models evaluated	Sustainable role model and mentoring programs made available to all students	Medium term
	Mentors and role models	Health-specific support services in tertiary institutions. Governments ensure specific funding for support services is available	Short term
	Financial and accommodation support review and coordination of universal availability	Individual Aboriginal and Torres Strait Islander student plans	Short term
		Education providers required to demonstrate effective partnerships with Aboriginal and Torres Strait Islander communities	Short to medium term
		Nationally coordinated marketing and promotions program	Short term
		National review of availability of financial and accommodation support and modelling on range of potential funding innovations	Short term
		Any existing financial restrictions or disincentives on government programs removed	Short term
		National universally available health student support funding scheme	Medium term

**FIGURE 4:** Summary of recommendations and timeframe for action (continued).

Issue	Strategic priorities	Recommendations	Priority level
<b>2. Culturally safe learning environments: the institutional context</b>			
Reforms “built in” not “bolted on”	Whole-of-institution strategies	Whole-of-institution strategies required to increase Aboriginal and Torres Strait Islander participation	Medium to long term
Decision making and organisational reform	Curricula reform		
Curricula reform	Core competencies and national accreditation and registration scheme	Aboriginal and Torres Strait Islander partnerships and decision making in curricula reform and accreditation	Medium to long term
Quality teaching and quality learning		National accreditation and registration mechanism be established to set standards and assess training quality	Medium term
Literacy and numeracy in mathematics and science			
Staff development			
The role of AIEWs			
<b>3. Enabling the system</b>			
Health/education collaboration	Enhanced flexible pathways – particularly from secondary to VET and higher education (including pre-entry or enabling courses and RPL regimes)	COAG to review, develop and strengthen education and training pathways into health workforce	Short to medium term
Health/education funding models		Nationally coordinated, sustainable and consistent approach to transitions, especially from secondary to VET and higher education	Medium to long term
Transitions are critical	Sustainable and consistent transition programs		
Evidence-based interventions and quality data	Partnerships between industry, education providers and communities	National partnerships between governments, community, education providers and industry developed	Short to medium term
Regional variance			
Equal access, participation and outcomes	Health workforce planning and review	Joint national planning to set targets and monitor progress, including a national health workforce database	Medium term
Core competencies and standards	Health and education funding models	Review health and education sector funding models and establish new models based on a mix of need, enrolments, student support and outcomes. Fund organisations/settings for clinical placements	Short term
Clarifying AHW roles			
<b>4. Leadership for change</b>			
Institutional leadership	A professional body for AHWs	Investigate and fund a professional body for AHWs	Short term
Aboriginal and Torres Strait Islander leadership essential	Leadership and continuing professional development strategies established	COAG to work with industry, community, professional and philanthropic groups for leadership and professional development programs	Medium term
Celebrating success		COAG, HWPC and other partners lead the development of the proposed model for actioning reform	Short term



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## Appendix A

### NATIONAL ABORIGINAL AND TORRES STRAIT ISLANDER HEALTH COUNCIL (NATSIHC) AND NATSIHC PAPER WORKING GROUP MEMBERSHIP

#### CURRENT NATSIHC MEMBERSHIP (AT MARCH 2008)

Ms Jane Halton (Chairperson), Secretary, Australian Government Department of Health and Ageing

Dr Mick Adams, Chairperson, National Aboriginal Community Controlled Health Organisation

Dr David Ashbridge, Chief Executive Officer, Department of Health and Community Services, Northern Territory

Mrs Wendy Casey, Drug and Alcohol Office, Department of Health, Western Australia

Professor Sandra Eades, Senior Research Fellow, The Sax Institute

Associate Professor Jacinta Elston, Assistant Dean, Indigenous Health, James Cook University

Associate Professor Gail Garvey, Queensland Institute of Medical Research, Population and Clinical Services

Professor Michael Good, Chair, National Health and Medical Research Council

Dr Sally Goold, Chairperson, Congress of Aboriginal and Torres Strait Islander Nurses

Dr Tamara Mackean, President, Australian Indigenous Doctors' Association

Mr Walter Mackie, Torres Strait Regional Authority

Mr Justin Mohamad, Deputy Chairperson, National Aboriginal Community Controlled Health Organisation

Dr John Moriarty, Chairperson, Jumbana Group

Ms Lesley Podesta, First Assistant Secretary, Office for Aboriginal and Torres Strait Islander Health

Dr Linda Selvey, Senior Director, Population Health, Queensland Health

Professor Ken Wyatt, Director, Aboriginal Health Directorate, Department of Health, Western Australia

During the development of this paper, NATSIHC membership also included:

Mr Henry Councillor, Chairperson, National Aboriginal Community Controlled Health Organisation

Dr Naomi Mayers, Deputy Chairperson, National Aboriginal Community Controlled Health Organisation

Dr Mark Wenitong, President, Australian Indigenous Doctors' Association



**NATSIHC PAPER WORKING GROUP**

Dr Mark Wenitong (Chair), NATSIHC

Ms Clare Anderson, National Aboriginal  
Community Controlled Health Organisation

Mr Peter Boyce, Australian Health  
Ministers' Advisory Council

Associate Professor Jacinta Elston, NATSIHC

Associate Professor Gail Garvey, NATSIHC

Dr Sally Goold, Congress of Aboriginal  
and Torres Strait Islander Nurses

Ms Jill Milroy, Indigenous Higher  
Education Advisory Committee

Dr Caroline Perkins, Australian  
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Mr Graeme Rossiter, Australian Government  
Department of Health and Ageing

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ASSOCIATION**

Dr Tamara Mackean, President

Mr Romlie Mokak, Chief Executive Officer

Ms Mary Guthrie, Manager, Policy and Projects

Ms Silvia Liertz, Project Officer

# Appendix B

## STAKEHOLDER WORKSHOP PARTICIPANTS, 19 NOVEMBER 2007, CANBERRA

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Australian Health Ministers' Advisory Council  
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Australian Indigenous Doctors' Association  
**Mr Romlie Mokak**

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Australian Medical Association  
**Dr Maurice Rickard**

Australian Medical Association  
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Australian Nursing and Midwifery Council  
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Australian Nursing Federation  
**Ms Julianne Bryce**

Australian Physiotherapy Association  
**Mr Jonathon Kruger**

Australian Principals Associations  
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**Ms Susan Boucher**

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**Assoc Prof Noel Hayman**

Community Services and Health  
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## Appendix C

### EXISTING AUSTRALIAN GOVERNMENT PROGRAMS AND INITIATIVES CONTRIBUTING TO ABORIGINAL AND TORRES STRAIT ISLANDER HEALTH WORKFORCE DEVELOPMENT

#### DEPARTMENT OF EDUCATION, EMPLOYMENT AND WORKPLACE RELATIONS – INDIGENOUS EDUCATION PROGRAMMES/ FUNDING<sup>94</sup>

##### 1. ABORIGINAL AND TORRES STRAIT ISLANDER EDUCATION PROJECT FUNDING (SELECTED)

- Under the \$1.73 million Australian Government funding package to support the IHEAC report, *Improving Indigenous Outcomes and Enhancing Indigenous Culture and Knowledge in Australian Higher Education*, \$600 000 was allocated to build pathways for recent school leavers/and or mature-aged Aboriginal and Torres Strait Islander people and to raise the level of Aboriginal and Torres Strait Islander undergraduate enrolments in higher education.

The three projects that have been funded under this initiative seek to create alternative pathways for Aboriginal and Torres Strait Islander people into the health training sector, particularly nursing and midwifery. It is anticipated that the funded projects, that commenced in mid-2007, will produce and provide evidence for best practice models for increasing and retaining Aboriginal and Torres Strait Islander students into public health programs and for producing excellent graduate employment outcomes for Aboriginal and Torres Strait Islander people in the Aboriginal and Torres

Strait Islander community-controlled and government public health sectors. The projects are due to be completed by mid-2009. At this stage no further information is available on any of these projects.

- The Australian Government through DEEWR has funded \$60 000 to AIDA to increase the number of Aboriginal and Torres Strait Islander students entering and graduating into the Aboriginal and Torres Strait Islander health workforce. The objective of the project is to form partnerships with universities and Aboriginal and Torres Strait Islander health services, and to link them with the school sector in order to assist in opening pathways to future study in medicine for potential Aboriginal and Torres Strait Islander medical students in the secondary school years. The program will provide career advice on, and support and encouragement for education and employment opportunities in the health sciences.

## 2. ABORIGINAL AND TORRES STRAIT ISLANDER EDUCATION PROGRAMMES

### Supplementary Recurrent Assistance

Supplementary Recurrent Assistance is the largest program element under the Indigenous Education Programme. Annual per capita funding is allocated to:

- schools, school systems and vocational education and training providers with 20 or more Aboriginal and Torres Strait Islander students and
- preschools with five or more full-time-equivalent Aboriginal and Torres Strait Islander students.

Supplementary Recurrent Assistance aims to accelerate education outcomes for Aboriginal and Torres Strait Islander Australians beyond those that could reasonably be expected from mainstream and own-source funding alone, by focusing provider effort on the eight MCEETYA priority areas for Aboriginal and Torres Strait Islander education:

- improving Aboriginal and Torres Strait Islander literacy
- improving Aboriginal and Torres Strait Islander numeracy
- increasing the employment of Aboriginal and Torres Strait Islander Australians in education and training
- improving education outcomes for Aboriginal and Torres Strait Islander students
- increasing Aboriginal and Torres Strait Islander enrolments
- increasing the involvement of Aboriginal and Torres Strait Islander parents/community members in education decision making
- increasing professional development for staff involved in Aboriginal and Torres Strait Islander education and
- expanding culturally inclusive curricula.

The 21 goals of the National Aboriginal and Torres Strait Islander Education Policy form the basis of the MCEETYA priority areas.

### Indigenous Tutorial Assistance Scheme

Indigenous Tutorial Assistance Scheme comprises five elements:

- in-class tuition
- tutorial assistance for Years 9, 10, 11 and 12
- tertiary tuition
- remote Aboriginal and Torres Strait Islander student tuition and
- Indigenous Tutorial Assistance Scheme for VET students.

*In-class tuition* aims to improve Aboriginal and Torres Strait Islander students' English literacy and numeracy outcomes. Funding for in-class tuition is determined by the number of Aboriginal and Torres Strait Islander students in Years 4, 6 or 8 who did not meet one or more of the Year 3, 5 or 7 literacy or numeracy benchmarks, or who were exempted from testing in the previous year. In-class tuition takes place during school hours and is managed by schools to ensure it supplements classroom programs.

*Tutorial assistance for Years 9, 10, 11 and 12* is provided to students to increase senior secondary outcomes. Eligible students are assessed on their need for additional assistance by the school/college in which they are enrolled. The objective of the assistance is to improve the education outcomes of Aboriginal and Torres Strait Islander students to the end of compulsory and secondary school. The element includes funding for two years to extend the element to Year 9.

