

Aboriginal and Torres Strait Islander

Health Workforce National Strategic Framework

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Australian Health Ministers' Advisory Council

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Aboriginal and Torres Strait Islander Health Workforce National Strategic Framework

Table of contents

Foreword	1
Principles	2
Aim	3
Objectives	3
Background	4
Implementation	5
Strategies for action	6
Objective 1. Increase the number of Aboriginal and Torres Strait Islander people working across all the health professions.....	6
Objective 2. Improve the clarity of roles, regulation and recognition of Aboriginal and Torres Strait Islander Health Workers as a key component of the health workforce, and improve vocational education and training sector support for training for Aboriginal and Torres Strait Islander Health Workers	8
Objective 3. Address the role and development needs of other health workforce groups contributing to Aboriginal and Torres Strait Islander health	11
Objective 4. Improve the effectiveness of training, recruitment and retention measures targeting both non-Indigenous Australian and Indigenous Australian health staff working within Aboriginal primary health services	14
Objective 5. Include clear accountability for government programs to quantify and achieve these objectives and support for Aboriginal and Torres Strait Islander organisations and people to drive the process.....	16
Acknowledgments	18
Consultation Draft	18
Standing Committee on Aboriginal and Torres Strait Islander Health drafting committee	18
Persons and organisations who made written submissions	18
Consultation workshops and meetings.....	19
National workshop – 8 April 2002	20
Acronyms	21

Foreword

A competent health workforce is integral to ensuring that the health system has the capacity to address the needs of Aboriginal and Torres Strait Islander peoples. This Aboriginal and Torres Strait Islander Health Workforce National Strategic Framework (Workforce Strategic Framework) has been drafted as a framework for workforce reform and consolidation requiring collaboration between Commonwealth, State and Territory governments and the Aboriginal and Torres Strait Islander community controlled health sector.

It recognises that action is now required on specific strategies to improve the training, supply, recruitment and retention of appropriately skilled health professionals, health service managers and health policy officers in both mainstream and Aboriginal and Torres Strait Islander specific services. Coordination of effort is required across the Commonwealth, State and Territory governments through both health and education and training portfolios, and in partnership with training providers, mainstream and community controlled health providers to ensure the right skill mix and distribution in the health workforce and to ensure that health system reform is achievable.

This Workforce Strategic Framework has been developed by the Commonwealth, State and Territory government Standing Committee on Aboriginal and Torres Strait Islander Health (SCATSIH) for endorsement by the Australian Health Ministers' Advisory Committee (AHMAC). It is intended that the objectives and strategies outlined in this document will be incorporated in the broader National Strategic Framework for Aboriginal and Torres Strait Islander Health which is being drafted by the National Aboriginal and Torres Strait Islander Health Council for signature by all Health Ministers. This will ensure there is alignment of the key policy frameworks for collaborative effort to improve Aboriginal and Torres Strait Islander health.

The National Strategic Framework for Aboriginal and Torres Strait Islander Health notes that:

“Within the health system, the crucial mechanism for improving Aboriginal and Torres Strait Islander health is the availability of comprehensive primary health care services. Effective and appropriate primary health care services must be available to all Aboriginal and Torres Strait Islander peoples. These services must be adequately funded, have a skilled and appropriate workforce, be seen as a key element of the broader health system and maximise community ownership and control.”

This Workforce Strategic Framework sets out a range of strategies to achieve a competent health workforce for:

- The broad Australian health system – all of which must be responsive to the needs of Aboriginal and Torres Strait Islander people at the local level and must provide culturally appropriate and accessible services; and
- In particular for the delivery of comprehensive primary health care services for Aboriginal and Torres Strait Islander people encompassing: clinical/medical care; illness prevention services; population health programs; access to secondary and tertiary health services; and client/community support and advocacy.

Principles

This Workforce Strategic Framework is based on a commitment to nine principles as outlined in the National Strategic Framework for Aboriginal and Torres Strait Islander Health. These principles are necessary for sustained improvement in Aboriginal and Torres Strait Islander health into the 21st Century. The principles are consistent with the 1989 *National Aboriginal Health Strategy* (NAHS) and are:

- **Cultural respect**: ensuring that the cultural diversity, rights, views, values and expectations of Aboriginal and Torres Strait Islander peoples are respected in the delivery of culturally appropriate health services.
- **A holistic approach**: recognising that the improvement of Aboriginal and Torres Strait Islander health status must include attention to physical, spiritual, cultural, emotional and social well-being, community capacity and governance.
- **Health sector responsibility**: improving the health of Aboriginal and Torres Strait Islander individuals and communities is a core responsibility and a high priority for the whole of the health sector. Making all services responsive to the needs of Aboriginal and Torres Strait Islander people will provide greater choice in the services they are able to use.
- **Community control of primary health care services**: supporting the Aboriginal community controlled health sector in recognition of its demonstrated effectiveness in providing appropriate and accessible health services to a range of Aboriginal communities and its role as a major provider within the comprehensive primary health care context. Supporting community decision-making, participation and control as a fundamental component of the health system that ensures health services for Aboriginal and Torres Strait Islander peoples are provided in a holistic and culturally sensitive way.
- **Working together**: combining the efforts of government, non-government and private organisations within and outside the health sector, and in partnership with the Aboriginal and Torres Strait Islander health sector, provides the best opportunity to improve the broader determinants of health.
- **Localised decision making**: health authorities devolving decision making capacity to local Aboriginal and Torres Strait Islander communities to define their health needs and priorities and arrange for them to be met in a culturally appropriate way in collaboration with Aboriginal and Torres Strait Islander specific and mainstream health services.
- **Promoting good health**: recognising that health promotion and illness prevention is a fundamental component of comprehensive primary health care and must be a core activity for specific and mainstream health services.
- **Building the capacity of health services and communities**: strengthening health services and building community expertise to respond to health needs and take responsibility for health outcomes. This includes effectively equipping staff with appropriate cultural knowledge and clinical expertise, building physical, human and intellectual infrastructure, fostering leadership, governance and financial management.

- Accountability for health outcomes: recognising that accountability is reciprocal and includes accountability for health outcomes and effective use of funds by community controlled and mainstream services to governments and communities. Governments are accountable for effective resource application through long-term funding and meaningful planning and service development in genuine partnership with communities.

Aim

To transform and consolidate the workforce in Aboriginal and Torres Strait Islander health to achieve a competent health workforce with appropriate clinical, management, community development and cultural skills to address the health needs of Aboriginal and Torres Strait Islander peoples supported by appropriate training, supply, recruitment and retention strategies.

Objectives

A competent health workforce requires that the workforce be transformed and consolidated to:

- Increase the number of Aboriginal and Torres Strait Islander people working across all the health professions;
- Improve the clarity of roles, regulation and recognition of Aboriginal and Torres Strait Islander Health Workers as a key component of the health workforce, and improve vocational education and training sector support for training for Aboriginal and Torres Strait Islander Health Workers;
- Address the role and development needs of other health workforce groups contributing to Aboriginal and Torres Strait Islander health;
- Improve the effectiveness of training, recruitment and retention measures targeting both non-Indigenous Australian and Indigenous Australian health staff working within Aboriginal primary health services; and
- Include clear accountability for government programs to quantify and achieve these objectives and support for Aboriginal and Torres Strait Islander organisations and people to drive the process.

Background

This Workforce Strategic Framework builds upon a number of previous reviews to propose a comprehensive reform agenda. The strategies that form part of this framework encompass both joint actions and responsibilities specific to either the Commonwealth or State and Territory governments.

The main reviews on which this Workforce Strategic Framework is based are:

- *The National Review of Aboriginal and Torres Strait Islander Health Worker Training*, synthesising a related set of reviews in each State and Territory of Aboriginal and Torres Strait Islander Health Worker Training; and
- *Estimation of Requirements for and Supply of the Health Workforce for Aboriginal and Torres Strait Islander Peoples*.

As well as these two reviews there have been a number of other relevant national reviews including:

- *Report of the Evaluation of Health Services Management Training for Aboriginal and Torres Strait Islander People*;
- *Evaluation of the Management Support Program for Aboriginal Community Controlled Health Services*;
- *Strategic Framework for the Inclusion of Indigenous Health in Core Medical Curricula & Recruitment, Retention and Support Strategies for Indigenous Australians in Medical Education*; and
- *Evaluation of Recruitment and Promotion Services Project*.

The *Aboriginal and Torres Strait Islander Health Workforce Draft National Strategic Framework – Consultation Draft, November 2001* (Consultation Draft) was produced by a consultant, Robert Griew, on behalf of the Commonwealth Department of Health and Ageing. The Consultation Draft provides more detailed background material for this Framework.

This Workforce Strategic Framework was developed following a consultation process on the Consultation Draft. In October 2001, AHMAC endorsed the five objectives in the Consultation Draft and agreed to a six-month consultation process to refine the document to be overseen by a SCATSIH Working Group comprising the Commonwealth, NSW and Victoria. The Consultation Draft was distributed to over three hundred stakeholders inviting written submissions. A list of submissions received and consultation meetings held is in the Acknowledgments section of this document.

