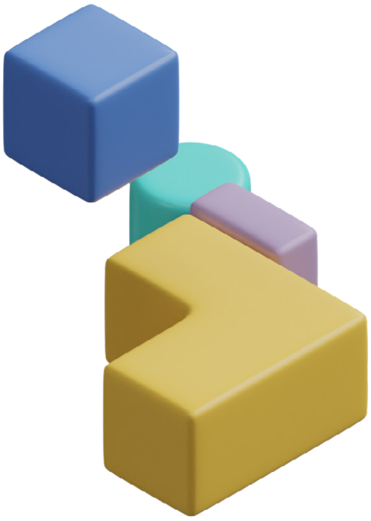
Australian Cancer Plan

SUMMARY

Australian Government
Cancer Australia



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ISBN Print: 978-0-9805246-2-8 ISBN Online: 978-0-9805246-3-5

Recommended citation

Cancer Australia, 2023. *Australian Cancer Plan (Summary)*, Cancer Australia, Surry Hills, NSW.

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Acknowledgement of Country

Cancer Australia acknowledges Aboriginal and Torres Strait Islander people as the Traditional Custodians of Country throughout Australia. We pay our respects to Elders, past and present.

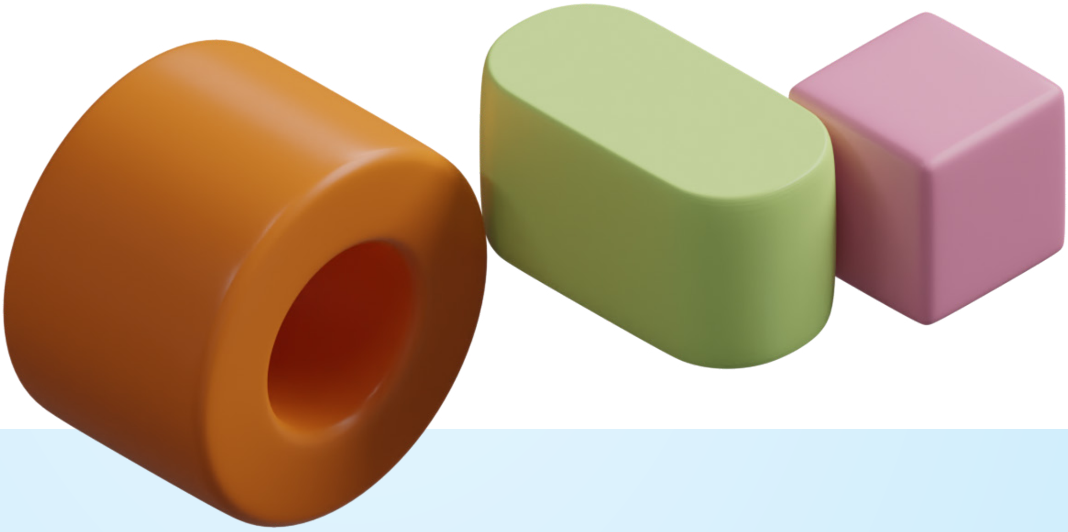
We celebrate the ongoing connections of Aboriginal and Torres Strait Islander peoples to Country, culture, community, family and tradition and recognise these as integral to health, healing and wellbeing.

Cancer Australia acknowledges great diversity among Aboriginal and Torres Strait Islander peoples, and the contribution of the many voices, knowledge systems and experiences that guide all efforts to create a culturally safe and responsive cancer system that is equitable to all.

To reflect the strong focus on improving cancer experiences and outcomes for Aboriginal and Torres Strait Islander peoples, Cancer Australia has featured the artwork created by Ngarrindjeri Artist Jordan Lovegrove in the Australian Cancer Plan products. This artwork was originally created for Cancer Australia's Aboriginal and Torres Strait Islander branding. Titled 'Our Journeys', it represents the experience of Aboriginal and Torres Strait Islander peoples with cancer and also depicts the flow of information and engagement between Cancer Australia and Aboriginal and Torres Strait Islander peoples. Jordan creates artworks for Dreamtime Creative dreamtimecreative.com.au/portfolio/cancer-australia/

Contents

1. INTRODUCTION



Introduction

Cancer outcomes in Australia are among the best in the world, but this is not the story for all Australians. There are significant disparities in cancer outcomes among specific groups in our society.

The Australian Cancer Plan (the Plan) is designed to improve cancer outcomes for all Australians, and particularly for those groups whose health outcomes are poorest. Achieving equity in cancer outcomes will be a fundamental measure of success for the Plan and will align Australia with global calls to improve cancer outcomes for all people.

The Plan has been developed through an extensive and rigorous process of stakeholder engagement, including through two public consultations, targeted engagements, two series of stakeholder workshops and a public webinar series. Feedback was received via more than 700 submissions and consultations, encompassing more than 400 groups and 300 individuals.

Inputs, considerations, advice and feedback from organisations and individuals across Australia and across the cancer control continuum have informed the Plan, setting the priorities for reform in cancer care for the next decade and beyond.

To succeed in improving cancer outcomes for all Australians, the implementation of the Plan is a shared responsibility and will require joint efforts from the entire cancer control sector.

The Australian Cancer Plan acknowledges Aboriginal and Torres Strait Islander health belongs in Aboriginal and Torres Strait Islander hands, and the critical role the Aboriginal Community Controlled Health sector plays in leading approaches to improve outcomes for Aboriginal and Torres Strait Islander people. The Plan will complement and embrace the Aboriginal and Torres Strait Islander Cancer Plan developed by the National Aboriginal Community Controlled Health Organisation and foster genuine partnership and engagement with Aboriginal and Torres Strait Islander people and communities throughout implementation.

The Plan's success is reliant on Aboriginal and Torres Strait Islander leadership and collaborative action between mainstream cancer services and the Aboriginal Community Controlled Health sector, including Aboriginal and/or Torres Strait Islander Health Workers and Health Practitioners throughout the healthcare system, to address equity and embed culturally safe and responsive cancer care across the cancer continuum for Aboriginal and Torres Strait Islander people.

The Plan will support the *National Agreement on Closing the Gap* (CtG Agreement) to enable Aboriginal and Torres Strait Islander people and governments to work together to overcome the inequality experienced by Aboriginal and Torres Strait Islander people and achieve life outcomes equal to all Australians.

It is our aim that the Plan resonates with every person affected by cancer and everyone engaged in the cancer sector in Australia. The following is a summary of the Australian Cancer Plan. The full version of the Plan can be found at australiancancerplan.gov.au

Current State of Cancer

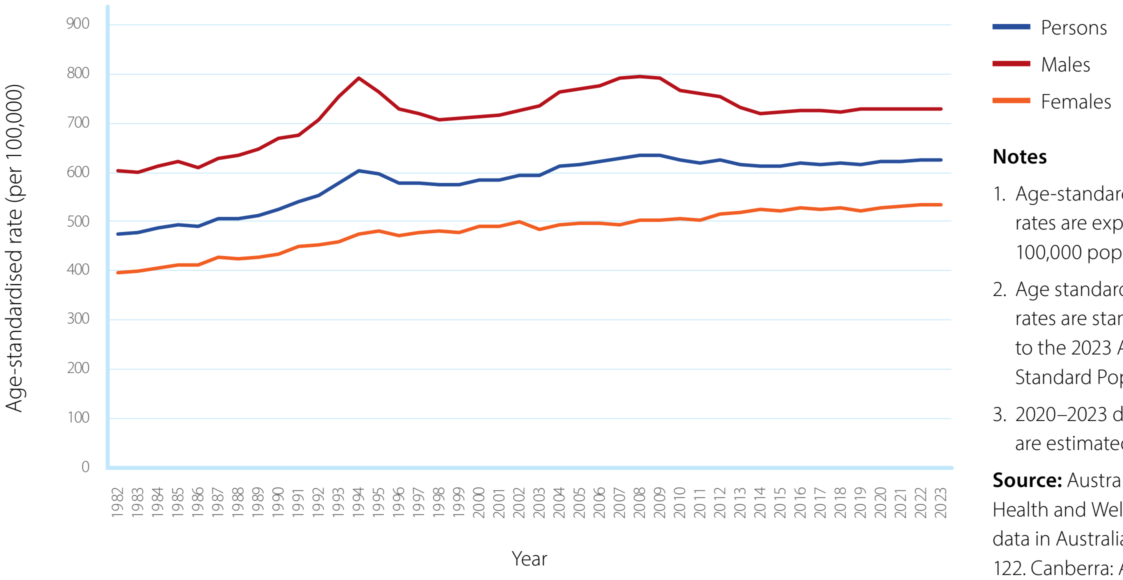
Cancer is responsible for Australia's largest disease burden and is a leading cause of death.[1, 2] There are over one million people alive in Australia who are currently living with or have lived with cancer, with 164,694 people expected to be diagnosed with cancer in 2023.[1, 3, 4]