*Tertiary tuition* assists Aboriginal and Torres Strait Islander students enrolled in tertiary institutions to achieve education outcomes equal to those of other Australians. Funding for tuition is provided directly to the institution through bulk funding arrangements.



*Remote Indigenous student tuition* provides tutorial assistance to more than 2000 Aboriginal and Torres Strait Islander students who move away from their remote community to attend school.

*Indigenous Tutorial Assistance Scheme for VET students* provides tutorial assistance to Aboriginal and Torres Strait Islander VET students.

### Whole-of-school intervention (WoSI) strategy

The Whole-of-school intervention strategy encourages Aboriginal and Torres Strait Islander communities, parents and schools to work together to implement local strategies to break down the barriers to education success and to improve learning outcomes for Aboriginal and Torres Strait Islander students. Whole-of-school intervention has two elements – the Parent School Partnership Initiative that provides funding under a competitive submission-based system for projects to promote parent and school partnerships and a second element, Homework Centres where Aboriginal and Torres Strait Islander students can complete their homework and other study.

### Strategic initiatives

Project funding may be approved for capital and non-capital nationally significant projects that clearly demonstrate that they will advance the objects of the *Indigenous Education (Targeted Assistance) Act 2000* (Cwlth). Funding is provided for national strategic initiatives such as Dare to Lead and What Works, and Scaffolding Literacy initiatives in the Northern Territory, Western Australia, Queensland, South Australia and New South Wales.

*Dare to Lead* – this project aims to effect change in schools through the formation of a coalition of school leaders enlisted to place priority on improving education outcomes for Aboriginal and Torres Strait Islander students. The project provides professional learning opportunities to principals and promotes cultural understanding and intercultural exchange through cultural tours, school visits and access to best practice resources.

*What Works* – delivers professional development workshops that aim to ensure teaching focuses on improving outcomes for Aboriginal and Torres Strait Islander students; and, targets teachers in all Australian States and Territories.

*Scaffolding Literacy* – a structured approach to teaching literacy using age-appropriate texts. The Australian Government is providing \$14 million over 2005 to 2008 to continue this work in improving Aboriginal and Torres Strait Islander literacy levels.

### Indigenous Support Program

This program assists higher-education institutions to meet the needs of Aboriginal and Torres Strait Islander students and to advance the goals of the National Aboriginal and Torres Strait Islander Policy in the higher education sector. In 2007/08, funding is \$34 million.

### 'Mixed mode' Away from Base

'Mixed mode' Away from Base assistance provides funding for travel, meals and accommodation while a student (or staff member) is away from their normal place of residence as part of a 'mixed mode' course of study. 'Mixed mode' Away from Base aims to ensure the access and participation of Aboriginal and Torres Strait Islander students in higher education and VET.

### Indigenous Youth Mobility Programme

The Indigenous Youth Mobility Programme helps young Aboriginal and Torres Strait Islander people from remote areas access training and employment opportunities in Cairns, Townsville, Toowoomba, Newcastle, Dubbo, Canberra, Shepparton, Adelaide, Perth and Darwin. In the 2007 Budget, Indigenous Youth Mobility Programme received a further \$33.2 million in funding to enable an expansion of the program from 640 places to 1500 places over four years.

### Indigenous Youth Leadership Programme

The Indigenous Youth Leadership Programme provides scholarships for young talented Aboriginal and Torres Strait Islander people, mainly from remote areas, to attend high performing schools and universities and supports the development of their leadership skills. In the 2007 Budget, the Indigenous Youth Leadership Programme received a further \$36 million to enable an expansion from the current 250 scholarships to 1000 scholarships.

### Indigenous Access Scholarships

Announced in the 2007 Budget, \$27.7 million will be provided over four years for up to 1000 Aboriginal and Torres Strait Islander higher education students annually, particularly those who need to relocate from rural and remote areas, to receive a one-off payment of \$4080 (in 2008 – to be indexed annually) to take up a university or enabling course. These students will also be eligible to receive a Commonwealth Education Costs scholarship valued at \$2162 in 2008, to assist them with their education costs; and where eligible a Commonwealth Accommodation Scholarship valued at \$4324 in 2008 to assist with accommodation costs.

### Boarding schools

\$15.3 million has been provided to existing boarding schools with strong track records of providing secondary schooling for Aboriginal and Torres Strait Islander young people to enable them to upgrade their facilities. This is in addition to the \$50 million provided to non-government boarding schools. An election commitment of the current Australian Government provides for an additional three boarding colleges to be constructed in the Northern Territory, providing boarding opportunities for 152 students, particularly Aboriginal and Torres Strait Islander students and those from rural and remote regions.

### Substance Abuse

This program assists young Aboriginal and Torres Strait Islander people involved in petrol sniffing and substance abuse in the central desert and other remote areas, through a range of interventions aimed at increasing their connectedness to learning.

### Sporting academies

Funding is provided for some 20 school-based sports academies for secondary school students and engagement strategies for primary and secondary school students that use sport as a vehicle to increase the level of engagement of Aboriginal and Torres Strait Islander students in their schooling.

### Community festivals

Community festivals aim to encourage engagement with education and expose young people to healthy lifestyles. They seek to engage Aboriginal and Torres Strait Islander students, in regional and remote communities, to improve school attendance and retention and exposure to broader career and employment opportunities.

## 3. VOCATIONAL EDUCATION ABORIGINAL AND TORRES STRAIT ISLANDER PROJECT FUNDING (SELECTED)

- DEEWR funds the Community Services and Health Industry Skills Council to develop, maintain and continuously improve training packages and develop support materials for the health and community service sectors. The Health Training Package, HLT07, that was endorsed by the National Quality Council in January 2007, includes for the first time specific qualifications for Aboriginal and Torres Strait Islanders working in the health sector. These include eight Aboriginal Health Worker qualifications in Primary Health Care (Practice) and Primary Health (Community Care) that provide pathways from Certificate II to Advanced Diploma. Also included are qualifications for Population

Health and Indigenous Environmental Health Workers with pathways from Certificate II to Diploma. All these qualifications are subject to a continuous improvement process and will be part of a full review of the training package by November 2009.

- DEEWR is funding the Community Services and Health Industry Skills Council, in a consortium with the National Aboriginal Community Controlled Health Organisation and the Aboriginal and Torres Strait Islander RTO Network, to develop a resource kit for RTOs. The aim of the project is to develop resource and assessment materials to support the delivery of the Aboriginal Health Workers qualifications in the Health Training Package. The project is the first stage of a larger interdepartmental implementation strategy. DoHA is managing the second and third stages of the implementation strategy, consisting of the delivery of training and assessment skills to Indigenous trainers and communication with stakeholders. The due date for completion of Stage 1 of the project is June 2008.
- In 2005/06 the then Department of Education, Science and Training funded the Community Services and Health Industry Skills Council, under the Indigenous Regional Projects element of the Industry Training Strategies Programme, to provide services aimed at improving the participation of Aboriginal and Torres Strait Islander Australians in Australian apprenticeships in the community services and health industries. The project resulted in development of:
  - culturally appropriate resource materials covering information on eight community services and health occupations
  - job pathway charts and
  - Australian Apprenticeships information.

These resource materials form the *What's the Job? Australian Apprenticeships in the Community Services and Health Industries* information kit.

- The Community Services and Health Industry Skills Council has submitted a project proposal – *Training Workplace Assessors for Implementation of Aboriginal and Torres Strait Islander Health Worker Qualifications* – under 2007 to 2009 Indigenous Regional Projects funding. The project supports the delivery of workplace assessor training to assist with implementing new Aboriginal Health Worker qualifications and competencies.

#### 4. VOCATIONAL EDUCATION AND TRAINING PROGRAMS

##### **Skilling Australia's workforce**

The Australian Government provides funding to the States and Territories under the 2005–2008 *Australian–State Funding Agreement for Skilling Australia's Workforce* to support their training systems. The agreement aims to improve the outcomes for Aboriginal and Torres Strait Islander Australians in VET and requires States and Territories to:

- provide additional training places in regional and remote locations for Aboriginal and Torres Strait Islander Australians
- achieve an overall increase in participation of Aboriginal and Torres Strait Islander Australians at higher qualification levels, specifically at Certificate III and above and
- report on strategies and performance measures for each strategy in VET plans.

##### **Joint Indigenous Funding Pool**

The 2005 to 2008 Australian–State Funding Agreement for Skilling Australia's workforce established a Joint Indigenous Funding Pool that strategically targets funding to maximise education and training opportunities and improve training outcomes for Aboriginal and Torres Strait Islander students. States and Territories are required to match the Australian Government's contribution to the Joint Indigenous Funding Pool which has increased the level of spending on Aboriginal and

Torres Strait Islander training to approximately \$23.3 million over the 2006 to 2008 period.

### Training initiatives for Indigenous adults in regional and remote communities

Following an agreement at COAG, the 2007/08 Budget provided additional funding for Training Initiatives for Indigenous Adults in Regional and Remote Communities program. This program will assist in attracting and supporting Aboriginal and Torres Strait Islander adults in regional and remote communities to engage in training, including through *Work Skills Vouchers*. The program will also help build the diversity and capacity of the training market in these communities. The Australian Government will provide \$21.4 million over four years, with Queensland, South Australia, Western Australia and the Northern Territory contributing matched funding.

### Group Training Australian Apprenticeships Targeted Initiatives Programme

The Targeted Initiatives Programme currently has six projects specifically aimed at encouraging and improving participation of Aboriginal and Torres Strait Islander Australians in Australian apprenticeships. The program commenced in 2000. To date, 34% of all Targeted Initiatives Programme projects have had an Aboriginal and Torres Strait Islander focus, with Aboriginal and Torres Strait Islander Australians accounting for 36% of all commencements and 33% of all completions.

### Indigenous Regional Projects

Indigenous Regional Projects are a component of the Industry Training Strategies Programme. Indigenous Regional Projects aim to improve VET outcomes for Aboriginal and Torres Strait Islander Australians and provide Aboriginal and Torres Strait Islander Australians with appropriate skills development that leads to sustainable employment. The program achieves this objective by establishing and trialling initiatives that address difficulties experienced by Aboriginal and Torres Strait

Islander Australians in accessing and participating in nationally recognised VET. The initiatives support and expand Aboriginal and Torres Strait Islander Australians' participation in VET, including through an Australian Apprenticeships pathway or structured education and training. The initiatives lead to sustainable employment.

### VET Infrastructure for Indigenous People

The Australian Government jointly administers funding for establishing or expanding training facilities for Aboriginal and Torres Strait Islander training provision through the VET Infrastructure for Indigenous People funding. The objective of the VET Infrastructure for Indigenous People Programme is to provide capital funding to assist in and enhance delivery of training to Aboriginal and Torres Strait Islander people. Funding of \$4 million per annum has been used to construct or refurbish buildings, purchase and outfit mobile training units or purchase essential training equipment.