Overall the consultation process and submissions endorsed the reform agenda outlined in the Consultation Draft. Comments generally related to refinement of the objectives and specific strategies, and addition of new strategies.

Implementation

The National Aboriginal and Torres Strait Islander Health Council (NATSIHC) will oversee the implementation of the whole Workforce Strategic Framework and will have a role in considering the annual reports on implementation of the strategies prior to referral to SCATSIH and AHMAC.

The Workforce Strategic Framework will be implemented at two levels.

Firstly, the implementation of national level strategies will be auspiced through the AHMAC Aboriginal health workforce working group. This group will be chaired by a member of AHMAC and will comprise members from the Australian Health Workforce Officials Committee (AHWOC), the AHMAC Standing Committee on Aboriginal and Torres Strait Islander Health (SCATSIH), the Commonwealth Department of Education, Science and Training, and the National Aboriginal Community Controlled Health Organisation (NACCHO).

Secondly, the Workforce Strategic Framework will be implemented at the State and Territory level through implementation plans developed under the auspices of the State and Territory Health Forums established under the Framework Agreements. The Framework Agreements operate in every State and Territory and the Torres Strait and have been developed between the Commonwealth Government, the State or Territory Government, ATSIC (or the Torres Strait Regional Authority (TSRA) in the Torres Strait Agreement) and the State or Territory affiliate of NACCHO.

The State and Territory implementation plans will set out actions and agreed timeframes for the strategies in the Workforce Strategic Framework. Negotiation and agreement on these plans will occur at the State and Territory level and will be forwarded to the Aboriginal health workforce working group, and to SCATSIH and AHMAC for noting.

The State and Territory implementation plans will support better coordination across sectors beyond health and human and community services, particularly into the education and training sectors.

Strategies for action

The best possible health system response requires that the workforce be transformed and consolidated to meet the Workforce Strategic Framework's objectives. To achieve these five objectives a range of strategies is proposed.

OBJECTIVE 1

Increase the number of Aboriginal and Torres Strait Islander people working across all the health professions

This objective recognises the need for a substantial increase in the number of Aboriginal and Torres Strait Islander people with professional qualifications across all the health professions.

- Strategy 1. AHMAC will establish an Aboriginal health workforce working group chaired by a member of AHMAC and comprising members from the Australian Health Workforce Officials Committee (AHWOC), the Standing Committee on Aboriginal and Torres Strait Islander Health (SCATSIH), the Commonwealth Department of Education, Science and Training (DEST), and the National Aboriginal Community Controlled Health Organisation (NACCHO).
- Strategy 2. The Aboriginal health workforce working group will auspice the implementation of the Workforce Strategic Framework and work with AHWOC to ensure that Aboriginal health workforce issues are given a consistently high priority.
- Strategy 3. The Aboriginal health workforce working group will develop strategies to engage State, Territory and Commonwealth health departments and the Commonwealth Department of Education, Science and Training with tertiary medical, nursing and health sciences schools to:
- increase the number of Aboriginal and Torres Strait Islander students in health degree courses;
 - increase the development of curricula that incorporate Indigenous Australian health and culture in collaboration with Aboriginal and Torres Strait Islander representative organisations; and
 - develop appropriate recruitment, retention and support strategies for Indigenous Australian students, taking into account university entry requirements, targeting of Aboriginal secondary school students with potential career development strategies and mentoring of students.

- Strategy 4. The Aboriginal health workforce working group will explore approaches for setting targets and developing incentives to ensure that the number of graduates per year from selected courses that impact on the Aboriginal and Torres Strait Islander health workforce is consistent with the Indigenous Australian proportion of the Australian population.
- Strategy 5. The Aboriginal health workforce working group will explore measures to increase the number of Aboriginal and Torres Strait Islander students in health degree courses. These measures could include:
- funding incentives for innovative course design that creates bridging options;
 - the redesign of course delivery;
 - on campus support mechanisms;
 - the use of scholarships and cadetships;
 - the setting of targets concerning the number of Aboriginal and Torres Strait Islander students in the courses.
- Strategy 6. The Aboriginal health workforce working group will consider and gather information on the issues that affect the decision to enter the health workforce and the choice of health discipline training by Aboriginal and Torres Strait Islander students, having particular regard to the demographic and age profile of these students, to assist in targeting future training support and recruitment strategies.
- Strategy 7. The Commonwealth will consider continued funding for the Australian Indigenous Doctors' Association (AIDA) and the Congress of Aboriginal and Torres Strait Islander Nurses (CATSIN) to provide advice to Governments and to provide representation, advocacy and advice to Indigenous Australian doctors and nurses respectively.
- Strategy 8. Each State and Territory, as employers, will consider how they can respond to AIDA and CATSIN's priorities.
- Strategy 9. Each State and Territory implementation plan will incorporate a mapping exercise to identify existing reports and recommendations relating to Indigenous Australian secondary students and their transition to post-secondary education and training. This exercise will be used for the development of appropriate cross-sectoral support strategies, where required.