The most commonly diagnosed cancer in Australia[a] is prostate cancer, followed by breast cancer, melanoma of the skin, colorectal cancer, and lung cancer.[3] The most common cause of cancer-related death in Australia is lung cancer, followed by colorectal cancer, pancreatic cancer, prostate cancer, and breast cancer.[3] Rare and less common cancers comprise approximately one-third of all cancer diagnoses and 42% of all cancer deaths.[1]

While the total number of people diagnosed with cancer has increased over the last three decades, this differs from the cancer incidence rate, which is the number of new cases diagnosed each year per 100,000 population. Cancer incidence rates trended upwards from 1982 to 2009 and have remained stable since (see Figure 1). This trend is observed for men in Australia, but the incidence rate has continued to increase among women in Australia.[3]

Additionally, the Australian population is expected to increase by 15% between 2021 and 2031 and cancer cases are estimated to increase by around 22% during this time.[1] Australia's ageing population is expected to contribute to this increase in cancer cases and can explain why cancer incidence rates are exceeding the population growth rate.

Figure 1: Age-standardised incidence rates, all cancers combined, Australia, 1982–2023



Notes

1. Age-standardised rates are expressed per 100,000 population.
2. Age standardised rates are standardised to the 2023 Australian Standard Population.
3. 2020–2023 data are estimated.

Source: Australian Institute of Health and Welfare 2023. Cancer data in Australia. Cat. No. CAN 122. Canberra: AIHW.

In 2023, it is estimated there will be 51,269 deaths from cancer in Australia.[3] While the absolute number of deaths has increased, cancer mortality rates have decreased over the past three decades (see Figure 2), with a sharper decline in cancer mortality observed for males than females.[1]

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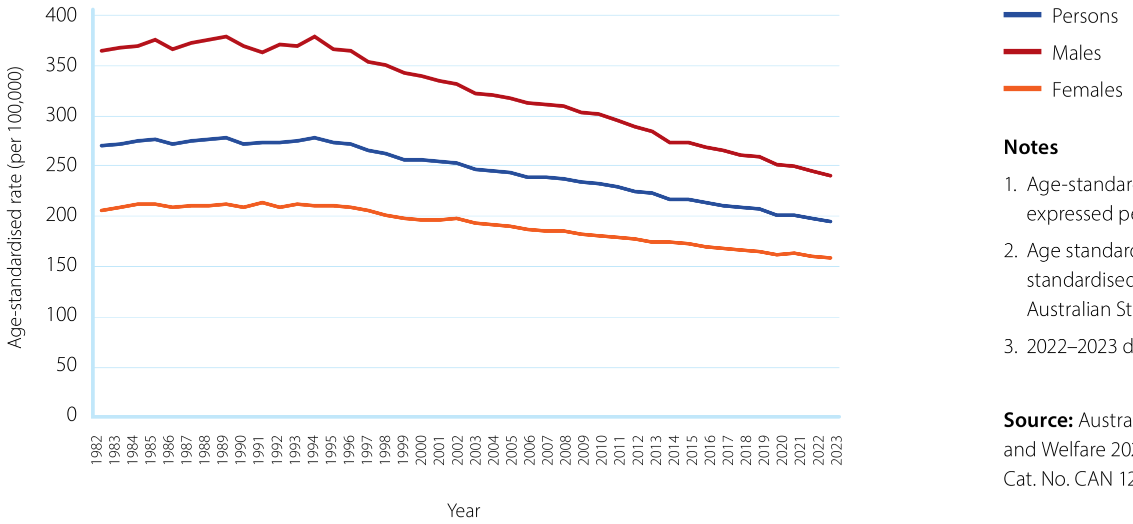
[a] The primary data set used is the Australian Cancer Database (ACD), which contains information on Australians diagnosed with primary, invasive cancer (excluding basal cell carcinoma and squamous cell carcinoma of the skin). Since basal and squamous cell carcinomas of the skin are not notifiable, data on these cancers are not included in statistics from the ACD.

Figure 2: Age-standardised mortality rates, all cancers combined, Australia, 1982–2023



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1. Age-standardised rates are expressed per 100,000 population.
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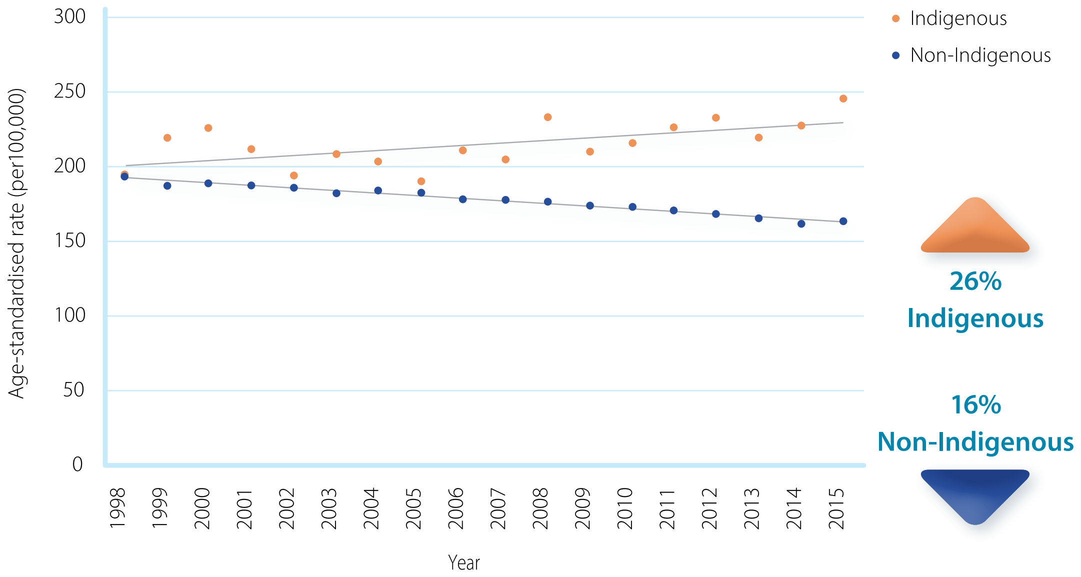
3. 2022–2023 data are estimated.

Source: Australian Institute of Health and Welfare 2023. Cancer data in Australia. Cat. No. CAN 122. Canberra: AIHW.

Improved survival rates have been observed at a whole of population level over the past 30 years. The number of people surviving at least five years after a cancer diagnosis has improved from 53% in 1990–1994 to 71% in 2015–2019.[3]

Overall, Australia also has one of the highest survival rates from cancer in the world.[5, 6] However, improvements in cancer survival rates are not experienced uniformly within the Australian population. The gap in cancer mortality rates between Aboriginal and Torres Strait Islander people and non-Indigenous people is widening. Australian cancer mortality data indicate that the age-standardised mortality rate for all cancers combined for Aboriginal and Torres Strait Islander people increased 26% between 1998 and 2015, and decreased for non-Indigenous people by 16% during the same period (see Figure 3).[7]