### Australian Apprenticeships Access Programme

The Australian Apprenticeships Access Programme provides for pre-vocational training and support to assist disadvantaged people obtain and maintain an Australian Apprenticeship. Aboriginal and Torres Strait Islander Australians are eligible to participate in the program and are referred by Job Network members, Centrelink and providers of other Australian Government programs such as Youth Pathways, Community Development Employment Projects and Indigenous Employment Centres. Since 2006, 1070 Aboriginal and Torres Strait Islander Australians have received training, support and assistance through the program.

### Australian Flexible Learning Framework

The Australian Flexible Learning Framework provides the VET system with e-learning skills, professional development opportunities, products, resources and support networks to meet today's increasingly technological-driven learning environment. The Indigenous Engagement



Project forms one of the 14 framework projects. It aims to contribute to improving employment futures for Aboriginal and Torres Strait Islander people by advancing skills through e-learning.

#### **Workplace English Language and Literacy Programme**

In 2006/07, expenditure under Workplace English Language and Literacy was \$14.502 million and 16 190 students, of whom 5% were Aboriginal and Torres Strait Islander, were assisted by the program.

#### **Language, Literacy and Numeracy Programme**

Language, Literacy and Numeracy Programme currently has over 1000 Aboriginal and Torres Strait Islander jobseeker commencements each year. Almost all these commencements are in the literacy and numeracy stream.

#### **National Indigenous Cadetship Project**

The National Indigenous Cadetship Project links Aboriginal and Torres Strait Islander Australian students with employers in cadetship arrangements involving full-time study and work placements. This enables students to get professional qualifications and experience in a range of jobs and move into ongoing employment when they complete their studies. Students also undertake a 12-week paid work placement (or equivalent) for each year of their cadetship, usually between academic years. Aboriginal and Torres Strait Islander Australians studying full-time (or enrolled to study full-time) at an Australian TAFE college, RTO or university in a diploma, advanced diploma or their first undergraduate degree are eligible for National Indigenous Cadetship Project. Cadets receive:

- a study allowance while undertaking full-time study
- help with the cost of books and equipment and
- paid work placements that are relevant to their studies.

## **DEPARTMENT OF HEALTH AND AGEING**

DoHA oversees the following programs that support Aboriginal and Torres Strait Islander people to take up and complete education and training in the health workforce.

### **HIGHER EDUCATION PROGRAMS**

#### **Public Health Education & Research Program (PHERP)**

Public Health Education & Research Program's aim is to equip the public health workforce with the skills and expertise to protect and promote the health of the Australian population. A priority of Public Health Education & Research Program is to improve workforce and research capacity and capability in Aboriginal and Torres Strait Islander health. The 2005 Public Health Education & Research Program review recommended that universities seek to actively recruit Aboriginal and Torres Strait Islander Australian students into Masters of Public Health courses, that are delivered in a culturally safe way, and that Aboriginal and Torres Strait Islander Australian students are supported to successfully complete these courses.

#### **PHERP contestable funding**

A further recommendation from the 2005 Public Health Education & Research Program review was the allocation of funding for capacity building in the national priority health area of Aboriginal and Torres Strait Islander health, focusing on programs that have:

- demonstrable success in attracting and graduating Aboriginal and Torres Strait Islander Australian students in public health and/or
- at the undergraduate level, articulate with postgraduate programs and/or
- propose innovative approaches to attracting, retaining and graduating Aboriginal and Torres Strait Islander Australian students.



The following projects are currently funded through Public Health Education & Research Program Contestable funding to meet these aims:

- National Curriculum Development and Delivery for Indigenous Public Health – Deakin University
- National Indigenous Academic Public Health Capacity Building – Griffith University and
- National Indigenous Academic Public Health Capacity Building – University of Queensland.

### **Puggy Hunter Memorial Scholarship Scheme**

The Puggy Hunter Memorial Scholarship Scheme is a scholarship scheme that provides financial support to undergraduate Aboriginal and Torres Strait Islander students seeking qualifications in health-related disciplines. The objective of the scheme is to increase the number of Aboriginal and Torres Strait Islander members in the health workforce. Scholarship places are awarded to students in the following health disciplines:

- Aboriginal Health Worker
- enrolled nurse
- registered nurse
- direct entry midwifery
- allied health (all specialties except pharmacy)
- dental/oral health
- mental health
- medicine
- health promotion/prevention, and
- health service management.

An amount of \$15 000 per annum is awarded to each full-time scholarship recipient. This reduces to \$7500 for part-time students.

### **Australian Rotary Health Research Fund**

The Australian Rotary Health Research Fund is a scholarship scheme that provides financial (\$5000 per annum) and mentoring support to Aboriginal and Torres Strait Islander students (both undergraduate and postgraduate) seeking qualifications in health-related disciplines.

Scholarship places are limited to university-level qualifications in the same disciplines as for the Puggy Hunter Memorial Scholarship Scheme. However, Australian Rotary Health Research Fund also includes pharmacy.

### **Aboriginal and Torres Strait Islander Undergraduate Scholarship Scheme**

The aim of the Aboriginal and Torres Strait Islander Undergraduate Scholarship Scheme is to encourage Aboriginal and Torres Strait Islander students to undertake studies in pharmacy at university. A total of three scholarships valued at \$15 000 per annum for a maximum of four years are offered each year.

### **Footprints Forward – Monash University Project**

The aim of this project is the implementation of better strategies for the recruitment, retention and support of Aboriginal and Torres Strait Islander medical students. Monash University in conjunction with NSW and James Cook Universities were engaged to undertake the project. The aim of the project was to:

- investigate opportunities for and barriers to Aboriginal and Torres Strait Islander students' entry into medical education, and act on their findings
- identify, recommend and pilot existing and innovative strategies that may increase Aboriginal and Torres Strait Islander enrolment and
- provide sustainable support for these students in all Australian medical schools.

### **National Indigenous Cadetship Project**

The National Indigenous Cadetship Project aims to improve employment prospects for Aboriginal and Torres Strait Islander Australians by providing financial support for tertiary study (generally up to 3 years) and by linking them with an employer who supports them through each year of study, provides 12 weeks of employment usually at the end of each academic year and ongoing employment, to an APS 3 position, on successful completion of studies.

### Medical Deans of Australia and New Zealand Leaders in Indigenous Medical Education Project

The object of this project is to:

- enable the medical deans of Australia and New Zealand to manage the secretariat of the Leaders in Indigenous Medical Education Network whose mission is to ensure the quality and effectiveness of the teaching and learning of Aboriginal and Torres Strait Islander health in medical education and curriculum and
- ensure strategies to support the recruitment and retention of Aboriginal and Torres Strait Islander medical students.

Members of the network include medical educators, Aboriginal and Torres Strait Islander health and community professionals, medical colleges and student representatives.

### Australian National University Indigenous Academic Project

This project assists the Australian National University to employ an Aboriginal and Torres Strait Islander academic.

The key aims of the project are:

- coordination of the teaching of Aboriginal and Torres Strait Islander health at the Australian National University Medical School
- further development of Aboriginal and Torres Strait Islander health training, clinical and research activities and
- implementation of strategies to recruit and support Aboriginal and Torres Strait Islander medicine students and junior doctors.

### University Departments of Rural Health

The University Departments of Rural Health program encourages all students of medicine, nursing and other health professions to pursue a career in rural practice by providing opportunities for students to practise their clinical skills in a rural environment. It also supports health professionals currently practising in rural settings.

### VOCATIONAL EDUCATION AND TRAINING PROGRAMS

#### National Prescribing Service Good Medicines Better Health Outcomes

The National Prescribing Service Good Medicines Better Health Outcomes pilot program aims to improve Aboriginal Health Workers' skills and quality use of medicines knowledge to assist Aboriginal and Torres Strait Islander peoples manage their medicines better.

The train-the-trainer pilot program includes delivery of a minimum of two training sessions, ongoing support of local trainers and a comprehensive evaluation of the training outcomes.

#### Aboriginal and Torres Strait Islander Pharmacy Assistant Traineeship Scheme

The aim of this program is to encourage and support Aboriginal and Torres Strait Islander people who want to become trained as pharmacy assistants and pharmacy technicians.

#### Development and implementation of a resource kit to support the Population Health Qualifications Framework Project

DoHA is funding the Community Services and Health Industry Skills Council to develop a resource kit for RTOs to assist in providing population health and Aboriginal and Torres Strait Islander environmental health training. It is developing a population health training and assessment resource kit to support the implementation of the new Aboriginal and Torres Strait Islander Environmental Health Worker qualifications within the population health worker qualifications. The final product will comprise an off-the-shelf resource kit that will encourage courses that lead to qualifications in population health and Aboriginal and Torres Strait Islander environmental health. It will offer more training courses, particularly in rural areas. This project is a one-off project with a

completion date of 31 January 2008. Piloting and testing are currently being undertaken.

#### **Establishment of the Aboriginal and Torres Strait Islander Environmental Health Practitioners' Association**

DoHA anticipates providing seed funding for the establishment of the Aboriginal and Torres Strait Islander Environmental Health Practitioners' Association. This association will provide ongoing professional development and support for Aboriginal and Torres Strait Islander Environmental Health Workers in remote communities. It will facilitate networking and communication between professionals to provide up-to-date exchange of information. The association will also raise the recognition of the expertise and qualifications of Aboriginal and Torres Strait Islander Environmental Health Workers in the wider community.

#### **Aboriginal and Torres Strait Islander Health Registered Training Organisation Network**

Secretariat support to Aboriginal and Torres Strait Islander Health Registered Training Organisation Network is provided by the Aboriginal Health Council of South Australia. The role of the secretariat is to:

- provide mutual support for RTOs as key organisations in the delivery of training to the Aboriginal and Torres Strait Islander health sector
- assist in driving the process for a nationally consistent Aboriginal and Torres Strait Islander Health Worker Training framework
- support the development of nationally applicable learning resources on an ongoing basis
- consolidate the position of the health sector RTOs in the VET sector and
- represent the interests of Independent Aboriginal Community Controlled Health training providers in the VET sector.

#### **Indigenous Australian Contract Management Traineeship Program**

This program is a DEEWR program offering a 12-month on the job training program in contract management that aims to:

- encourage Aboriginal and Torres Strait Islander Australians seeking employment in the APS to do so while undertaking a nationally recognised qualification
- increase the Aboriginal and Torres Strait Islander profile within the Australian Public Service in line with the commitment to improving employment outcomes for Aboriginal and Torres Strait Islander Australians and
- provide fully qualified and trained contract managers who have a better understanding of the Australian Public Service environment.