OBJECTIVE 2

Improve the clarity of roles, regulation and recognition of Aboriginal and Torres Strait Islander Health Workers as a key component of the health workforce, and improve vocational education and training sector support for training for Aboriginal and Torres Strait Islander Health Workers

This objective recognises the importance of Aboriginal and Torres Strait Islander Health Workers (referred to as Aboriginal Health Workers throughout this document) as a key component of the workforce and seeks to improve the clarity of the roles, regulation and recognition of these workers. This objective seeks to improve vocational education and training sector support for training Aboriginal and Torres Strait Islander Health Workers. This objective also recognises the link between the training of Aboriginal and Torres Strait Islander Health Workers and the clarity, regulation and recognition of their roles in the health workforce.

Strategy 10. AHMAC, in response to recommendations of the National Review of Aboriginal Health Worker Training, endorses the principle that the titles of 'Aboriginal Health Worker' and 'Torres Strait Islander Health Worker' should be restricted to Aboriginal and Torres Strait Islander people who hold industry recognised Aboriginal Health Worker qualifications.

Strategy 11. AHMAC endorses the development of an Aboriginal Health Worker vocational system which recognises the need to support comprehensive primary health care practice roles at various levels and distinguish these from other vocational streams currently encompassed by the term Aboriginal Health Worker. The objective is to ensure that Aboriginal Health Workers are equipped with the skills necessary to deliver effective quality services to Aboriginal and Torres Strait Islander peoples. This should be achieved by development of a national competency-based training framework for Aboriginal Health Workers which would enable:

- Greater clarity of the scope of practice of Aboriginal Health Workers; and
- Greater clarity of the terms and conditions of employment of Aboriginal Health Workers.

Strategy 12. AHMAC authorises the Commonwealth to negotiate with Community Services and Health Training Australia, the national Community Services and Health Industry Training Advisory Board, to develop national competency standards for Aboriginal Health Workers. Such standards should particularly ensure a consistent competency

framework between State and Territory and community sectors, portability and “safety to practice” in Aboriginal and Torres Strait Islander primary health care across a number of levels of qualification within the Australian Quality Training Framework¹. The Commonwealth should ensure that this process involves adequate consultation with the Aboriginal community controlled health sector.

Strategy 13. AHMAC authorises the Commonwealth to negotiate with Community Services and Health Training Australia on the feasibility of developing an ‘Indigenous Australian Health Training Package’ to include the new national competency standards for Aboriginal Health Workers and the related vocational streams currently encompassed by the term Aboriginal Health Worker such as: liaison; patient transport; alcohol and substance misuse workers; social and emotional well-being workers; and men’s, women’s and sexual health workers. As part of this process, each State and Territory health department will convene a meeting with non-Government employers and Aboriginal Health Worker representatives to clarify the roles of health workers under the various vocational streams currently encompassed by the term Aboriginal Health Worker.

Strategy 14. AHMAC endorses that training programs for Aboriginal Health Workers and related vocational streams included in the proposed ‘Indigenous Australian Health Training Package’ should be delivered within the context of the Australian Quality Training Framework. Where current

¹ Training can be delivered through a range of mechanisms and at a range of sites and can be articulated with other training. Two measures to assure quality and recognition throughout Australia are described below.

The Australian Quality Training Framework (AQTF) is a set of nationally agreed standards to ensure the quality of vocational education and training services throughout Australia. States and Territories apply the AQTF when:

- registering organisations to deliver training, assess competency and issue Australian Qualifications Framework (AQF) qualifications
- auditing registered training organisations (RTOs) to ensure they meet (and continue to meet) the requirements of the AQTF
- applying mutual recognition and
- accrediting courses.

The AQTF ensures that all RTOs and the qualifications they issue are recognised throughout Australia. [<http://www.anta.gov.au/aqtfWhat.asp>]

The Australian Qualifications Framework (AQF) comprises:

- agreed national guidelines for each of the current twelve national qualifications (Senior Secondary Certificate of Education; Certificate I; Certificate II; Certificate III; Certificate IV; Diploma; Advanced Diploma; Bachelor Degree; Graduate Certificate, Graduate Diploma, Masters Degree and Doctoral Degree) issued in the schools, vocational education and training and higher education sectors;
- principles for articulation and credit transfer;
- registers of authorities empowered by governments to accredit qualifications and to issue qualifications; and
- protocols for issuing qualifications and a structure for monitoring implementation of the AQF and advising Ministers, including recommending any changes.