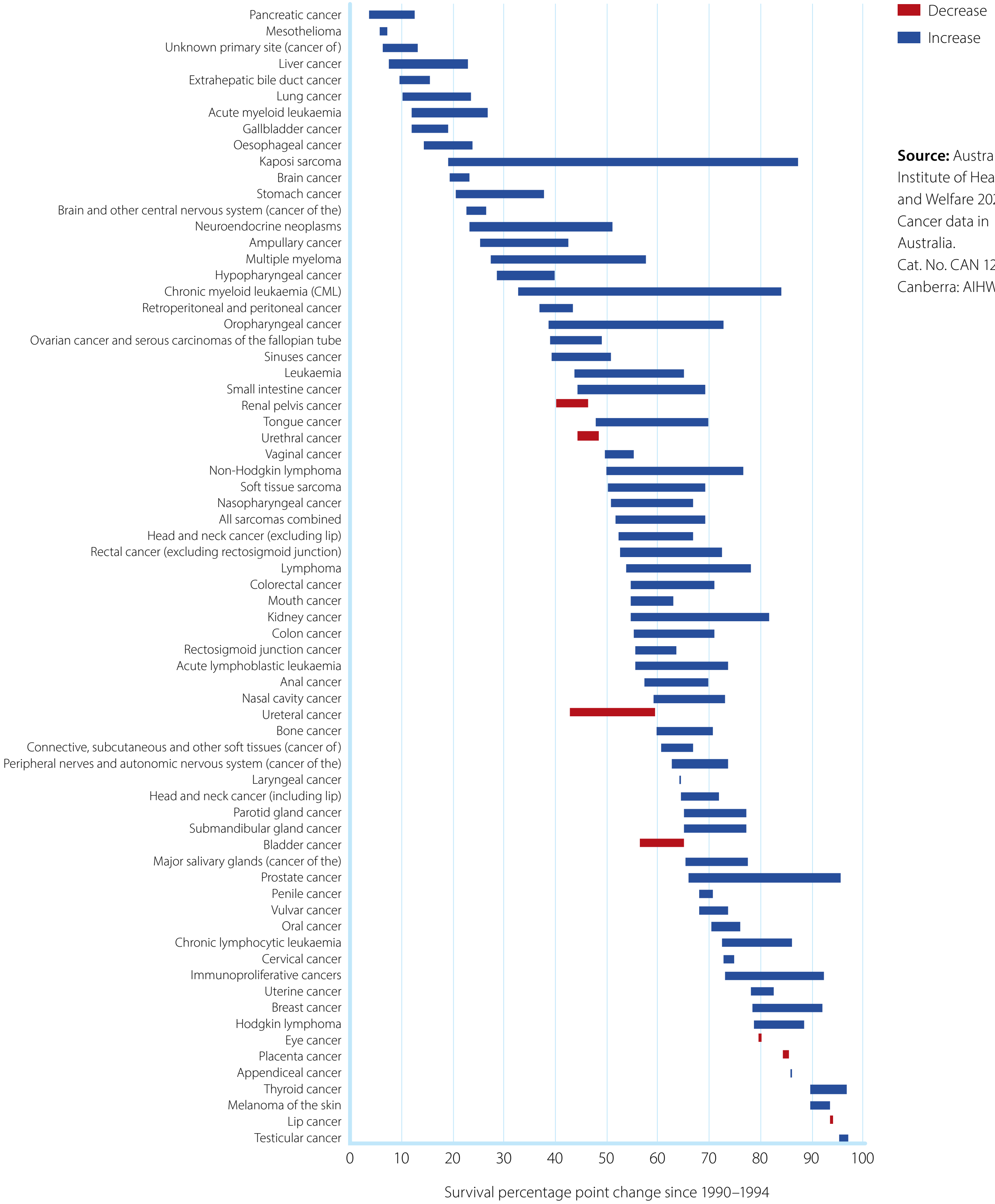
Figure 3: Age-standardised mortality rate, all cancers combined, Indigenous Australians and non-Indigenous Australians, 1998 to 2015



Source: Australian Institute of Health and Welfare 2018. Cancer data in Aboriginal and Torres Strait Islander people of Australia. Cat. No. CAN 109. Canberra: AIHW.

The improved survival rates over recent decades have been observed across most cancer types (see Figure 4) and are attributable to a range of factors, including the introduction of national screening programs, improved early detection, and improved treatments.[1] However, not all cancers have shown the same degree of improvement in survival, and for a few cancers there has been a decrease in survival outcomes over time (see Figure 4).

Figure 4: Change in five-year relative survival by tumour type from 1990–1994 to 2015–2019



Source: Australian Institute of Health and Welfare 2023. Cancer data in Australia. Cat. No. CAN 122. Canberra: AIHW.

Although cancer incidence rates have stabilised, mortality rates have decreased and 5-year survival rates have improved, disparities in cancer outcomes still exist in Australia. A person’s risk of cancer, their experiences during diagnosis and treatment, and their survival is influenced by factors including where they live in Australia, their background and personal circumstances, and the type of cancer they have.[1]

Addressing these variations is a focus of the Australian Cancer Plan.

Future State of Cancer Control

Australia's health system is strong and survival rates for most cancers are among the best in the world. Despite this success, cancer outcomes are not equal for all Australians. Changing the status quo will require significant, sustained effort, and the Australian Cancer Plan will be the way to achieve it.

The future of cancer control in Australia is one where world-class cancer outcomes and experiences are within reach for all Australians.

The Plan builds on what Australia is already doing well and outlines bold ambitions to guide reform in cancer control over the next decade.

This Plan for national action calls out and addresses system level opportunities that through collaboration and coordination will enable us to shift the dial on inequities in cancer control.

The future of cancer care in Australia is both optimal and equitable; it will deliver high quality and fair outcomes for all. Everyone with a cancer diagnosis will experience their care free from discrimination. They will engage with and be served by a system that respects them personally, including their culture, age, gender, sexual orientation, health status, and education level.

Achieving equity in cancer outcomes for Aboriginal and Torres Strait Islander people is the most significant ambition for the future of cancer care. Aboriginal and Torres Strait Islander people will experience culturally safe and respectful care, free from individual and institutional racism.

The Plan will support the objective of the *National Agreement on Closing the Gap* (CtG Agreement)[8] to enable Aboriginal and Torres Strait Islander people and governments to work together to overcome the inequality experienced by Aboriginal and Torres Strait Islander people and achieve life outcomes equal to all Australians.

People living with cancer and their carers will be partners in, and at the centre of their own care, supported to smoothly navigate a health system in which services will be well-connected and accessible, wherever they may be in their cancer journey and wherever they live in Australia.

Cancer prevention and early detection will be significantly improved as all Australians become more aware of their personal risks. All Australians will be able to access and feel safe to take part in cancer screening and other prevention and risk modifying activities, including through new technologies and healthy lifestyles.

The best available health intelligence from research, clinical trials, and meaningful, connected data will guide how care is delivered. Cancer care will be provided by supported, engaged, and well-equipped health professionals in all the places where people with cancer receive their care, including from their own homes or via portable devices.

Collaboration, knowledge-sharing, and the very best quality cancer care will be maximised by an Australian Comprehensive Cancer Network (ACCN) which will link the Comprehensive Cancer Centres in major cities, and extend that network to the rural and remote regions of Australia. Health services and a cancer workforce that is highly trained, responsive, and culturally aware will deliver optimal cancer care.

The Plan is a timely and significant step forward in cancer control. To achieve its vision of world-class cancer outcomes and experiences for all Australians, implementation of the Plan will be underpinned by vibrant and productive partnerships between Government and all elements of the health sector, including Aboriginal Community Controlled Health Services, non-government organisations, researchers, clinicians, health services, and consumers. These meaningful partnerships will be critical to achieving the vision of the Plan.

The Plan sets a national agenda to accelerate world-class cancer outcomes and improve the lives of all Australians affected by cancer. This Plan leverages existing national and jurisdictional cancer plans and will complement the Aboriginal and Torres Strait Islander Cancer Plan developed by the National Aboriginal Community Controlled Health Organisation (NACCHO).

Vision, Aim, Conceptual Framework and Guiding Principles

Vision

World-class cancer outcomes and experiences for all Australians.

Aim

The future-focused, ten-year Australian Cancer Plan is a national framework that will accelerate world-class cancer outcomes and improve the lives of all Australians affected by cancer.

Conceptual Framework

This vision is underpinned by a Conceptual Framework (Figure 5) that identifies six Strategic Objectives where national focus and effort are required to deliver better outcomes for the next decade and beyond. Each Strategic Objective has a 10-year Ambition Statement, and each 10-year Ambition is underpinned by a 2-year and a 5-year Goal.

The Strategic Objectives are informed by empirical evidence and data, national, state and territory cancer plans, tumour-specific initiatives and plans, other national health plans, and extensive consultation with stakeholders across the cancer care continuum.

The six Strategic Objectives of the Australian Cancer Plan are:

1. Maximising Cancer Prevention and Early Detection
2. Enhanced Consumer Experience
3. World-Class Health Systems for Optimal Care
4. Strong and Dynamic Foundations
5. Workforce to Transform the Delivery of Cancer Care
6. Achieving Equity in Cancer Outcomes for Aboriginal and Torres Strait Islander people.

Aboriginal and Torres Strait Islander people are at the heart of the Plan, which aims to address inequities and priorities across the whole cancer journey for Aboriginal and Torres Strait Islander people.