#### **Indigenous Entry Level Recruitment Program**

The Indigenous Entry Level Recruitment Program is a new APSC program offering a 12-month on-the-job certificate program with aims to:

- encourage Aboriginal and Torres Strait Islander Australians seeking employment in the Australian Public Service to do so while undertaking a nationally recognised qualification and
- increase the Aboriginal and Torres Strait Islander profile within the Australian Public Service in line with the commitment to improving employment outcomes for Aboriginal and Torres Strait Islander Australians.

#### **Improving the capacity of workers in Indigenous communities**

Funding has been allocated to the Office for Aboriginal and Torres Strait Islander Health (OATSIH), over five financial years under the COAG mental health reform package. OATSIH is responsible for the administration and implementation of the Indigenous-

specific measure 'improving the capacity of workers in Indigenous communities'.

Aboriginal Health Workers, counsellors and clinic staff in Indigenous-specific health services will be trained to:

- identify and address mental illness and associated substance use issues in Aboriginal and Torres Strait Islander communities
- recognise the early signs of mental illness and
- make referrals for treatment where appropriate.

Support staff, such as transport and administration staff, will be trained in mental health first aid.

The measure also provides an additional ten mental health worker positions. Aboriginal and Torres Strait Islander Australians will benefit from increased access to trained professionals and better referral and treatment options.

#### PROFESSIONAL SUPPORT, RECRUITMENT AND RETENTION- RELATED PROGRAMS

##### Australian Indigenous Doctors Association Project

AIDA is the representative body of Aboriginal and Torres Strait Islander doctors and medical students. The current funding agreement is to enable AIDA to provide representation, advocacy, advice and support for Aboriginal and Torres Strait Islander doctors and medical students.

Performance indicators of the funding agreement are to:

- promote sound governance and management of AIDA
- develop and implement processes – both informal and formal – to provide information, representation, support and research to increase the number of Aboriginal and Torres Strait Islander doctors and medical students
- establish partnerships, undertake research and develop programs to increase numbers of Aboriginal and Torres Strait Islander doctors

and medical students and address Aboriginal and Torres Strait Islander health and

- support Indigenous Doctors and medical students in general practice and primary health care.

##### Council of Aboriginal and Torres Strait Islander Nurses Project

DoHA provides base funding to enable this organisation to act as a peak body representing Aboriginal and Torres Strait Islander Nurses. DoHA funds CATSIN to undertake a number of activities by:

- providing advice to governments and other stakeholders concerning policy formulation and implementation and strategic development across issues that affect Aboriginal and Torres Strait Islander nurses
- collaborating with education and employment sectors to develop and implement culturally appropriate strategies for the recruitment, retention and support of Aboriginal and Torres Strait Islander nurses
- providing advice in areas such as curriculum development, research and professional matters relevant to Aboriginal and Torres Strait Islander nurses
- promoting best practice in Aboriginal and Torres Strait Islander health by establishing relationships with various organisations and stakeholders and
- managing a mentoring project for young Aboriginal and Torres Strait Islander nurses and students.

##### Aboriginal and Torres Strait Islander Graduate Program

Candidates join as part of the DoHA Graduate Development Program which is 12 months in duration and requires three rotations of four months each. However, Aboriginal and Torres Strait Islander candidates are recruited separately by the APSC (interviewed, rated and listed) for



departments/agencies to make an offer to. The aim of the Graduate Development Program is to combat future skills shortages by developing a suitable pool of highly skilled candidates.

### Coaching Services for Aboriginal and Torres Strait Islander people

The aim of the professional coaching intervention, for staff who have been at level for 18 months or longer, is to:

- assist and encourage Aboriginal and Torres Strait Islander employees to progress their careers in the department
- to retain them in the department and
- improve their capacity to contribute at senior levels in the department.

### Secondment Program for Aboriginal and Torres Strait Islander people (Horizons)

Horizons targets Aboriginal and Torres Strait Islander employees at the APS 4 to 6 levels, who have been ongoing employees for a minimum of 12 months at the time of application. The aim of the Horizons is to:

- enhance the career progression prospects of Aboriginal and Torres Strait Islander employees
- provide Aboriginal and Torres Strait Islander employees with the opportunity to broaden their APS experience and
- provide host agencies an opportunity to gain different perspectives.

### Department internal/external training available for education and training

All departmental staff can access the current suite of courses on offer and have access to a wide range of external training opportunities on application. These courses are centrally funded.

### Rural workforce agencies

The Australian Government developed the Rural and Remote General Practice Program to improve access of rural and remote communities to primary medical services

through the recruitment and retention of general practitioners in rural and remote Australia.

Rural workforce agencies in each State and the Northern Territory are funded to deliver a range of services and programs to attract general practitioners to work in rural areas and to improve the sustainability and viability of the rural health workforce.

Funding is also provided to the Australian Rural and Remote Workforce Agencies Group to support the rural workforce agencies. This includes national advocacy and representation, effective coordination and administration and management of national data relating to rural workforce activities. The group also contributes to health program and policy development.

### Peer Support Program

A Peer Support Program has been established by the department for Aboriginal and Torres Strait Islander staff. The program is the first of its type for the APS. The program was developed between the National Aboriginal and Torres Strait Islander Staff Network and People Branch in association with the department's Employee Assistance Provider, Davidson Trahaire Corpsych.

All discussions with peer support officers are confidential.

### Talking Circles Program

A national 'talking circles' discussion program has been established by the department for Aboriginal and Torres Strait Islander staff. Talking Circles provides an opportunity for Aboriginal and Torres Strait Islander staff to discuss with a representative from People Branch and the Aboriginal and Torres Strait Islander Network Executive, issues relating to recruitment and retention in a culturally safe and appropriate setting. They also provide an opportunity for network members to identify whether they feel they could use the range of programs including peer support, coaching, and leadership/secondments.



### The National Health and Medical Research Council Strategy for Building Capacity in Aboriginal and Torres Strait Islander Health Research

The strategy's vision is to build capacity to ensure that excellence in research, research and health ethics; and research advice facilitates health gain for Aboriginal and Torres Strait Islander people.

The strategy identifies three themes – human development, building infrastructure and building partnerships – and acknowledges that all have both human and institutional elements.

The dimensions of capacity building identified in the Strategy include:

- workforce capacity building: to allow Aboriginal and Torres Strait Islander communities to *develop* and *implement* their own health plans
- professional capacity building: providing professionally accredited Aboriginal and Torres Strait Islander health practitioners to further strengthen the capacity of the Aboriginal and Torres Strait Islander community to undertake their own evaluative and action-based research projects and
- information capacity building: a networked information database of use to Aboriginal and Torres Strait Islander communities and accessible by all.

# Appendix D

## NATIONAL ABORIGINAL AND TORRES STRAIT ISLANDER HEALTH COUNCIL PAPER – PATHWAYS INTO THE HEALTH WORKFORCE FOR ABORIGINAL AND TORRES STRAIT ISLANDER PEOPLE

### STAKEHOLDER WORKSHOP 19 NOVEMBER 2007, CANBERRA OUTCOMES OF PROCEEDINGS

#### BACKGROUND

The purpose of the National Aboriginal and Torres Strait Islander Health Council (NATSIHC) paper is to outline strategic priorities, opportunities and strategies for action to guide the education and health sectors in collaboratively developing the Aboriginal and Torres Strait Islander health workforce.

In August 2006, NATSIHC agreed that Dr Mark Wenitong, then President of the Australian Indigenous Doctors' Association (AIDA), would take the lead on finalising the NATSIHC paper as Chair of the NATSIHC Paper Working Group, which comprises:

- Ms Clare Anderson, National Aboriginal Community Controlled Health Organisation
- Mr Peter Boyce, Australian Health Ministers' Advisory Council.
- Associate Professor Jacinta Elston, NATSIHC
- Associate Professor Gail Garvey, NATSIHC
- Dr Sally Goold, Congress of Aboriginal and Torres Strait Islander Nurses
- Ms Jill Milroy, Indigenous Higher Education Advisory Council

- Dr Caroline Perkins, Australian Government Department of Education, Science and Training and
- Mr Graeme Rossiter, Australian Government Department of Health and Ageing.

Under the guidance of the NATSIHC Paper Working Group, Mr Gregory Phillips of ABSTARR Consulting prepared a draft paper for stakeholder consultation. The paper was circulated to Workshop participants prior to the Workshop.

#### OVERVIEW

The Stakeholder Workshop was held on Monday, 19 November 2007 in Canberra. The Workshop brought together 49 stakeholders from the health and education sectors. Workshop participants discussed and refined issues and solutions to be considered for inclusion in the final NATSIHC paper.

## AGENDA

### INTRODUCTION

Welcome to Ngambri–Ngunnawal country  
– Ms Matilda House  
Introduction – Dr Mark Wenitong, NATSIHC  
Paper Working Group Chair  
Purpose and structure of the Workshop –  
Mr Mick Gooda, Facilitator

### SESSION 1

Overview of current policy environment – Prof  
Rosemary Calder, Department of Health and  
Ageing; and Dr Carol Nicoll, Department of  
Education, Science and

### TRAINING

Health workforce data – Assoc Prof Gail  
Garvey, NATSIHC  
Overview of key issues – Mr Gregory Phillips,  
Consultant Writer

### SESSION 2

What gaps remain? – Whole-of-group  
discussion

### SESSION 3

What are the solutions? – Breakout groups and  
report back

### SESSION 4

Next steps – Dr Mark Wenitong, NATSIHC  
Paper Working Group Chair

## OUTCOMES OF PROCEEDINGS

### SESSION ONE – OVERVIEW OF CURRENT POLICY ENVIRONMENT AND OF KEY ISSUES

*Prof Rosemary Calder, First Assistant Secretary,  
Mental Health and Workforce Division, Department of  
Health and Ageing; and Aboriginal and Torres Strait  
Islander Health Workforce Working Group Chair*

- The Department of Education, Science and Training (DEST) and Department of Health and Ageing (DoHA), as well as State and Territory departments of education and health are clearly linked in terms of ensuring a trained and skilled health workforce is available for all Australians.
- A structure for policy planning exists in the health arena (see [Appendix E](#)). DEST and DoHA work collaboratively and tap into this structure.
- The health sector is facing a period of intense competition for workforce recruits.
- To attract young Indigenous Australians into health careers at all levels of the education system, to ensure that they are well supported through education and training, and to ensure effective retention strategies are in place to maintain them in their careers, is a substantial challenge.
  - Large gaps in participation and education outcomes still exist between Aboriginal and Torres Strait Islander and non-Indigenous school students.
  - Literacy and numeracy skills are critical – the school and vocational education and training (VET) sectors play an important role in this area.
  - The strength and capacity of the workforce is significantly influenced by the infrastructure that is developed to encourage professional interaction between all health-related disciplines and occupations.