The extensive quality assurance processes which underpin AQF qualifications are the responsibility of each of the three sectors: schools, vocational education and training (TAFEs and private providers) and higher education (mainly universities) [<http://www.aqf.edu.au/quality.htm>]

training programs or providers do not meet this framework, future funding should be dependent upon courses and providers satisfying an appropriate quality assurance process that is consistent with the Australian Quality Training Framework.

- Strategy 15. The Commonwealth Department of Health and Ageing will work with DEST to develop a coordinated strategy with State and Territory training authorities to ensure funding availability for Aboriginal Health Worker training and other support (eg literacy and numeracy training) for trainees and existing Aboriginal Health Workers.
- Strategy 16. The Commonwealth Department of Health and Ageing will work with DEST and Australian National Training Authority (ANTA) to negotiate with State and Territory training authorities on the development of vocational education and training (VET) sector industry plans that give adequate recognition to the need for training of Aboriginal Health Workers and will seek to ensure that the increased element of competition implicit in the national training plan does not eliminate existing effective training, given the small numbers of students overall being trained.
- Strategy 17. The Commonwealth Department of Health and Ageing will work with ANTA and State and Territory training authorities and the Aboriginal community controlled health sector, to explore systems of accreditation of Registered Training Organisations and other mechanisms within the VET sector to ensure delivery of appropriately trained Aboriginal Health Workers.
- Strategy 18. AHMAC agrees that the Commonwealth, States and Territories should consider the basis for ongoing funding of post-vocational and in-service training programs for Aboriginal Health Workers.
- Strategy 19. AHMAC agrees that those States and Territories that do not have registration procedures for Aboriginal Health Workers should consider and report to AHMAC on the feasibility of establishing such procedures. Registration should particularly aim to support standards in Aboriginal primary health care practice roles, including safe and appropriate use of medicines.
- Strategy 20. AHMAC agrees that the Commonwealth, together with State and Territory Governments, should assess the feasibility of establishing independent Aboriginal Health Worker associations in each State and Territory and nationally. The Commonwealth will consider providing seed funding for up to two years for each State and Territory association and the Commonwealth will consider funding for a national association.

OBJECTIVE 3

Address the role and development needs of other health workforce groups contributing to Aboriginal and Torres Strait Islander health

This objective recognises that there is a range of health workforce groups, in addition to medical practitioners, nurses and Australian Health Workers, that need to be specifically recognised for their contribution to Aboriginal and Torres Strait Islander people's health. This group includes, but not limited to, dentists and other allied health staff, public health professionals, social and emotional wellbeing workers, alcohol and substance misuse workers and the specialist medical workforce. Other workforce groups that contribute to the health of Aboriginal and Torres Strait Islander peoples include Indigenous Australian environmental health workers, health service managers, researchers and a range of others.

- Strategy 21. Each State and Territory implementation plan should draw upon information from the Regional Planning process and, where underway or completed, the local area planning process under the Primary Health Care Access Program (PHCAP) to identify current and unmet needs for specific allied health professionals in Aboriginal primary health services. This information will be provided to the Aboriginal health workforce working group.
- Strategy 22. The Aboriginal health workforce working group will develop strategies to address the need for an increased number of specific allied health professionals in Aboriginal and Torres Strait Islander primary health care, particularly in rural and remote regions of Australia.
- Strategy 23. AHMAC endorses that cultural awareness programs in accordance with the SCATSIH cultural respect framework be included in all specialist training for all health workforce groups working in Aboriginal and Torres Strait Islander health. These courses should include orientation to specific clinical issues that are different in Aboriginal health, orientation to Aboriginal primary health care as well as key cultural issues in the right balance.
- Strategy 24. The specialist colleges, educational institutions and relevant associations of allied health professionals are requested to work with the Commonwealth to develop their roles in supporting primary health care clinicians in Aboriginal primary health care services.

Strategy 25. The Commonwealth will improve public health training engagement with Aboriginal and Torres Strait Islander health. Strategies should include:

- initiating the development of a wider range, or reviewing the effectiveness, of current public health tertiary courses including community health degrees; and
- a review of existing Masters of Public Health (MPH) qualifications to improve the Aboriginal and Torres Strait Islander health content.