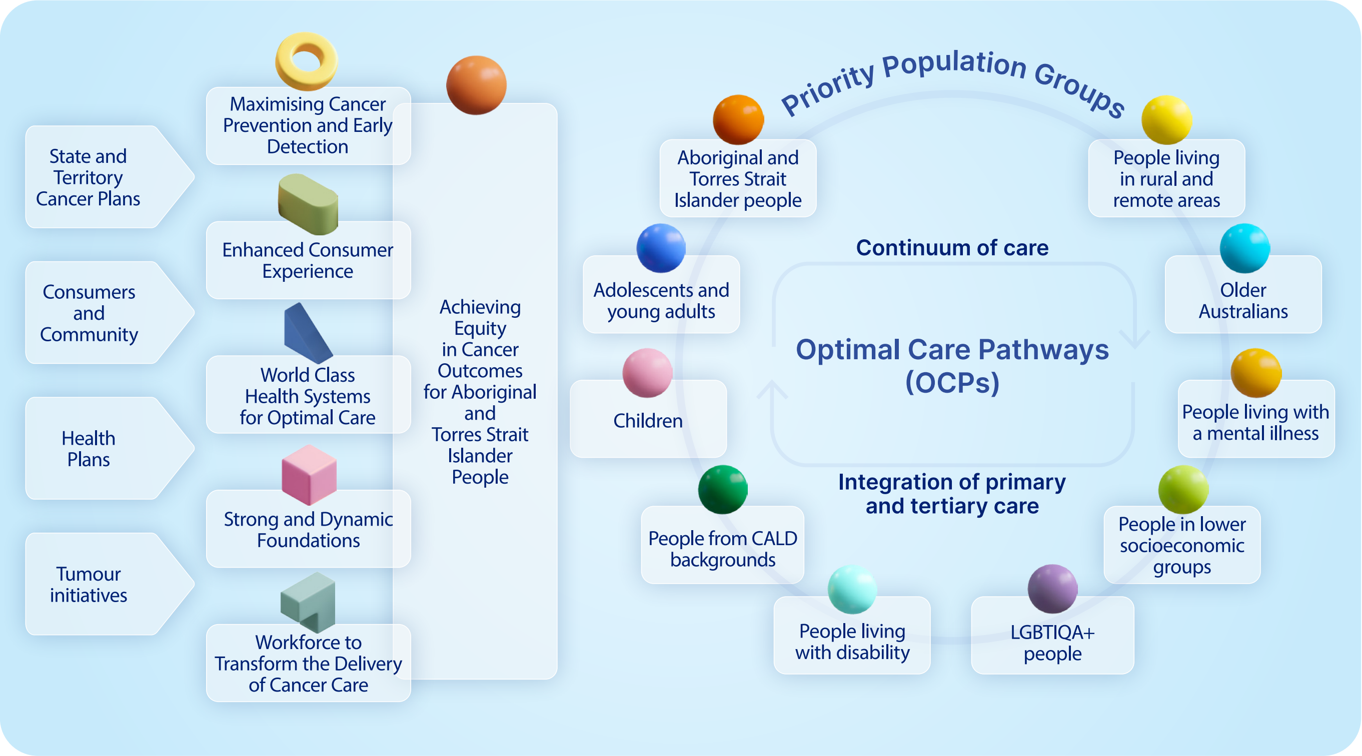
Other priority population groups that the Plan focuses on are those at risk of poorer outcomes, including:

- adolescents and young adults
- children
- people from culturally and linguistically diverse (CALD) backgrounds
- people living with disability
- lesbian, gay, bisexual, transgender, intersex, queer, and asexual (LGBTIQA+) people
- people in lower socioeconomic groups
- people living with a mental illness
- older Australians
- people living in rural and remote areas.

People identifying as belonging to diverse populations may identify across multiple priority population groups. This intersectionality can result in compounding impacts of social, cultural, commercial, and environmental determinants of health on cancer experiences and outcomes.

Consumer needs are at the forefront of the Plan, which is underpinned by cancer-specific Optimal Care Pathways[9] and by the *Optimal Care Pathway for Aboriginal and Torres Strait Islander people with cancer*,[10] already embedded as national standards of best practice care.

Figure 5: Australian Cancer Plan Conceptual Framework



Guiding Principles

Eight overarching principles have guided the development of the Plan. These principles have played a critical role in informing the development of the Plan – from defining the Strategic Objective ambitions, goals, and actions to informing stakeholder engagements. They will guide implementation over the life of the Plan.

- **Person-centred:** the Plan is designed with, and for, all people affected by cancer. This includes people at risk of cancer, people diagnosed with cancer, and their families and carers
- **Equity-focused:** the need for equity in cancer outcomes and experience is at the centre of the Plan. If the Plan does not 'shift the dial' for people whose outcomes are poorest, it will not be successful
- **Future-focused:** the Plan addresses both current and future cancer and health trends and challenges, so Australia can take advantage of emerging opportunities to improve cancer outcomes
- **Strengths-based:** the Plan adopts a strengths-based approach which identifies gaps and issues in the system, and builds on the strengths, opportunities, and the diversity of Australia's population groups and our cancer care system
- **Evidence- and data-driven:** the Plan is evidence-informed, and promotes better, ongoing use of data to drive, understand, and evaluate the performance of Australia's cancer care system
- **All cancers:** the Plan addresses issues relevant to all cancer types, with a focus on addressing disparity of experience and outcome
- **Encompassing the cancer control continuum:** the Plan addresses the whole continuum of cancer care – spanning prevention and early detection, diagnosis, treatment, survivorship care, end-of-life care, and supportive care
- **Collaborative:** the implementation of the Plan, as with its development, will encourage and involve system-wide, cross-sector, inter-jurisdictional, and national collaboration.

Developing the Australian Cancer Plan

The development of the Australian Cancer Plan was a highly consultative and evidence-based process involving consultation activities, synthesis and analysis, and Aboriginal and Torres Strait Islander co-design.

The development of the Plan was underpinned by a comprehensive stakeholder engagement strategy. Key consultation activities included:

- Ministerial Roundtable[11]
- formal public submissions
- Advisory Groups
- two series of stakeholder workshops
- targeted stakeholder meetings
- co-design with the Leadership Group on Aboriginal and Torres Strait Islander Cancer Control
- face to face stakeholder meetings with Aboriginal and Torres Strait Islander health services and organisations across urban, regional, and remote locations.

A critical component of the Plan development process was the undertaking of synthesis and analysis of evidence, including:

- international, national, and state/territory plans, strategies, frameworks, and policies
- systemic reviews, including a review of cancer patient navigation in Australia
- papers and published literature
- inputs from stakeholder engagement activities
- public consultation submissions.

The stakeholder consultation activities, together with the synthesis and analysis activities, led to the identification of national priorities that informed the ambitions, goals, and actions for the Plan.

A decision matrix was developed to assess and prioritise the actions underpinning the 2- and 5-year goal of each Strategic Objective. Actions specific to Aboriginal and Torres Strait Islander people were assessed and prioritised using a decision matrix co-designed and applied by a panel of Aboriginal and Torres Strait Islander researchers, policy makers and consumers.

Ambitions, goals, and actions were tested and refined through extensive consultation activities.

Alignment with World-Class Standards

The Plan has been developed in accordance with world-class standards and is in line with the broader international health context, including the World Health Organization's (WHO) resolution on cancer control.[12] Achieving equity in cancer outcomes will be a fundamental measure of success for the Plan and will align Australia with global calls to improve cancer outcomes for all people.

Experts have developed checklists that outline the necessary core elements for a successful National Cancer Control Plan (NCCP). These checklists are a valuable resource for policymakers to effectively develop and implement national cancer plans in accordance with world-class standards and in line with the broader international health context, such as the WHO's resolution on cancer control.[12]

To ensure that the Plan responded to the WHO's global call to action on cancer control and that the Plan's development was aligned to world-class standards, Cancer Australia applied two NCCP checklists to the draft Australian Cancer Plan. The checklists were:

1. The Union for International Cancer Control (UICC) checklist[13]
2. The Core Elements of National Cancer Control Plans checklist.[14]

The application and outcome of these global quality control tools against the draft Australian Cancer Plan showed positive alignment and is published here. It is anticipated that an independent review of the final Australian Cancer Plan will also be undertaken.