- Another focus could be consideration of entry pathways to specific short term intensive training in particular health issues. However, any short term programs that are developed would need to be embedded in longer term education and career pathways.
- The collaboration in place between DEST and DoHA will inform ministers and senior officials about the high level initiatives and infrastructure needed to address these challenges.
- The Australian Health Ministers' Advisory Council and the Aboriginal and Torres Strait Islander Health Workforce Working Group will be looking to the NATSIHC paper for advice and guidance.
- The DEST-established Joint Indigenous Funding Pool is an example of Australian/ State/Territory collaboration that is supporting Indigenous training needs. The Australian Government is also looking at how to further strengthen Indigenous outcomes in the context of the next round of Australian– State/Territory funding agreements.
- A focus on foundational skills – language, literacy and numeracy – is still needed.
- In the context of national labour and skills shortages, there are significant economic benefits to be gained from increased workforce participation among Indigenous people. Australia can not afford to have people disengaged from the workforce and, by implication, the training systems that will provide the relevant skills.
- It is important that Aboriginal and Torres Strait Islander people are given, and take up, the leadership in providing the solutions.

*Dr Carol Nicoll, Group Manager, Industry Skills Development Group, Department of Education, Science and Training; and National Senior Officials' Committee member*

- Advisory and committee structures provide opportunities for dialogue and, importantly, officers within DEST and DoHA are talking to each other. DEST and DoHA are committed to working closely together to develop the Aboriginal and Torres Strait Islander health workforce.
- There are challenges in working in a whole-of-government space – it is important to engage effectively with States and Territories.
- There are some issues that government can not address such as curriculum issues which are the responsibility of education providers.
- It is important to acknowledge what we have already achieved, while recognising that we have not yet reached our destination:
  - The introduction of the national Health Training Package in January 2007 was a key milestone. Further work to be done includes tailoring Training Packages to Indigenous students' needs.
  - There has been a significant increase in the take up of health-related training since 2004 with enrolments up 16%.

*Assoc Prof Gail Garvey, NATSIHC*

- 2006 ABS Census of Population and Housing data indicate that 1.6% of people in health-related occupations are Indigenous. While close to 100% of Aboriginal Health Workers are Indigenous, only 0.1% of pharmacists, 0.7% of dental workers, 0.2% of medical workers and 0.9% of nursing workers are Indigenous. Nursing workers include many more nursing support and personal care workers than registered nurses (0.6%). The Aboriginal and Torres Strait Islander health sector notes issues regarding the quality and accuracy of this workforce data.
- DEST data indicates that there were 1661 Indigenous higher education students enrolled in health fields of study. The majority of students undertake courses in nursing and public health. (DEST student totals vary to actual totals due to double counting of combined/double degrees.)
- The NATSIHC Paper Working Group is in the process of obtaining VET data.

*Mr Gregory Phillips, Consultant Writer  
(ABSTARR Consulting)*

Mr Phillips outlined the key issues in the draft NATSIHC paper. An outline of the slides shown follows.

#### Overview

- Purpose – background, stimulus
- Key Issues
- Four Strategic Priorities

#### Key Issues

- The Student and Their Needs
- The Learning Environment
- The System
- Leadership

#### The Student and Their Needs

- Seamless and connected support services
- Coordination to ensure student support within and between education sectors (ie between primary, secondary, tertiary and employment)
- Aboriginal and Islander Tertiary Aspirations Program in 1990s in Queensland and Northern Territory
- Student mentor program at the University of Sydney: university – high school mentorship
- Parent, family and community engagement
- Building the capacity of family and community members to support their student will require:
  - breaking down of old barriers and myths about education
  - genuine engagement with community expectations in terms of curricula
  - engagement of Aboriginal and Torres Strait Islander parents and family members in the governance of the institution and parent organisations
- Lifelong support – Aboriginal and Torres Strait Islander role models and mentors
- Student self esteem major issue in education

- Needs platform of human support for students to even care about careers marketing
  - buddy and mentor coordination systems
  - training and support for support workers
- Health careers marketing (peer and group marketing, careers camps/days, workplace visits, shadowing, Croc Festivals etc.)
- Professional organisations (AIDA, CATSIN, ...needed for Aboriginal Health Workers)
- Financial and accommodation support
- Universities Australia study shows that Aboriginal and Torres Strait Islander student expenses are higher than others; finances are a major source of concern and potential barrier
- Some away from base, travel, off campus study entitlements removed since 2000 – slowing enrolment and graduation rates
- Some scholarships available such as Puggy Hunter, Rotary, AMA, philanthropy – but not guaranteed for every student
- Need to consider funded student places, coordinated system for scholarship availability, accommodation schemes

#### The Learning Environment

- Aboriginal and Torres Strait Islander education reforms 'built in' not 'bolted on'
- Aboriginal and Torres Strait Islander education units not solely responsible for reforming the institutional environment
- Aboriginal and Torres Strait Islander education needs to be viewed as central to institution's mission, rather than 'special' treatment
- Will require employment strategies, Aboriginal and Torres Strait Islander participation in governance, community engagement
- Faculties will need to take greater responsibility for reforms within their ambit, with guidance and leadership from Aboriginal and Torres Strait Islander academics/staff/community



- Decision making and organisational reform
    - Aboriginal and Torres Strait Islander peoples' participation in governance of institutions
  - Curriculum reform
    - curriculum reform is a key strategic initiative (includes issues of curriculum content, professional development, organisation culture and management and accountability structures to be reconsidered)
  - Quality Teaching and Quality Learning
    - student outcome statements (targets)
    - development and design of curricula (implementation)
    - review of impact (evaluation)
    - accreditation/audit (quality assessment)
  - Staff Development and Support
    - up-skilling all staff
    - professional development and support needs of Aboriginal and Torres Strait Islander staff
    - community development/engagement recognised as central to academic/administrative roles
  - Redefining the roles of Australian Indigenous education workers (AIEWs)
  - Training and support for AIEWs needs to be reconsidered to ensure they play a more active role in careers guidance for Aboriginal and Torres Strait Islander students
  - Professional development modules could be centrally developed and tailored for each region's circumstances
- The System
- Health and education sector collaboration
    - mechanisms for linking health workforce needs and the education outputs of health science faculties and registered training organisations (RTOs) do not exist
  - Indigenous health education funding
    - funding goes directly from DEST to education providers with no input from health workforce planning or Aboriginal Community Controlled Health Organisations
    - clinical placements funded by DoHA
  - Transitions are critical
    - while some transitions programs exist, they are not universal. The coverage and impact of them may need to be reviewed
    - key issues here are student self esteem, parent and teacher expectations, finances etc.
  - Evidence-based interventions and quality data
    - AHMAC's work in workforce data modelling does not include Aboriginal and Torres Strait Islander health
    - Aboriginal and Torres Strait Islander health workforce research needs investment
  - Regional variance
    - regional health providers have no relationship with workforce planning mechanisms or education providers
    - funding formulae and regional planning mechanisms may need to be considered
  - Equity Targets for access, participation, outcomes
    - equality, parity or equity?
    - targets should be jointly set between health service providers, education providers and Aboriginal and Torres Strait Islander communities/organisations
    - policies and action exist, but coordination and guaranteed coverage do not
    - timing is important – incrementalism is not enough

- Core competencies and standards
  - issue of quality and professional recognition
  - nationally core competencies, like for Aboriginal Health Workers, will need to be considered
  - national registration and accreditation scheme – will this be adequate?
- Clarifying roles of Aboriginal Health Workers
- Clear identification of substitution of tasks, protocols, supervision, salaries need to be developed

#### Leadership

- Aboriginal and Torres Strait Islander Leadership
  - evidence shows this is critical to success
  - Aboriginal and Torres Strait Islander professionalism, networks, cultural knowledge and ownership are essential for good planning at all levels
- Institutional (non-Indigenous) Leadership
  - reforming the system should not be left to Aboriginal and Torres Strait Islander health professionals and individual champions
  - political, policy, research and administrative leadership is required across the education and health sectors and within education institutions
- Celebrating Success
  - attention, recognition and awards must be given to education and health workforce projects that are making a difference
  - these should be documented as part of an emerging research base.

#### SESSION TWO – WHAT GAPS REMAIN?

There was a brief whole-of-group discussion in response to Mr Phillips' presentation.

#### SESSION THREE – WHAT ARE THE SOLUTIONS?

##### BREAKOUT GROUP ONE

**Topic:** Aboriginal and Torres Strait Islander Leadership

**Chair:** Dr Sally Goold

##### Summary of key points:

- To be a leader, you need respect for self and respect for others.
- Support and promote Aboriginal and Torres Strait Islander health workforce role models. Promote and expand good practice initiatives such as the AIDA Board school visits.
- Capacity building opportunities for Aboriginal and Torres Strait Islander leaders. Replicate and expand good practice models such as Dare to Lead and the Ambassadors Program.
- Establish Aboriginal and Torres Strait Islander leadership positions within institutions. Consider implementing the Indigenous regional chair model or establishing identified leadership positions within faculties.

##### Outline of discussion:

- Aboriginal and Torres Strait Islander people need to be cohesive and supportive of each other and recognise the value in each other's roles. The model of collaboration and partnership between occupations within the Aboriginal and Torres Strait Islander health workforce (which does not occur in the mainstream health workforce) should be celebrated and replicated.

- Aboriginal and Torres Strait Islander leadership is needed on curriculum and user friendly recruitment and retention strategies. Good practice models should be identified and replicated across all disciplines in the school, VET, higher education and health sectors.
  - The Australian Nursing and Midwifery Council will no longer accredit curriculum for nurses unless Aboriginal and Torres Strait Islander history and culture is included. The Australian Nursing Federation has developed a reconciliation action plan.
  - University health faculties are responsible for implementing the *CDAMS Indigenous Health Curriculum Framework*. Faculties should consider appointing an Aboriginal and Torres Strait Islander academic to provide cultural oversight (e.g. Auckland model or regional chair model). The role of these leaders would transcend curriculum.
  - In VET, there is an Aboriginal and Torres Strait Islander representative on the National Quality Council that endorses Training Packages. This role may need to be strengthened.
  - In the school sector, principals are critical in building a culturally safe learning culture (through the Dare to Lead program).
- Aboriginal and Torres Strait Islander role models need to be supported and promoted.
  - Leaders in the Aboriginal and Torres Strait Islander health workforce should be supported to visit Aboriginal and Torres Strait Islander communities and all schools as role models (e.g. the Ambassadors Program funded by DEST could be extended and include a health workforce focus).
  - The 'Pathways into Medicine' project (funded by DEST and managed by AIDA) is developing a kit for secondary students to make choices/decisions about pathways into medicine.
  - The South Australian Health Council is a registered training organisation that delivers training for Aboriginal Health Workers. The Health Council is looking at working with high school students.
  - Partnerships between sports and health professional role models should be established.
- Establish formal and informal structures to build the capacity of Aboriginal and Torres Strait Islander leaders in the health workforce.
  - Develop initiatives to upskill leaders, including mentoring programs which are responsive to the health and wellbeing of Aboriginal and Torres Strait Islander leaders.
  - Promote and consider expanding the National Indigenous Leadership Programs for women, men and youth.<sup>95</sup>
- Leaders in the Aboriginal and Torres Strait Islander health workforce must be recognised, supported and promoted.
  - The unique and important role of Aboriginal Health Workers must be recognised. A professional association for Health Workers needs to be established.
  - Positions for faculty or regional leaders or 'chairs' should be considered (as outlined above).
  - Recruitment and promotion pathways need to be flexible and value Aboriginal and Torres Strait Islander knowledge. (Aboriginal and Torres Strait Islander academics are often judged against criteria which are not culturally safe.)