Strategy 26. The Commonwealth, States and Territories will consider specific training to develop a quality Aboriginal mental health workforce in primary, secondary and tertiary health care sectors. This process should be linked to achieving the outcomes of the Emotional and Social Wellbeing Action Plan and the Social Wellbeing Key Result Area in the National Strategic Framework for Aboriginal and Torres Strait Islander Health.

Strategy 27. The Commonwealth, States and Territories will consider measures to deliver specific training for men's, women's and sexual health workers and alcohol and substance misuse workers. The Commonwealth, States and Territories will develop and implement structures for professional support and development for men's, women's and sexual health workers.

Strategy 28. Following the completion of the National Public Health Partnership review of training for Indigenous Australian environmental health workers the Commonwealth, States and Territories should investigate a nationally consistent approach to funding and provision of this training.

Strategy 29. The outcomes of the AHMAC oral health working group national workshop should be considered in the development of specific Aboriginal dental workforce strategies.

Strategy 30. The Commonwealth, States and Territories will each adopt a strategy to promote health service management options for Indigenous Australian health, for both Indigenous Australian and non-Indigenous Australian managers. This could include commissioning specific units for general training courses or supporting specific courses in consultation with State and Territory ITABs and RTOs. In addition AHMAC members could consider other initiatives to improve training opportunities for health service managers, including:

- coaching and mentoring programs for managers;
- development of accredited short courses based on the Indigenous governance management competencies approved by the Australian National Training Authority; and
- provision of support for managers to give them the opportunity to engage in training courses.

- Strategy 31. The Commonwealth will continue its work with the Deans of Medicine and Nursing, undergraduate training providers and post-graduate training providers, to increase the focus in training of health professionals to prepare for work in multidisciplinary teams in integrated, coordinated services with special emphasis on the continuum of care in multidisciplinary learning environments.
- Strategy 32. The Commonwealth will engage with Deans of schools of allied health sciences to develop strategies to increase the focus in training of health professionals to prepare for work in multidisciplinary teams in integrated, coordinated services with special emphasis on the continuum of care in multidisciplinary learning environments.

OBJECTIVE 4

Improve the effectiveness of training, recruitment and retention measures targeting both non-Indigenous Australian and Indigenous Australian health staff working within Aboriginal primary health services

This objective recognises the need to improve the effectiveness of measures for the training, recruitment and retention of both non-Indigenous Australian and Indigenous Australian staff working within Aboriginal primary health services. It emphasises the need to review the effectiveness of accountability arrangements for mainstream workforce initiatives in supporting the recruitment and retention of health professionals in Aboriginal primary health services. It also recognises that particular strategies may be appropriate for preparing and supporting health professionals to work in the Aboriginal primary health sector.

Strategy 33. The Commonwealth will commission a report to review the impact of mainstream health workforce programs on the supply, training, recruitment, and retention of health professionals within Aboriginal primary health services. This examination should include options for improving the engagement with Aboriginal community controlled health services of organisations and initiatives which may include:

- Workforce Support – Divisions of General Practice and State Based Organisations, Rural Workforce Agencies
- Training – rural clinical schools, university departments of rural health, vocational training for GP Registrars, scholarships and other workforce recruitment programs for health professionals
- Incentives – the range of general practice incentive payments, State and Territory incentives

Strategy 34. The Commonwealth will commission a report on the range and capacity of regional agencies supplying contract medical and nursing staff to primary health care services for remote Aboriginal and Torres Strait Islander communities. This report would recommend strategies to ensure these services have access to the best possible staffing support, that the agencies are collaborating and that contract staff numbers are being maximised. It would also make recommendations to governments about funding for the creation of structured incentive packages for nursing and allied health personnel in remote area services.

Strategy 35. The Aboriginal health workforce working party will consider the outcomes of the current Standing Committee for Aboriginal and Torres Strait Islander Health (SCATSIH) cultural respect framework and its

relevance to commissioning the development of standard core short courses for health personnel about to work in an Indigenous Australian service or community, with specific content for remote areas. These courses should include orientation to specific clinical issues that are different in Aboriginal health, orientation to Aboriginal primary health care as well as key cultural issues in the right balance. These courses should be made available for services recruiting personnel to tailor to their requirements and the relevant information about their community.

Strategy 36. The Commonwealth, in conjunction with NACCHO and NACCHO's State and Territory affiliates, will consider the basis for continued funding for the Workforce Information and Promotion Officers funded through the Office for Aboriginal and Torres Strait Islander Health (OATSIH).

OBJECTIVE 5

Include clear accountability for government programs to quantify and achieve these objectives and support for Aboriginal and Torres Strait Islander organisations and people to drive the process.