Co-Design with Aboriginal and Torres Strait Islander People

Co-design with Aboriginal and Torres Strait Islander people is fundamental to achieving better outcomes as well as change across the health system. *Key Principles and Best Practices for co-design in health with First Nations Australians* were developed to underpin the development of the Plan. Principles include First Nations leadership, Culturally grounded approach, Respect, Benefit to community, Inclusive partnerships and Transparency and evaluation.[2, 3, 15, 16]

Aligned with the *Key Principles for co-design with First Nations Australians*, an Aboriginal and Torres Strait Islander led co-design approach has been adopted to develop the components of the Plan specific to Aboriginal and Torres Strait Islander people and to provide advice across all Strategic Objectives of the Plan.

The Plan acknowledges that Aboriginal and Torres Strait Islander people must have a role in decision-making regarding policies, programs and services that impact Aboriginal and Torres Strait Islander people and their communities.

Advice was provided by Cancer Australia's Leadership Group on Aboriginal and Torres Strait Islander Cancer Control and Cancer Australia's Advisor, Aboriginal and Torres Strait Islander Cancer Control. The governance structure of the Leadership Group ensures broad participation and engagement from stakeholder groups, including the National Aboriginal Community Controlled Health Organisation, leaders of influence in Aboriginal and Torres Strait Islander health, research and policy, and consumers affected by cancer.

Members of the Leadership Group actively participated in stakeholder meetings, workshops, and targeted engagements, contributed to drafting and refining the 10-year ambition statements, the 2- and 5-year goals and actions, and reviewed draft Australian Cancer Plan content.

For the Plan to be successful, leadership and significant involvement of Aboriginal and Torres Strait Islander people in developing, implementing and evaluating the Plan is required.

Advisory Groups

Two Advisory Groups were established to guide the development of the Australian Cancer Plan.

- The Australian Cancer Plan Advisory Group guided the development of the Plan, including providing strategic input on emerging trends and issues of national significance to cancer control in Australia. This Group comprised members broadly representing the cancer sector across the cancer control continuum including clinical colleges, cancer care health professionals, consumers, state and territory governments and the Australian Government
- The Australian Cancer Plan Jurisdictional Reference Group provided strategic input on emerging jurisdictional trends and issues of national significance to cancer control in Australia. This Group comprised senior jurisdictional representation of senior government officials with policy and clinical oversight.

Stakeholder Engagement

Key stakeholders that informed the Plan included:

- people affected by cancer
- members of cancer organisations and peak bodies
- Aboriginal and Torres Strait Islander people
- Aboriginal and Torres Strait Islander health organisations including Aboriginal Community Controlled Health Services
- people representing priority population groups
- researchers and representatives from research institutes
- health professionals
- non-government organisations
- representatives from Australian Government and state and territory governments.

Public Consultations

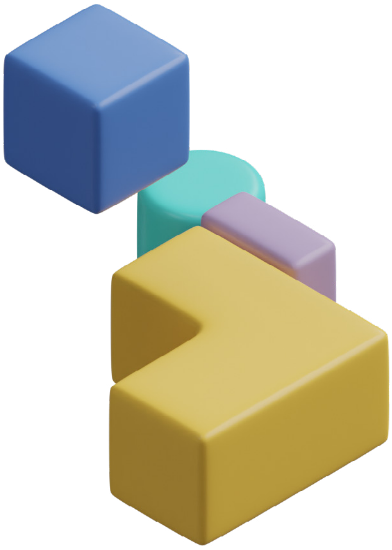
Cancer Australia held two rounds of public consultation to inform the Plan. All submissions were considered in the development of the Plan.

The first round of public consultation was held between November 2021 and March 2022 to seek Australia's vision for a national cancer plan. Of the 275 submissions received, 136 submissions were made on behalf of organisations or collaborations, and 139 submissions were made by individuals.

The second round of public consultation was held between November and December 2022 to seek feedback on the draft Australian Cancer Plan. Of the 285 submissions received, 147 were made on behalf of organisations or collaborations and 138 submissions were made by individuals.

Aboriginal and Torres Strait Islander health services

Throughout the Plan's development, Cancer Australia undertook national engagement with Aboriginal and Torres Strait Islander health organisations including Aboriginal Community Controlled Health Services, to raise awareness of the Plan and to provide opportunities for input. This included a workshop with Aboriginal and Torres Strait Islander health services as well as face to face meetings across Australia, supported by Cancer Australia's Advisor on Aboriginal and Torres Strait Islander Cancer Control or a member of the Leadership Group on Aboriginal and Torres Strait Islander Cancer Control.