## BREAKOUT GROUP TWO

**Topic:** The Learning Environment

**Chair:** Assoc Prof Gail Garvey

### Summary of key points:

A focus on curriculum, transitions and organisational reform is needed.

### Outline of discussion:

#### Curriculum

- Aboriginal and Torres Strait Islander health content within curriculum varies.
  - Aboriginal and Torres Strait Islander health curriculum is more organised for medicine and nursing programs.
  - Physiotherapists have developed a range of clinical scenarios, but have not yet progressed to levels of nurses and medicos.
  - The VET sector, which develops competencies through industry liaison, also has more work to do in this area.
- Priorities for Aboriginal and Torres Strait Islander health curriculum include:
  - Developing planned progression through curriculum from primary school through to postgraduate training.
  - Developing comprehensive curriculum (beyond Aboriginal and Torres Strait Islander history and cultural awareness).
  - Sharing curriculum across disciplines and sectors.
  - Building the capacity of teachers to deliver Aboriginal and Torres Strait Islander curriculum. While Aboriginal curriculum is already in place in schools, teachers are not necessarily confident to deliver it. A best practice approach is to use principals who have demonstrated ability to lead on a peer basis and bring in local Aboriginal and Torres Strait Islander health leaders.

- Establishing transparent and accountable curriculum frameworks, which include structures to monitor the development and implementation of curriculum. Reporting mechanisms could include tying funding to jurisdictions to outcomes, industry reporting, and establishing regulatory bodies.
- Promoting the up-take of mathematics and science in schools for Aboriginal and Torres Strait Islander students.
- Leadership is needed from school principals, TAFE Directors Australia, and faculties.

#### Transitions

- Enhance transitions between education sectors.
  - Map health education and career pathways from school, VET and higher education for health professions/occupations (e.g. physiotherapy).
  - Establish pathways and links between organisations and education providers at an organisational level.
- Establish pathways and transitions for allied health professions.

#### Organisational reform

- Map good practice models (e.g. Murdoch University's 'Career Combo' for nursing and business and other models regarding careers advisors, TAFEs and other Registered Training Organisations, and Aboriginal Medical Services).<sup>96</sup>
- Link into State and Territory frameworks (e.g. existing COAG structures).
- Link into industry reporting.
- In the longer term, look at establishing regulatory bodies.

### BREAKOUT GROUP THREE

**Topic:** The System

**Chair:** Dr Mark Wenitong

#### Summary of key points:

- High-level links are needed between existing bodies in the advisory and decision-making committee structure for health policy and planning.
- Promote and support Aboriginal and Torres Strait Islander leadership.
- Establish smooth horizontal and vertical education and career pathways.
- Harness identified policy drivers.

#### Outline of discussion:

- Given current skills shortages there is intense competition for labour. We need to work harder to attract people to the health workforce (given there might be greater financial and other incentives to go crayfish diving).
- Economic drivers for health workforce reform include the untapped Aboriginal and Torres Strait Islander workforce and welfare to work policies.
- Aboriginal and Torres Strait Islander health workforce planning needs to be supported by a more developed data and research base (including performance indicators). This task should sit with the body responsible for driving mainstream health workforce policy and planning.
- Leadership is everyone's responsibility but must include Aboriginal and Torres Strait Islander leadership.
- National recognition and registration processes, as well as a professional association, need to be established for Aboriginal Health Workers.
- Vertical and horizontal education and career pathways are equally important.

- Advisory and decision-making committee structures need strengthening to more effectively address Aboriginal and Torres Strait Islander health workforce matters.
  - Strategic linkages utilising existing frameworks could be established. For example, collaboration between IHEAC, ATSIHWWG and the National VET Indigenous Advisory Taskforce would have some benefit, but it is recognised that these bodies could not themselves drive change (e.g. NATSIHC rather than these bodies was the driver for this Workshop).
  - A higher level leadership body with vested interest in driving the agenda is required. (Currently, Aboriginal and Torres Strait Islander advisory committees appear in the fourth tier of decision-making structures).
  - The annual meeting between AHMC and MCEETYA should include a standing item on the Aboriginal and Torres Strait Islander health workforce. It could also include two key performance indicators (e.g. Aboriginal Health Worker regulation; structures that support recruitment and retention; and/or flexible models for education delivery).
  - More effective representation of VET issues (as well as school, higher education and professional development).
  - Consider establishing a unit dedicated to Aboriginal and Torres Strait Islander health workforce issues within the Health Workforce Taskforce.



## BREAKOUT GROUP FOUR

**Topic:** Students' Needs

**Chair:** Mr Romlie Mokak

### Summary of key points:

- Improve scientific literacy.
- Effectively market health careers.
- Create and promote flexible entry and ongoing pathways – support transitions between high school and higher education, VET and higher education, and to postgraduate study.
- Development opportunities for the postgraduate workforce.

### Outline of discussion:

- Scientific literacy
  - Get Aboriginal and Torres Strait Islander people into sciences earlier, starting in primary and high school
  - Identify those 'good' at science
  - Enrichment courses
  - Tutors
  - Literacy and numeracy support
- Marketing health careers
  - Innovation and creativity in how health careers and pathways are explained
  - Family and community engagement
  - Employers of choice
  - Address limitations of what career counsellors can offer Aboriginal and Torres Strait Islander children
- Flexible entry and ongoing pathways
  - Transitions between high school and tertiary education (e.g. Victoria has a program to provide enrolled nurse training to early school leavers)
  - Articulation pathways between VET and universities
  - Opportunities to undertake postgraduate study
  - VET is often undervalued and should be a pathway of choice
- The VET sector does recognition of prior learning (RPL) well
- Commitment to the seven key factors that lead to positive outcomes for Aboriginal and Torres Strait Islander students when present all of the time
  - Community involvement and ownership
  - Aboriginal and Torres Strait Islander identities, cultures, knowledge and values
  - Working in true partnerships
  - Flexibility in course design, content and delivery
  - Quality staff and committed advocacy
  - Extensive student support services
  - Appropriate funding that allows for sustainability<sup>97</sup>
- Postgraduate workforce
  - Support Aboriginal and Torres Strait Islander graduates to specialise (e.g. Wuchopperen Health Service model)
  - Look at the distribution of Aboriginal and Torres Strait Islander graduates within professions (e.g. GP, psychiatrists, dermatology)
  - Scholarships
  - Registrar programs – support placement innovations to support training (e.g. using MBS)
- Aboriginal and Torres Strait Islander workforce issues to be brought together in a Centre of Excellence or academy, which would work with education providers, but not deliver training
  - Cultural safety training
  - Employers of choice should be investing in conversation with training providers and with high school students

- Health-specific targeted strategies
  - Industry links with training providers (like in the mining industry)
  - Pay for apprenticeships
  - Sponsorships
  - Other investments
  - Industry based academies
  - Growing own workforce
  - Address bottleneck of clinical placements
- Overcoming financial barriers
  - Waive HECS for health courses (as Monash does for medical students)
  - Scholarships for Aboriginal and Torres Strait Islander students
- Aboriginal and Torres Strait Islander leadership
  - Continuing professional development
  - Mentoring
  - Placements
- Support units
  - Provide holistic support
  - Be integrated with the local community
  - Introduce a 'buddy system' so that Indigenous and non-Indigenous staff work together

## SESSION FOUR – NEXT STEPS

The following points were presented as the main outcomes of the Workshop.

### PRIORITY INITIATIVES

- a) Partnerships between industry, education providers and Aboriginal and Torres Strait Islander communities and organisations
- b) Enhanced flexible pathways – both horizontal and vertical
- c) Supported transitions
- d) Aboriginal and Torres Strait Islander leadership/institutional responsibility
- e) Mathematics and science literacy
- f) Strong collaboration between education and health sectors

### DRIVERS

- a) Economic argument/rational – untapped workforce
- b) Accountability frameworks
- c) Health and education equity
- d) Workforce responsiveness and parity
- e) Quality and evidence base

### MECHANISMS

- a) COAG/ministerial responsibility and ownership
  - supporting structure
  - standing agenda item
- b) Performance measures
- c) Partnership with Aboriginal and Torres Strait Islander leadership

There was general support from Workshop participants on the following principles for a high level vehicle/mechanism for change:

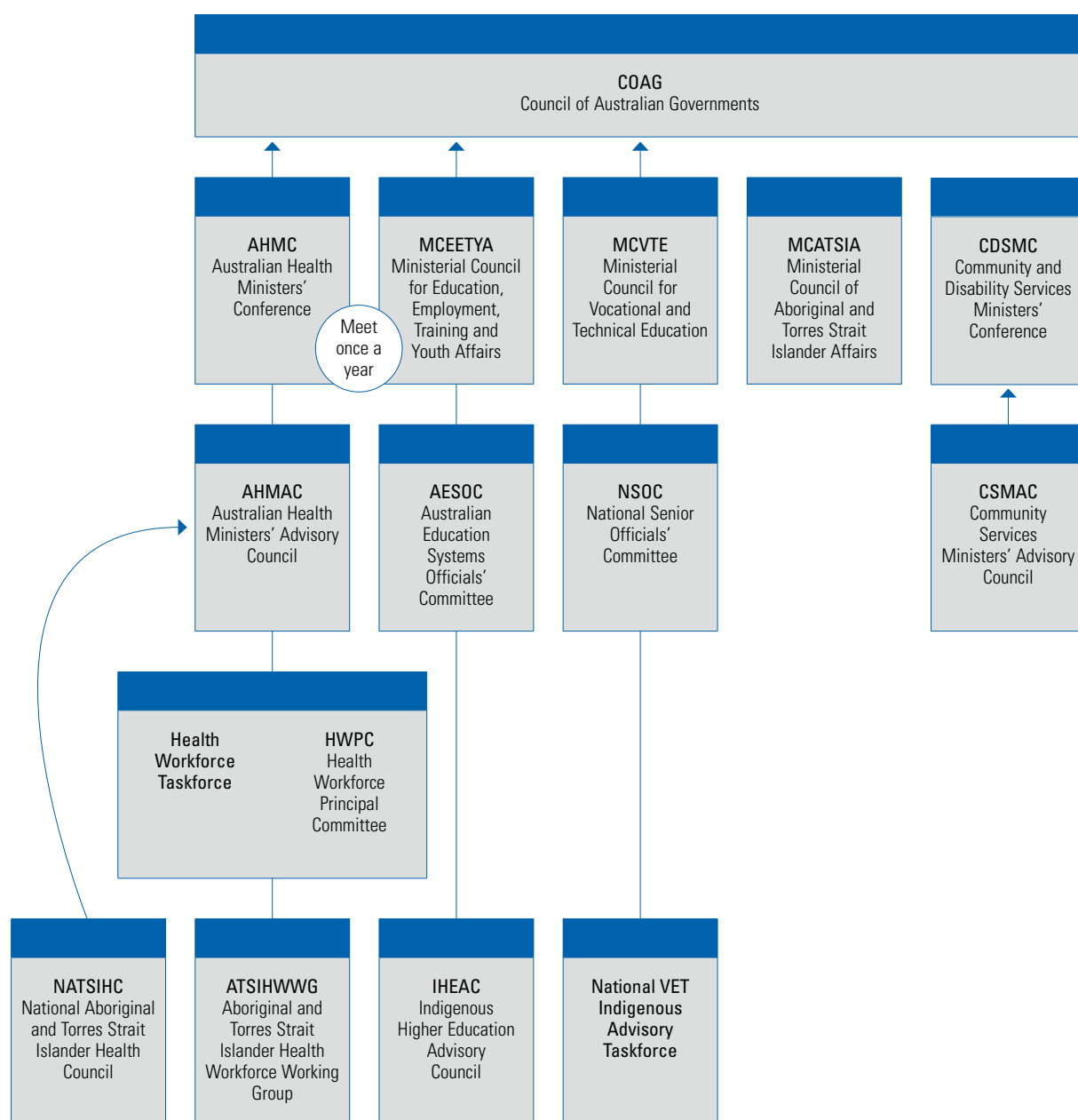
- Aboriginal and Torres Strait Islander leadership.
- A mechanism that includes school, VET, higher education and health sector representation.
- A vehicle as high level as possible for advising AHMC, MCEETYA and MCVTE.
- Not to establish a whole new body.

*Dr Mark Wenitong's closing comments*

- Workshop participants were thanked for their valuable expertise and contributions.
- Outcomes of the NATSIHC meeting on 9 November included a commitment from the NATSIHC Chair, Ms Jane Halton, to champion the NATSIHC paper's recommendations.
- It may be worthwhile to get Workshop participants together again in a year or so to review progress made.
- The revised NATSIHC paper will be circulated to Workshop participants for their information and comment but with a very short turn around time.
- The NATSIHC Paper Working Group will seek NATSIHC endorsement of the final paper at its first meeting scheduled for March 2008.

# Appendix E

## EXISTING COAG STRUCTURES RELATED TO ABORIGINAL AND TORRES STRAIT ISLANDER HEALTH WORKFORCE PLANNING



## Notes

- 1 The VET-trained health workforce includes occupations such as Aboriginal and Torres Strait Islander Health Worker, Enrolled Nurse, Allied Health Assistant and Dental Assistant.
- 2 Australian Bureau of Statistics, 'Census of Population and Housing 2006', (unpublished data).
- 3 Steering Committee for the Review of Government Service Provision 2007, *Overcoming Indigenous Disadvantage: Key Indicators 2007* (Canberra: Productivity Commission, 2007), 6.
- 4 Jerry R.G. Schwab and Ian Anderson, *Trends in Indigenous Participation in Health Sciences Education: the Vocational Education and Training Sector, 1994-97 - Discussion Paper*, no. 179 (Canberra: Australian National University, 1999), 12.
- 5 Schwab and Anderson, *Trends in Indigenous Participation*, 12.
- 6 Tanya Chilcott, 'Praise all Around for Healthy Take on Indigenous Care', *The Courier Mail*, 19 October, 2007, [www.news.com.au/couriermail/story/0,23739,22615546-3102,00.html](http://www.news.com.au/couriermail/story/0,23739,22615546-3102,00.html).
- 7 Michaela Kronemann, *Early Childhood Education 2007 Update: Analysis of Data from the Steering Committee for the Review of Government Service Provision Report on Government Services 2007* (Canberra: Australian Education Union, 2007), 9.
- 8 Steering Committee for the Review of Government Service Provision 2007, *Overcoming Indigenous Disadvantage*, 15.
- 9 For example, Australian Indigenous education workers (AIEWs) in schools, the DEST-funded Indigenous Tutorial Assistance Scheme, and Aboriginal and Torres Strait Islander support units in TAFE and university.
- 10 Richard James and Marcia Devlin, *Improving Indigenous Outcomes and Enhancing Indigenous Culture and Knowledge in Australian Higher Education* (Canberra: Indigenous Higher Education Advisory Council, 2006), 14.
- 11 Gregory Phillips, "'Relationships, Respect and Responsibility': Cultural Safety and Ensuring Quality Curriculum for Indigenous Health in Medical Education", *Proceedings of the 2005 Australian Universities Quality Forum on Engaging Communities, Sydney, 6-8 July 2005*, [www.auqa.edu.au/auqf/2005/program/papers/session\\_a2.pdf](http://www.auqa.edu.au/auqf/2005/program/papers/session_a2.pdf).
- 12 Deanne Minniecon and Kelvin Kong, *Healthy Futures: Defining Best Practice in the Recruitment and Retention of Indigenous Medical Students* (Canberra: Australian Indigenous Doctors' Association, 2005), 22.
- 13 See [www.crocfestival.org.au/](http://www.crocfestival.org.au/).
- 14 Marlene Drysdale, Susan Faulkner and Janice Chesters, eds, *Footprints Forwards: Better Strategies for the Recruitment, Retention and Support of Indigenous Medical Students* (Melbourne: Monash University School of Rural Health, Moe, 2006), 13.



- 15 Steering Committee for the Review of Government Service Provision 2007, *Overcoming Indigenous Disadvantage*, 4.
- 16 Richard James, Emmaline Bexley, Marcia Devlin and Simon Marginson, *Australian University Student Finances 2006 - Final Report of a National Survey of Students in Public Universities* (Canberra: Universities Australia, 2007), 55.
- 17 For a list of Australian Government Scholarships, see [www.health.gov.au/internet/wcms/publishing.nsf/Content/health-oatsih-workforce-s1](http://www.health.gov.au/internet/wcms/publishing.nsf/Content/health-oatsih-workforce-s1).
- 18 Puggy Hunter Memorial Scholarships are funded by DoHA and administered by the Royal College of Nursing of Australia.
- 19 James et al., *Australian University Student Finances 2006*, 57.
- 20 Department of Education, Science and Training, 'Review into the Impact of ABSTUDY Policy Changes that Came into Effect in 2000 – Final Report: Overview' (Canberra: DEST, 2006), 1. [www.dest.gov.au/sectors/research\\_sector/publications\\_resources/profiles/abstudy\\_changes.htm](http://www.dest.gov.au/sectors/research_sector/publications_resources/profiles/abstudy_changes.htm)
- 21 James et al., *Australian University Student Finances 2006*, 55.
- 22 John Daniel Encel, Department of Education, Training and Youth Affairs, 'Indigenous Participation in Higher Education', Occasional Paper Series, May 2000.
- 23 Jacinta Elston, Assistant Dean Indigenous Health, James Cook University, NATSIHC Paper Stakeholder Feedback, 2007.
- 24 Australian Medical Association, *Healing Hands: Aboriginal and Torres Strait Islander Workforce Requirements – AMA Discussion Paper 2004* (Canberra: AMA, 2004), 2.
- 25 Ministerial Council for Employment, Education, Training and Youth Affairs, *Australian Directions in Indigenous Education 2005-08* (Carlton South: MCEETYA, 2006).
- 26 Good practice examples are outlined in Antony Stella and David Woodhouse, *Serving the Cause of Indigenous Issues: Thematic Analysis of the Institutional Audit Reports of AUQA* (Melbourne: Australian University Quality Agency, 2006), 10-11.
- 27 Drysdale et al., *Footprints Forwards*, 3.
- 28 Merridy Malin, 'Is Schooling Good for Aboriginal Children's Health?', Occasional Paper Series No. 8 (Darwin: Cooperative Research Centre for Aboriginal and Tropical Health, Northern Territory University, 2003), [www.aare.edu.au/02pap/mal02185.htm](http://www.aare.edu.au/02pap/mal02185.htm).
- 29 James and Devlin, *Improving Indigenous Outcomes*, 25.
- 30 Cathryn McConaghy, *Rethinking Indigenous Education: Culturalism, Colonialism and the Politics of Knowing* (Flaxton: Post Pressed, 2000); Malin, 'Is schooling good for Aboriginal children's health?', 15.

- 31 Sue Helme, 'Indigenous Students and Vocational Education and Training in Schools: Ladder of Opportunity or Corrugated Iron Ceiling? (Exploration of Vocational Education and Training Participation Rate for Aboriginal Australians)', *Australian Journal of Education* 49, no. 2 (2005): 169.
- 32 Lisa Rasmussen, *Towards Reconciliation in Aboriginal Health: Initiatives for Teaching Medical Students About Aboriginal Issues* (Parkville: VicHealth Koori Health Research and Community Development Unit, The University of Melbourne, 2001); 41–42. Phillips, 'Relationships, Respect and Responsibility', 131–135.
- 33 National Aboriginal Health Strategy Working Party, *A National Aboriginal Health Strategy* (Canberra: Commonwealth Department of Aboriginal Affairs, 1989).
- 34 Gregory Phillips, *CDAMS Indigenous Health Curriculum Framework* (Sydney: Committee of Deans of Australian Medical Schools, 2004).
- 35 Maria Miller, Liz Spring, Sue Turale, Sally Goold and Kim Usher, *Dadirri: A Report on the Status of Indigenous Nurse Education in Australia*, Indigenous Nurses Education Working Group, Australian Council of Deans of Nursing and Midwifery, 2005 (unpublished).
- 36 Phillips, *CDAMS Indigenous Health Curriculum Framework*.
- 37 The Royal Australian College of General Practitioners, the Royal Australian College of Physicians and the Australian College of Rural and Remote Medicine have all endorsed core curricula for Indigenous health. Other colleges, such as psychiatry and surgery, have begun trialling Indigenous health curricula.
- 38 Tamara Mackean, Romlie Mokak, Allan Carmichael, Gregory Phillips, David Prideaux and Theanne Walters, 'Reform in Australian Medical Schools: A Collaborative Approach to Realising Indigenous Health Potential', *Medical Journal of Australia* 186, no. 10 (2007): 546.
- 39 Karen Martin, 'Please knock before you enter': an Investigation of How Rainforest Aboriginal People Regulate Outsiders and the Implications for Western Research and Researchers, Unpublished PhD thesis, James Cook University. 2006
- 40 Phillips, 'Relationships, Respect and Responsibility', 131–135.
- 41 Minniecon and Kong, *Healthy Futures*, 6.
- 42 Malin, Is Schooling Good for Aboriginal Children's Health?, 12.
- 43 Yachad Accelerated Learning Project. [www.yalp.org.au](http://www.yalp.org.au).
- 44 Drysdale et al., *Footprints Forwards*, 21.
- 45 Stephen J. Duckett, 'Interventions to Facilitate Health Workforce Restructure', *Australia and New Zealand Health Policy* 14, no. 2 (2005), [www.anzhealthpolicy.com/content/2/1/14](http://www.anzhealthpolicy.com/content/2/1/14).
- 46 Duckett, 'Interventions to Facilitate Health Workforce Restructure', [www.anzhealthpolicy.com/content/2/1/14](http://www.anzhealthpolicy.com/content/2/1/14).