This objective recognises that this Framework should include accountability through quantifiable and achievable targets tied to the Objectives. The objective also recognises that there should be support for Aboriginal and Torres Strait Islander peoples to drive the process of achieving the Framework's objectives.

Strategy 37. AHMAC:

- Acknowledges the potential use of indicative workforce ratio targets for Aboriginal primary health care services as a planning tool in allocation and targetting of resources. These ratios could be used in the development of, and reporting against, State and Territory implementation plans.
- Refers to the Aboriginal health workforce working group the task of developing a methodology for nationally consistent formulation of indicative workforce ratio targets.
- Agrees that State and Territory Health Forums established under the Health Framework Agreements should consider applying the workforce ratios in regional and local planning, and in the ongoing development and implementation of, and reporting on, State and Territory implementation plans. It is recognised that these ratios may be adapted to local needs in order to reflect factors including economies of scale and workforce supply in a region. It is also recognised that remote areas, in particular, may require a higher ratio of workforce groups to the indigenous Australian population to take into account the geographic spread of the population. It is also recognised that local planning for some remote areas may need to take into account inherent workforce relativities such as the lack of GPs may require a higher nurse to population ratio.

Strategy 38. The NAGATSIHID has oversight of:

- national standards for data collection for the Indigenous Australian health workforce, including Aboriginal and Torres Strait Islander participation for each workforce group; and
- a strategy for workforce data improvement.

- Strategy 39. As part of the accountability measures for this Workforce Strategic Framework, State and Territory implementation plans and the Aboriginal health workforce working group will develop performance indicators against which progress will be monitored. NAGATSIHID will consider the inclusion of additional appropriate health workforce performance indicators in the Aboriginal and Torres Strait Islander health national performance indicators.
- Strategy 40. There will be annual reports, through the Framework Agreements annual reporting process, on State and Territory implementation plans and by the Aboriginal health workforce working group.
- Strategy 41. The Aboriginal and Torres Strait Islander Health Workforce Strategic Framework will be reviewed by AHWOC and AHMAC in 2007 with a mid-term report in 2005.
- Strategy 42. There will be direct involvement of Aboriginal and Torres Strait Islander people and organisations in the accountability framework of this Workforce Strategic Framework and in driving the reform process by:
- Representation of Indigenous Australian organisations including NACCHO on the Aboriginal health workforce working group;
 - Representation of NACCHO and other Indigenous Australian representatives on the National Aboriginal and Torres Strait Islander Health Council;
 - Involvement of the State and Territory affiliates of NACCHO, through the State and Territory Health Forums, in the development and overseeing of State and Territory implementation plans;
 - NACCHO's ongoing membership of the National Advisory Group for Aboriginal and Torres Strait Islander Health Information and Data; and
 - Consideration of continued support for existing Aboriginal and Torres Strait Islander health workforce organisations – CATSIN and AIDA; and proposed support for Aboriginal Health Worker associations.

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Royal College of Nursing Australia – Rosemary Bryant, Executive Director
Rural Doctors Association Northern Territory – Dr Chris Harrison and Dr Dennis Chew
Rural Workforce Agency Victoria – Dr Jane Greacen, Chief Executive Officer, Stephen Gardner
Tiwi Health Board – Jeremy Smith, Clinical Services Director
University of Melbourne, Koori Health Research Centre – Professor Ian Anderson
University of Tasmania – Professor Judi Walker, Director
Victorian Aboriginal Council on Koori Health
Victorian Department of Education and Training – Phillip Clarke, General Manager

Consultation workshops and meetings

ACT Framework Agreement Partnership Forum
 Commonwealth Department of Employment and Workplace Relations
 Commonwealth Department of Health and Ageing, Strategic Workforce Roundtable
 Commonwealth Department of Immigration, Multicultural and Indigenous Affairs
 – Office for Aboriginal and Torres Strait Islander Affairs
 Emotional and Social Wellbeing Regional Centre workshop
 Indigenous Australian Sexual Health Committee
 National Aboriginal and Community Controlled Health Organisation (NACCHO) workshop
 New South Wales Framework Agreement Partnership Forum
 NT Aboriginal Health Worker Training Advisory Group
 NT Framework Agreement Partnership Forum
 Queensland Framework Agreement Partnership Forum
 Queensland Framework Agreement Partnership Forum regional meetings – Cairns and Brisbane
 South Australian Framework Agreement Partnership Forum
 South Australian Framework Agreement Partnership Forum – open meeting
 Strategic Workforce Roundtable, Department of Health and Ageing
 Tasmanian Department of Health and Human Services