Australian Cancer Plan

	Maximising Cancer Prevention and Early Detection	Enhanced Consumer Experience	World Class Health Systems for Optimal Care	Strong and Dynamic Foundations	Workforce to Transform the Delivery of Cancer Care	Achieving Equity in Cancer Outcomes for Aboriginal and Torres Strait Islander People
Strategic Objectives and 10-year ambitions	A cancer control system that seeks to eliminate racism, proactively reduces cancer risk and supports all Australians to access personalised, evidence-based cancer prevention and early detection strategies	People affected by cancer are partners in culturally safe, equitable and responsive cancer care, and health services and systems are trusted and supported for optimal experience, quality of life and cancer outcomes	Integrated, coordinated, data-driven, high-quality health service systems that consistently deliver optimal cancer care and excellence in outcomes	A modern, fit for purpose cancer control infrastructure, advanced by the innovative application of technology, research and data to improve Australia's cancer outcomes	An engaged, capable and future-focused cancer workforce that is culturally safe and responsive, well-equipped, well-supported and driven by collaboration, continuous improvement and diversity to enable the best care for all Australians affected by cancer	Supporting Aboriginal and Torres Strait Islander knowledge, strength and sovereignty in a health system that achieves equity for Aboriginal and Torres Strait Islander people affected by cancer
5-year goals and actions	Culturally safe prevention and screening approaches to reduce cancer risk are embedded, and evidence-based and personalised cancer prevention and early detection strategies are incorporated into standard of care	Personalised models of navigation in cancer care are widely available to all Australians affected by cancer – engaging consumers in culturally safe, equitable and responsive cancer care, and driving re-orientation of health service systems, including training and distribution of cancer health workforce	Networked high-quality comprehensive cancer care systems that deliver optimal cancer care and better outcomes	A national cancer data ecosystem supporting evidence-based, innovative models of care which incorporate national uptake of advanced technology and infrastructure, underpinned by world-class research and a clinical trials landscape in which all Australians have equal access	Strategies implemented to enable a culturally safe, responsive, and capable multidisciplinary workforce that is working at the top of their scope of practice and ability to deliver high-quality cancer care	Priority is given to accountability for the delivery of culturally safe services by all health professionals; training opportunities and support programs are established for Aboriginal and Torres Strait Islander health professionals in the cancer sector
	Strengthen the policy and regulatory environment to address known modifiable lifestyle factors and social, cultural, commercial and environmental determinants of health Expand access to culturally safe and responsive immunisation programs to reduce risk of cancers, including in partnership with Aboriginal Community Controlled Health Services and community-led priority population groups Implement new, and improve existing, evidenced-based, risk-stratified cancer screening programs Develop a policy framework for genomics in cancer control across the cancer care continuum Increase access to and uptake of health assessments through Medicare for cancer prevention and early detection for Aboriginal and Torres Strait Islander people	Evaluate, adapt and scale nationally integrated care navigation models across the cancer care continuum Require health services to provide co-designed, culturally responsive resources to enable healthcare providers to communicate respectfully with consumers Ensure multidisciplinary cancer care teams for Aboriginal and Torres Strait Islander people are trauma-aware and healing-informed	Integrate Optimal Care Pathways (OCPs) as routine cancer care using a monitoring and evaluation system that links the implementation of OCPs to patient outcomes and experience Establish an Australian Comprehensive Cancer Network (ACCN) to ensure connectivity and sharing of expertise between Comprehensive Cancer Centres, other cancer services, regional hospitals, community and primary care. The establishment of an ACCN will increase equity of access across services for all patients, deliver cancer care close to home, and monitor evidence-based system performance Improve equitable access to evidence-based, innovative models of integrated multidisciplinary care across the cancer continuum Implement sustainable approaches to improve access to accepted, traditional healing practitioners within cancer services to enable an integrated, trauma-aware, healing-informed oncology approach for Aboriginal and Torres Strait Islander people	Design and embed patient reported experience and patient reported outcomes into national performance monitoring and reporting for all providers, to assess services for all population groups and establish an evidence base Expand access to digitally enabled cancer care to improve equity and access to quality cancer care, particularly in regional, rural and remote areas Explore and test innovative approaches to health service funding models to address areas of need, and system improvement, in cancer care Expand the use of technology and virtual care to increase access for Aboriginal and Torres Strait Islander people and to support communities across the cancer care continuum	Implement a cancer care workforce pipeline that meets demand for optimal cancer care, with diversity measures in training, recruitment and talent management to ensure the cancer workforce represents the diversity of patient populations Assist the sector to support all cancer care practitioners to work at the top of their scope of practice, increase retention and ensure ongoing access to continuing professional development Routinely integrate cultural safety training programs for cancer service providers, including through community-based partnerships with priority population groups Support national coordination and implementation of a plan to recruit, train and retain the Aboriginal and Torres Strait Islander cancer care workforce	Establish ongoing place-based engagement with Aboriginal and Torres Strait Islander people to understand emerging needs across the cancer care continuum Implement strategies to embed culturally safe care within cancer-related services for Aboriginal and Torres Strait Islander people
2-year goals and actions	Access to culturally safe prevention and screening approaches to reduce cancer risk is improved, and evidence-based and personalised cancer risk assessment strategies are identified	Person-centred models of integrated navigation in cancer care are nationally defined, co-designed, developed and tested with consumers, to incorporate culturally safe cancer care	Frameworks for high-quality comprehensive health service systems established to deliver better cancer care and improved outcomes	Nationally agreed frameworks for collection and reporting of comprehensive cancer data, and implementation of new technologies into routine cancer care, with a focus on research priorities that drive innovation and fast-track opening of cancer clinical trials in Australia	National strategies developed to enhance clinical and cultural safety training and accreditation processes, build workforce diversity, expand multidisciplinary roles and determine retention strategies	Collaborative partnership and cross-sector approaches are developed and enhanced at the system, service and individual level; Individual and institutional racism and discrimination across cancer services are identified and addressed
	Deliver cancer prevention and health promotion activities, including healthy lifestyles, immunisation, and population screening participation, co-designed and tailored to a range of settings Strengthen cancer prevention in broader health strategies and public health partnerships Promote translational research on the impact of social, cultural, commercial and environmental determinants of health on cancer outcomes for priority populations to inform policy and practice Undertake ongoing assessment of the evidence for risk-based, cost-effective population cancer screening Strengthen health literacy for Aboriginal and Torres Strait Islander people through co-designed health promotion and lifestyle strategies for cancer prevention	Develop a national framework for and implement integrated multi-channel, multi-disciplined navigation models that ensure the right support at the right time for every consumer across the cancer continuum Improve availability of co-designed, tailored information and care for consumers to improve health literacy and reduce cancer-related stigma Support health services to provide co-designed, culturally responsive resources to enable healthcare providers to communicate respectfully with consumers	Develop and implement a national framework that standardises the development, update, evaluation and uptake of Optimal Care Pathways (OCPs), including for priority population groups Develop a national framework for networked, distributed comprehensive cancer care, to facilitate provision of services as close as safely possible to where patients live. This will include the role of Comprehensive Cancer Centres to enhance patient outcomes, strengthen transparency and accountability, and drive continuous improvements for all patients across the network regardless of where the care is provided Implement innovative, evidence-based and cost-effective models of care for people living with and beyond cancer Develop and refine integrated care models to maximise access to high-quality, timely and evidence-based palliative and end of-life care, including voluntary assisted dying Lead a national approach to identifying and reporting Indigenous status in cancer care	Develop an agreed national cancer data framework to improve accessibility, consistency and comprehensiveness of integrated data assets Ensure targeted and innovative research investment into areas of unmet and emerging need; and improve clinical trial design and equitable access Identify opportunities to improve equitable cancer care through the digital health ecosystem Establish Aboriginal and Torres Strait Islander-led initiatives which strengthen Indigenous Data Sovereignty and governance of cancer data	Identify current and emerging workforce undersupply in line with cancer workforce modelling and other national health workforce strategies, and initiate planning with the sector towards building future workforce capacity and capability Build on existing capability of the primary care workforce to collaboratively and sustainably support the needs of consumers Evaluate and extend cultural safety training programs to cancer service providers, including through community-based partnerships with priority population groups Identify priority areas of need for Aboriginal and Torres Strait Islander cancer care workforce and develop a plan to recruit, train and retain the Aboriginal and Torres Strait Islander cancer care workforce	Embed Aboriginal and Torres Strait Islander voices in policymaking on cancer prevention, care delivery and standards through leadership, collaboration and co-design processes Strengthen collaboration with service providers, regulatory authorities and the Aboriginal and Torres Strait Islander cancer workforce to establish clear accountability for culturally safe care and compliance with national standards Establish and enhance collaborative partnerships with communities and Aboriginal and Torres Strait Islander-led organisations

2. STRATEGIC OBJECTIVES

Strategic Objective 1: Maximising Cancer Prevention and Early Detection

Ambition, Goals and Actions

10-Year Ambition

A cancer control system that seeks to eliminate racism, proactively reduces cancer risk and supports all Australians to access personalised, evidence-based cancer prevention and early detection strategies.

In achieving this ambition, Australia will remain at the global forefront of evidence-based cancer prevention and cancer screening strategies.

Most ambitiously, racism and discrimination as a major barrier to equity of access to cancer prevention and early detection will be eliminated.

All Australians will be supported and encouraged to reduce their cancer risk, particularly by addressing modifiable cancer risks such as smoking, being overweight or obese, alcohol use, diet, sun exposure and physical inactivity.

Participation in Australia's current national cancer screening programs (BreastScreen Australia,[17] the National Bowel Cancer Screening Program,[18] and the National Cervical Screening Program[19]) will be increased. Driven by evidence and data, new targeted screening programs and targeted or personalised screening and prevention strategies will be available to those who need them.

Access to personalised prevention and early detection will be tailored to a person's individual health status, health risks, and social and cultural needs. Culturally safe approaches to prevention and early detection will improve access and participation by priority population groups with poorer health and cancer outcomes.

5-Year Goal

Culturally safe prevention and screening approaches to reduce cancer risk are embedded, and evidence-based and personalised cancer prevention and early detection strategies are incorporated into standard of care.

In achieving this 5-year goal, culturally safe programs to reduce cancer risk will be embedded into standard practice.

System-wide issues which influence access to prevention and early detection will be identified and addressed, including a focus on social, cultural, commercial and environmental determinants of health.

Individuals will be supported to access cancer prevention and early detection approaches that are personalised to their specific risks (including genomic risk) and that take into consideration their health literacy and social and cultural needs.

Actions

1.5.1. Strengthen the policy and regulatory environment to address known modifiable lifestyle factors and social, cultural, commercial and environmental determinants of health.

1.5.2. Expand access to culturally safe and responsive immunisation programs to reduce risk of cancers, including in partnership with Aboriginal Community Controlled Health Services and community-led priority population groups.

1.5.3. Implement new, and improve existing, evidenced-based, risk-stratified cancer screening programs.

1.5.4. Develop a policy framework for genomics in cancer control across the cancer care continuum.

1.5.5. Increase access to and uptake of health assessments through Medicare for cancer prevention and early detection for Aboriginal and Torres Strait Islander people.

2-Year Goal

Access to culturally safe prevention and screening approaches to reduce cancer risk is improved, and evidence-based and personalised cancer risk assessment strategies are identified.

In achieving this 2-year goal, access to culturally safe prevention and early detection strategies will be strengthened through co-design and tailored to a range of settings.

Equity of access to culturally safe prevention and early detection strategies will be enhanced by understanding the broader impact of social, cultural, commercial and environmental determinants of health on cancer outcomes for priority populations.

Ongoing assessment of the evidence will inform personalised cancer risk assessment approaches.

Actions

1.2.1. Deliver cancer prevention and health promotion activities, including healthy lifestyles, immunisation, and population screening participation, co-designed and tailored to a range of settings.

1.2.2. Strengthen cancer prevention in broader health strategies and public health partnerships.

1.2.3. Promote translational research on the impact of social, cultural, commercial and environmental determinants of health on cancer outcomes for priority populations to inform policy and practice.

1.2.4. Undertake ongoing assessment of the evidence for risk-based, cost-effective population cancer screening.

1.2.5. Strengthen health literacy for Aboriginal and Torres Strait Islander people through co-designed health promotion and lifestyle strategies for cancer prevention.

Strategic Objective 2: Enhanced Consumer Experience

Ambition, Goals and Actions

10-Year Ambition

People affected by cancer are partners in culturally safe, equitable and responsive cancer care, and health services and systems are trusted and supported for optimal experience, quality of life and cancer outcomes.