- 47 Eddie Watkin, Personal Communications, 2007. See also [www.australia.edu/magazine/AITAP.pdf](http://www.australia.edu/magazine/AITAP.pdf), and [www.mceetya.edu.au/mceetya/stepping/projects/18/rec18-nt.htm](http://www.mceetya.edu.au/mceetya/stepping/projects/18/rec18-nt.htm).
- 48 Another example includes Aboriginal and Torres Strait Islander university students mentoring Aboriginal and Torres Strait Islander high school students, such as at The University of Sydney [see Marie Jacobs and Heidi Mortlock, 'AIMEing for the Stars', *The Sydney Alumni Magazine* (Spring 2007): 16–17.]
- 49 Community Services and Health Industry Skills Council, *Research Report – Aboriginal and Torres Strait Islander Participation in VET, March 2006* (Sydney: CSHISC, 2006), 13.
- 50 For example, 'Ministers agree that supplementary measures supporting Indigenous students through pathways into training, employment and higher education are pivotal to improving post-school transitions and breaking intergenerational cycles of poverty and disadvantage' (see MCEETYA, *Australian Directions in Indigenous Education 2005-2008* [Carlton South: MCEETYA, 2006], 9).
- 51 Helme, 'Indigenous Students and VET in Schools', 169–181.
- 52 For information on work being undertaken by the National Advisory Group for Aboriginal and Torres Strait Islander Health Information and Data, visit [www.aihw.gov.au/publications/index.cfm/title/10373](http://www.aihw.gov.au/publications/index.cfm/title/10373).
- 53 Mackean et al., 'Reform in Australian Medical Schools', 544.
- 54 Australian Nursing and Midwifery Council, *Position Statement: Inclusion of Indigenous Health Issues in Undergraduate Programs* (ANMC, 2006), [www.anmc.org.au/docs/May\\_06\\_Indigenous\\_Health\\_Issues.pdf](http://www.anmc.org.au/docs/May_06_Indigenous_Health_Issues.pdf).
- 55 The Australian Principals Associations Professional Development Council lead this DEEWR-funded program. Further information is available at [www.daretolead.edu.au/servlet/Web?s=169694&p=DTL08\\_Home](http://www.daretolead.edu.au/servlet/Web?s=169694&p=DTL08_Home).
- 56 Rural Health Workforce Australia, *Strategic Plan 2007–2010*, [www.rhwa.org.au/client\\_images/339748.pdf](http://www.rhwa.org.au/client_images/339748.pdf).
- 57 James and Devlin, *Improving Indigenous Outcomes*, 20.
- 58 Community Services and Health Industry Skills Council, *A Guide to the New Aboriginal and/or Torres Strait Islander Health Worker Qualifications and Competencies*.
- 59 COAG Communiqué, 14 July 2006, [www.coag.gov.au/meetings/140706/docs/coag140706.pdf](http://www.coag.gov.au/meetings/140706/docs/coag140706.pdf).
- 60 Community Services and Health Industry Skills Council, *A Guide to the New Aboriginal and/or Torres Strait Islander Health Worker Qualifications and Competencies*.
- 61 For example, at the HWPC's inaugural health workforce forum in 2007, participants raised new workforce roles as one of six priority areas that need addressing (see [www.health.nsw.gov.au/amwac/pdf/out\\_3may.pdf](http://www.health.nsw.gov.au/amwac/pdf/out_3may.pdf)).

- 62 Duckett, 'Interventions to Facilitate Health Workforce Restructure', [www.anzhealthpolicy.com/content/2/1/14](http://www.anzhealthpolicy.com/content/2/1/14).
- 63 Declaration of Alma-Ata 1978.
- 64 Stephen Cornell, 'Indigenous Peoples, Poverty and Self-Determination in Australia, New Zealand, Canada and the United States', *Joint Occasional Papers on Native Affairs No 2006-02* (Tucson: Native Nations Institute and the Harvard Project on American Indian Economic Development, 2006), 13–14.
- 65 Australian National Training Authority, *Partners in a Learning Culture: National Aboriginal and Torres Strait Islander Strategy for Vocational Education and Training* (Brisbane: ANTA, 2000).
- 66 The LIMELight Awards are an initiative of the Medical Deans Australia and New Zealand Indigenous Health Project (see [www.thelimenetwork.net.au](http://www.thelimenetwork.net.au)).
- 67 COAG Communiqué 14 January 2006, [www.coag.gov.au/meetings/other/health\\_ministers\\_communique\\_140108.pdf](http://www.coag.gov.au/meetings/other/health_ministers_communique_140108.pdf).
- 68 See page seven of the COAG Communiqué 14 July 2006, 'Attachment A - Response to the Productivity Commission Report on Australia's Health Workforce' at [www.coag.gov.au/meetings/140706/docs/attachment\\_a\\_response\\_pc\\_health\\_workforce.pdf](http://www.coag.gov.au/meetings/140706/docs/attachment_a_response_pc_health_workforce.pdf).
- 69 See p28, [www.dest.gov.au/NR/rdonlyres/CE5D024E-8F58-499F-9EEB-D2D638E7A345/17397/ClimateChangeinAustraliareport.pdf](http://www.dest.gov.au/NR/rdonlyres/CE5D024E-8F58-499F-9EEB-D2D638E7A345/17397/ClimateChangeinAustraliareport.pdf).
- 70 MCEETYA, *Australian Directions in Indigenous Education 2005–2008*
- 71 Australian National Training Authority, *Shaping Our Future: Australia's National Strategy for Vocational Education and Training 2004–2010*.
- 72 Aboriginal and Torres Strait Islander Social Justice Commissioner, *Social Justice Report 2005* (Sydney: Human Rights and Equal Opportunity Commission, 2005), 16.
- 73 Australian Bureau of Statistics, 'Census of Population and Housing 2006', (unpublished data provided in Section 6.3.1).
- 74 Productivity Commission, *Australia's Health Workforce*, pp xiv & 11.
- 75 Department of Immigration and Citizenship, 'Migration Occupations in Demand List', [www.immi.gov.au/skilled/general-skilled-migration/skilled-occupations/occupations-in-demand.htm](http://www.immi.gov.au/skilled/general-skilled-migration/skilled-occupations/occupations-in-demand.htm).
- 76 Ian Ring, and Ngiare Brown, 'The health status of Indigenous peoples and others [editorial]', *British Medical Journal* 327 (7412) 2003: 404.
- 76 Information about what ASCED fields of study include is available at [www.abs.gov.au/Ausstats/abs@.nsf/0/4DEC6C7D87CE8B2CCA256AAF001FCA63?opendocument](http://www.abs.gov.au/Ausstats/abs@.nsf/0/4DEC6C7D87CE8B2CCA256AAF001FCA63?opendocument)

- 78 National Centre for Vocational Education Research, *Australian Vocational Education and Training Statistics at a Glance* (Adelaide: NCVER, 2005), 8–9.
- 79 Public health includes occupational health and safety, environmental health, Indigenous health, health promotion, community health and epidemiology.
- 80 Australian Institute of Health and Welfare, *Aboriginal and Torres Strait Islander Health Performance Framework 2006 Report: Detailed Analyses* (Canberra: AIHW, 2006), 1054.
- 81 Australian Institute of Health and Welfare, *Aboriginal and Torres Strait Islander Health Performance Framework*, 1056.
- 82 Productivity Commission, *Australia's Health Workforce – Position Paper* (Canberra: Productivity Commission, 2005), 190.
- 83 Australian Institute of Health and Welfare, *Aboriginal and Torres Strait Islander Health Performance Framework*, 1061.
- 84 Australian Bureau of Statistics, 'Census of Population and Housing 2006', (unpublished data provided in Section 6.3.1).
- 85 Minniecon and Kong, *Healthy Futures*, 42.
- 86 AMA, *Healing Hands*. (In 2001, Aboriginal and Torres Strait Islander people accounted for 2.4% of Australia's population.)
- 87 AMA, *Healing Hands*.
- 88 Minniecon and Kong, *Healthy Futures*, 42.
- 89 Access Economics, *Indigenous Health Workforce Needs – A Report by Access Economics Pty Limited for the Australian Medical Association* (Canberra: Access Economics, 2004), 20.
- 90 Access Economics, *Health and the 2007-08 Federal Budget – A Report by Access Economics Pty Limited for the Australian Medical Association* (Canberra: Access Economics, 2007), 12.
- 91 COAG Communiqué, 14 July 2006, Attachment A, [www.coag.gov.au/meetings/140706/index.htm#health](http://www.coag.gov.au/meetings/140706/index.htm#health).
- 92 Access Economics, *Indigenous Health Workforce Needs*.
- 93 Katy O'Callaghan, *Indigenous Vocational Education and Training at a Glance* (Adelaide: NCVER, 2005), 1.
- 94 Correct at September 2007.
- 95 [www.facsia.gov.au/internet/facsinternet.nsf/indigenous/programs-leadership\\_program.htm](http://www.facsia.gov.au/internet/facsinternet.nsf/indigenous/programs-leadership_program.htm).
- 96 [www.challengertafe.wa.edu.au/upload/Challenger28/BA805A5E0B4648A1B5D68913E12593E4.pdf](http://www.challengertafe.wa.edu.au/upload/Challenger28/BA805A5E0B4648A1B5D68913E12593E4.pdf).
- 97 See O'Callaghan, *Indigenous Vocational Education and Training at a Glance*, 1.









The painting on the front cover is by Layla Schrieber 'Jungaringan Dhakin' of the Kabi Kabi tribe in Queensland.

- The red and yellow circle represents the sun symbolising health and healing as it is the giver of all life.
- The purple and blue stripes represent the rainbow serpent symbolising education as the rainbow serpent is the giver of knowledge. It also represents water.
- The two entities combine to nurture the growth of the sapling which represents the growth of a health workforce.
- The handprints and footprints among the roots of the sapling represent the people who will make it work.