Tasmanian Framework Agreement Partnership Forum
Torres Strait Health Framework Agreement Partnership Forum
Victorian Aboriginal and Community Controlled Health Organisations (VACCHO) forum
Victorian Aboriginal Council on Koori Health
Western Australian Aboriginal Community Controlled Health Organisation workshop
Western Australian Joint Planning Forum, members and others

National workshop – 8 April 2002

Aboriginal Health Worker Journal – Kathy Malera Bandjolan(g)
Aboriginal Medical Services Alliance Northern Territory (AMSANT) – Stephanie Bell, John Boffa
Australian College of Health Service Executives (ACHSE) – Zane Rice, Warren Wescott
Australian College of Rural and Remote Medicine (ACCRM) – Dr Sarah Strasser
Australian Indigenous Doctors Association (AIDA)
– Dr Ngiare Brown, Alan Eldridge, Dr Noel Hayman
Australian Institute of Aboriginal & Torres Strait Islander Studies (AIATSIS) – Dale Sutherland
Australian Medical Association (AMA) – Dr Paul Bauert, Elizabeth McMaugh
Australian Nursing Council Inc. – Marilyn Gendek
Australian Nursing Federation (ANF) – Victoria Gilmore
Australian Rural and Remote Workforce Agencies Group (ARRWAG)
– Dr Greg Down, Joy Burch
Australian Rural Health Education Network – Juanita Sherwood
Committee of Deans of Australian Medical Schools (CDAMS) – Dr David Sutherland
Committee of Deans of Australian Nursing Schools – Prof Olga Kanitsaki
Commonwealth Department of Education, Science & Training (DEST)
– Kate Brodie, Emily Regan
Commonwealth Department of Health and Ageing
– Office for Aboriginal and Torres Strait Islander Health
Community Services and Health Training Australia (CSHTA) – Lorraine Wheeler
Congress of Aboriginal and Torres Strait Islander Nurses (CATSIN)
– Deborah Monaghan, Nola White
Council of Remote Area Nurses of Australia Inc. (CRANA) – Melanie van Haaren
Environmental Health Forum – Shane Nicholls, Helen Heaney
National Aboriginal and Community Controlled Health Organisation (NACCHO)
– Dea Thiele, Craig Ritchie, Bridget Carrick
National Aboriginal and Torres Strait Islander Health Council (NATSIHC) – Dr Mark Wenitong
National Indigenous Substance Misuse Council (NISMIC) – Warren Parfoot, Jade Maddox
Nganampa Health Service – Dr Paul Torzillo
Queensland Aboriginal and Islander Health Forum (QAIHF) – Rachel Atkinson, Chair
Recruitment and Promotion Services Officers (RAPS)
– Tyson Murphy (Victoria), Clare Anderson (NT), Mary Martin (QLD)
Royal Australian College of General Practitioners (RACGP) – Ian Watts, Jenny Reath
Royal Australian College of Nursing (RACN) – Elizabeth Soley, Stephanie Dakin
Standing Committee on Aboriginal and Torres Strait Islander Health – Tim Agius, Ron James
Victorian Aboriginal and Community Controlled Health Organisation (VACCHO)
– Daniel James, Merle Simpson

Acronyms

ACCHS	Aboriginal Community Controlled Health Services
ACHSE	Australian College of Health Service Executives
AHMAC	Australian Health Ministers Advisory Committee
AHW	Aboriginal Health Worker
AHWOC	Australian Health Workforce Officials Committee
AIDA	Australian Indigenous Doctors' Association
ANTA	Australian National Training Authority
AQF	Australian Qualifications Framework
AQTF	Australian Quality Training Framework
ARRWAG	Australian Rural and Remote Workforce Agencies Group Limited
ATSIC	Aboriginal and Torres Strait Islander Commission
CATSIN	Congress of Aboriginal and Torres Strait Islander Nurses
ITAB	Industry Training Advisory Body
MPH	Masters of Public Health
NACCHO	National Aboriginal Community Controlled Health Organisation
NAGATSIHID	National Advisory Group for Aboriginal and Torres Strait Islander Health Information and Data
NAHS	National Aboriginal Health Strategy
NATSIHC	National Aboriginal and Torres Strait Islander Health Council
NHWC	National Health Workforce Committee
OATSIH	Office for Aboriginal and Torres Strait Islander Health
PHCAP	Primary Health Care Access Program
SCATSIH	Standing Committee on Aboriginal and Torres Strait Islander Health
TSRA	Torres Strait Regional Authority
VET	vocational education and training