In achieving this ambition, enhanced consumer experience for all Australians affected by cancer, especially those with poorer outcomes, will be central to the health system.

The ambition acknowledges that people with cancer are partners in their care. People affected by cancer need to be actively listened to and involved, to improve strength-based care, build trust, and tailor cancer care systems of the future.

The development of a partnership between people affected by cancer – individuals, families, loved ones, carers – and care providers, supported by a trusted health system, is key to achieving this 10-year ambition.

Through this ambition, individuals will be involved in and co-design systems that enable:

- culturally safe care
- consumer involvement in decision making as part of person-centred care
- the ability to navigate the health system
- access to supportive care
- the ability to address physical, functional, psychological, social and spiritual aspects of care
- provision of access to appropriate information to enable consumers to be involved in their own care
- clear communication which accommodates cultural, linguistic and other socioeconomic circumstances.

5-Year Goal

Personalised models of navigation in cancer care are widely available to all Australians affected by cancer – engaging consumers in culturally safe, equitable and responsive cancer care, and driving re-orientation of health service systems, including training and distribution of cancer health workforce.

In achieving this 5-year goal, Australians will have equitable access to navigation models of cancer care that are personalised to accommodate their cultural and social needs, supported by a responsive health system. This goal is particularly important to reduce the variability in access to and provision of optimal cancer care by Aboriginal and Torres Strait Islander people and other priority population groups.

It is important that community support services, the cancer workforce and health systems provide an equitable, enhanced experience for people affected by cancer. Over the next five years, this will be achieved through:

- a navigation system that is co-designed to underpin personalised care, spanning the cancer journey
- consumer involvement in decision making as part of person-centred care
- re-orientation of the existing workforce to further enhance consumer experience
- modification of training programs to prepare the future workforce for personalised models of care
- adaptation of community support systems for effective and culturally inclusive care transitions across the care continuum
- adoption of strategies to ensure a fair distribution of the cancer health workforce which enables equitable access to care for all Australians.

Actions

2.5.1. Evaluate, adapt and scale nationally integrated care navigation models across the cancer care continuum.

2.5.2. Require health services to provide co-designed, culturally responsive resources to enable healthcare providers to communicate respectfully with consumers.

2.5.3. Ensure multidisciplinary cancer care teams for Aboriginal and Torres Strait Islander people are trauma-aware and healing-informed.

2-Year Goal

Person-centred models of integrated navigation in cancer care are nationally defined, co-designed, developed and tested with consumers, to incorporate culturally safe cancer care.

In achieving this 2-year goal, person-centred navigation models of care that enhance consumer experiences will be co-designed, tested and accessible to all Australians.

These models of navigating cancer care will be nationally co-designed and tested with people affected by cancer, including Aboriginal and Torres Strait Islander people and other priority population groups.

Actions

2.2.1. Develop a national framework for and implement integrated multi-channel, multi-disciplined navigation models that ensure the right support at the right time for every consumer across the cancer continuum.

2.2.2. Improve availability of co-designed, tailored information and care for consumers to improve health literacy and reduce cancer-related stigma.

2.2.3. Support health services to provide co-designed, culturally responsive resources to enable healthcare providers to communicate respectfully with consumers.

Strategic Objective 3: World-Class Health Systems for Optimal Care

Ambition, Goals and Actions

10-Year Ambition

Integrated, coordinated, data-driven, high-quality health service systems that consistently deliver optimal cancer care and excellence in outcomes.

In achieving this ambition, the Australian health system will be enabled to consistently provide optimal care and high-quality health outcomes for people with cancer.

Aspects of world class health services for optimal care exist throughout Australia, evidenced by generally high cancer survival rates. However, changes are needed to ensure high quality care is accessible to all Australians.

This ambition seeks better service integration and coordination to improve communication and data collection, interpretation, and sharing between health professionals and health service settings. These settings include primary care, including Aboriginal Community Controlled Health Services; specialist care; community care; acute care; chronic and long-term care; and public and private hospital systems.

New developments to improve cancer diagnosis and treatment are occurring continually. The ability of the health system to systematically implement such improvements is important to ensure that people with cancer are offered up-to-date optimal care regardless of geographic location, socioeconomic status, language, or other barriers.

Patient experience and outcomes data are critical to identifying gaps in service delivery, improving cancer outcomes and to building new models of care. Further understanding of how data can be used and implemented nationally to drive improvement is critical.

Part of delivering on this ambition will be to ensure the ability to monitor the differences in service delivery and outcomes for different population groups, including Aboriginal and Torres Strait Islander people, and to record information appropriately and sensitively. This will require patient reported experience and outcome measures to be collected and accessed in a timely way.

5-Year Goal

Networked high-quality comprehensive cancer care systems that deliver optimal cancer care and better outcomes.

In achieving this 5-year goal, systems that enable and promote networked care between health service providers are introduced and operational. This will be done by developing and supporting better linkage of different elements of care. Different elements of cancer care for an individual will be aligned seamlessly into a cancer care plan.

There will be flexibility in different models of care provision to improve access regardless of geographic, cultural or socioeconomic barriers.

Information relevant to care collected at any point will be available throughout the patient journey.

A system of governance will be established to work across jurisdictions and to connect networks. The Comprehensive Cancer Centres will link with each other and also with services across their jurisdictions. This will facilitate sharing of knowledge particularly from centres of excellence to support other cancer care providers in regional, rural and remote locations.

Actions

3.5.1. Integrate Optimal Care Pathways (OCPs) as routine cancer care using a monitoring and evaluation system that links the implementation of OCPs to patient outcomes and experience.

3.5.2. Establish an Australian Comprehensive Cancer Network (ACCN) to ensure connectivity and sharing of expertise between Comprehensive Cancer Centres, other cancer services, regional hospitals, community and primary care. The establishment of an ACCN will increase equity of access across services for all patients, deliver cancer care close to home, and monitor evidence-based system performance.

3.5.3. Improve equitable access to evidence-based, innovative models of integrated multidisciplinary care across the cancer continuum.

3.5.4. Implement sustainable approaches to improve access to accepted, traditional healing practitioners within cancer services to enable an integrated, trauma-aware, healing-informed oncology approach for Aboriginal and Torres Strait Islander people.

2-Year Goal

Frameworks for high-quality comprehensive health service systems established to deliver better cancer care and improved outcomes.

In achieving this 2-year goal, frameworks that enable and promote high quality, comprehensive, and networked care will be developed for all Australians.

These frameworks will be underpinned by appropriate governance arrangements and planning parameters which will be necessary to progress sustainable, de-centralised, equitable and optimal care across all priority populations, localities and sectors of the health system.

Actions

3.2.1. Develop and implement a national framework that standardises the development, update, evaluation and uptake of Optimal Care Pathways (OCPs), including for priority population groups.

3.2.2. Develop a national framework for networked, distributed comprehensive cancer care, to facilitate provision of services as close as safely possible to where patients live. This will include the role of Comprehensive Cancer Centres to enhance patient outcomes, strengthen transparency and accountability, and drive continuous improvements for all patients across the network regardless of where the care is provided.

3.2.3. Implement innovative, evidence-based and cost-effective models of care for people living with and beyond cancer.

3.2.4. Develop and refine integrated care models to maximise access to high-quality, timely and evidence-based palliative and end-of-life care, including voluntary assisted dying.

3.2.5. Lead a national approach to identifying and reporting Indigenous status in cancer care.

Strategic Objective 4: Strong and Dynamic Foundations

Ambition, Goals and Actions

10-Year Ambition

A modern, fit for purpose cancer control infrastructure, advanced by the innovative application of technology, research and data to improve Australia's cancer outcomes.

In achieving this ambition, Australia will ensure that provision of equitable cancer care across the continuum is supported by the best available health intelligence from research, clinical trials, and meaningful, connected data.

Indigenous Data Sovereignty and equitable access to clinical trials and cancer care will ensure improved outcomes for Aboriginal and Torres Strait Islander people and other priority population groups across the cancer care continuum.

5-Year Goal

A national cancer data ecosystem supporting evidence-based, innovative models of care which incorporate national uptake of advanced technology and infrastructure, underpinned by world-class research and a clinical trials landscape in which all Australians have equal access.

In achieving this 5-year goal, cancer data systems which support innovative models of care and assist improved and equitable cancer outcomes are developed.

Targeted research in priority areas and improved identification of priority patient groups in data will inform cancer care and all Australians with cancer will have access to clinical trials.

Access to care for Aboriginal and Torres Strait Islander people will be increased with equitable access to digitally enabled care improved for all Australians including those in regional, rural and remote areas.

Actions

4.5.1. Design and embed patient reported experience and patient reported outcomes into national performance monitoring and reporting for all providers, to assess services for all population groups and establish an evidence base.

4.5.2. Expand access to digitally enabled cancer care to improve equity and access to quality cancer care, particularly in regional, rural and remote areas.

4.5.3. Explore and test innovative approaches to health service funding models to address areas of need, and system improvement, in cancer care.

4.5.4. Expand the use of technology and virtual care to increase access for Aboriginal and Torres Strait Islander people and to support communities across the cancer care continuum.

2-Year Goal

Nationally agreed frameworks for collection and reporting of comprehensive cancer data, and implementation of new technologies into routine cancer care, with a focus on research priorities that drive innovation and fast-track opening of cancer clinical trials in Australia.

In achieving this 2-year goal, the necessary agreements and frameworks will be in place to support national data accessibility, research in identified areas of need, and improved equitable cancer clinical trial access and care.

Actions

4.2.1. Develop an agreed national cancer data framework to improve accessibility, consistency and comprehensiveness of integrated data assets.

4.2.2. Ensure targeted and innovative research investment into areas of unmet and emerging need; and improve clinical trial design and equitable access.

4.2.3. Identify opportunities to improve equitable cancer care through the digital health ecosystem.

4.2.4. Establish Aboriginal and Torres Strait Islander-led initiatives which strengthen Indigenous Data Sovereignty and governance of cancer data.

Strategic Objective 5: Workforce to Transform the Delivery of Cancer Care

Ambition, Goals and Actions

10-Year Ambition

An engaged, capable and future-focused cancer workforce that is culturally safe and responsive, well-equipped, well-supported and driven by collaboration, continuous improvement and diversity to enable the best care for all Australians affected by cancer.

In achieving this ambition, all Australians will have access to a supported, engaged, diverse and well-equipped cancer care workforce that delivers optimal cancer care for people affected by cancer.

The workforce will be equipped and supported for technology advances and have agility to adjust to new models of care. The future state workforce will better reflect the diversity of Australians affected by cancer, enhancing the consumer experience across the cancer care continuum.

Similarly, the workforce will be supported to provide cancer care in a culturally safe and responsive environment, especially for Aboriginal and Torres Strait Islander people.

Importantly, there will be sufficient workforce to be able to respond to the changing cancer control landscape including increasing demand for cancer care. The cancer care workforce will enable equity of access to cancer care, particularly for those Australians who live in rural and remote areas and lower socioeconomic communities.

The ability to progressively transform the workforce is also critical to the successful achievement of the 10-year ambitions of the other five Australian Cancer Plan Strategic Objectives.

5-Year Goal

Strategies implemented to enable a culturally safe, responsive, and capable multidisciplinary workforce that is working at the top of their scope of practice and ability to deliver high-quality cancer care.

In achieving this 5-year goal, strategies will be implemented to enable the cancer care workforce to provide optimal, inclusive, safe and responsive cancer care, with cancer care providers working collaboratively and at the top of their scope of practice. This will require consideration and implementation of best practice models of care and broader adoption of the Optimal Care Pathways (OCPs) across the cancer care continuum.

Actions

5.5.1. Implement a cancer care workforce pipeline that meets demand for optimal cancer care, with diversity measures in training, recruitment and talent management to ensure the cancer workforce represents the diversity of patient populations.

5.5.2. Assist the sector to support all cancer care practitioners to work at the top of their scope of practice, increase retention and ensure ongoing access to continuing professional development.

5.5.3. Routinely integrate cultural safety training programs for cancer service providers, including through community-based partnerships with priority population groups.

5.5.4. Support national coordination and implementation of a plan to recruit, train and retain the Aboriginal and Torres Strait Islander cancer care workforce.

2-Year Goal

National strategies developed to enhance clinical and cultural safety training and accreditation processes, build workforce diversity, expand multidisciplinary roles and determine retention strategies.

In achieving this 2-year goal, necessary national cancer care workforce frameworks, policies and strategies that provide the basis for achieving the 5-year goal and 10-year ambition will be developed.

The 2-year goal will see the development of accreditation standards, workforce supply and demand models and role delineation.

In this 2-year timeframe, there will be a focus on strategies for:

- strengthening multidisciplinary care
- recruitment and retention of the cancer care workforce
- enhancing workforce diversity and adoption of cultural safety training programs.

Actions

5.2.1. Identify current and emerging workforce undersupply in line with cancer workforce modelling and other national health workforce strategies, and initiate planning with the sector towards building future workforce capacity and capability.

5.2.2. Build on existing capability of the primary care workforce to collaboratively and sustainably support the needs of consumers.

5.2.3. Evaluate and extend cultural safety training programs to cancer service providers, including through community-based partnerships with priority population groups.

5.2.4. Identify priority areas of need for Aboriginal and Torres Strait Islander cancer care workforce and develop a plan to recruit, train and retain the Aboriginal and Torres Strait Islander cancer care workforce.

Strategic Objective 6: Achieving Equity in Cancer Outcomes for Aboriginal and Torres Strait Islander People

Ambition, Goals and Actions

10-Year Ambition

Supporting Aboriginal and Torres Strait Islander knowledge, strength and sovereignty in a health system that achieves equity for Aboriginal and Torres Strait Islander people affected by cancer.

In achieving this ambition, Aboriginal and Torres Strait Islander people affected by cancer will have equitable health outcomes.

The knowledge of Aboriginal and Torres Strait Islander people will be valued and built upon to design and embed a culturally appropriate cancer care system that will provide consistent and culturally safe care.

All Aboriginal and Torres Strait Islander people will experience their care free from discrimination. They will engage with and be served by a system that respects the diversity of Aboriginal and Torres Strait Islander people including their culture, their right to self-determination, geographical location, age, gender, sexual orientation, health status and education level.

5-Year Goal

Priority is given to accountability for the delivery of culturally safe services by all health professionals; training opportunities and support programs are established for Aboriginal and Torres Strait Islander health professionals in the cancer sector.

In achieving this 5-year goal, the pathway to equity in cancer outcomes will be progressed through ongoing engagement with, and leadership by Aboriginal and Torres Strait Islander people and communities. This will be achieved through two specific areas of focus:

- The first area ensures that care provided by health professionals and health services is provided in a culturally safe, trauma-aware, healing-informed way, free from racism and discrimination
  - Health professionals and the health services they work within will be accountable for ensuring cultural safety. Embedding and monitoring cultural safety will encourage greater utilisation of cancer care services by Aboriginal and Torres Strait Islander people across the cancer care continuum.
- The second area complements the first by providing enhanced career pathways for Aboriginal and Torres Strait Islander people to be trained as health professionals across all aspects of cancer care. This will improve culturally safe and culturally aware cancer care.

Actions

6.5.1. Establish ongoing place-based engagement with Aboriginal and Torres Strait Islander people to understand emerging needs across the cancer care continuum.

6.5.2. Implement strategies to embed culturally safe care within cancer-related services for Aboriginal and Torres Strait Islander people.

2-Year Goal

Collaborative partnership and cross-sector approaches are developed and enhanced at the system, service and individual level; Individual and institutional racism and discrimination across cancer services are identified and addressed.

In achieving this 2-year goal, health services and systems will be informed by active and meaningful partnerships and engagement with Aboriginal and Torres Strait Islander people with cancer including their carers, families and communities to move towards the 5-year goal and realise the 10-year ambition.

Approaches will be embedded within and across health systems and cancer care services, and at the individual health professional level.

As with the development of the Plan, collaborative partnerships and a variety of formal and informal mechanisms are utilised to facilitate Aboriginal and Torres Strait Islander involvement in developing and implementing cultural safety across standards of care.

Individual and institutional racism and discrimination will be called out and addressed, recognising that different forms of discrimination can coexist and impact the experience of racism.

Actions

6.2.1. Embed Aboriginal and Torres Strait Islander voices in policymaking on cancer prevention, care delivery and standards through leadership, collaboration and co-design processes.

6.2.2. Strengthen collaboration with service providers, regulatory authorities and the Aboriginal and Torres Strait Islander cancer workforce to establish clear accountability for culturally safe care and compliance with national standards.

6.2.3. Establish and enhance collaborative partnerships with communities and Aboriginal and Torres Strait Islander-led organisations.

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