

# **Aboriginal and Torres Strait Islander Health Workforce Working Group**

## **ANNUAL REPORT 2002 - 2003**

A report on the implementation of the Aboriginal and Torres Strait  
Islander Health Workforce National Strategic Framework

February 2004



**Australian Health Ministers' Advisory Council**

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## ABBREVIATIONS

<b>ACCHO</b>	Aboriginal Community Controlled Health Organisation
<b>ACCHS</b>	Aboriginal Community Controlled Health Service(s)
<b>ACDON</b>	Australian Council of Deans of Nursing
<b>ACHSE</b>	Australian College of Health Service Executives
<b>ACSA</b>	Australian Curriculum Studies Association
<b>ACT</b>	Australian Capital Territory
<b>AECD</b>	Aboriginal Employment and Career Development [Strategy]
<b>AET</b>	Aboriginal Education Teachers
<b>AEU</b>	Aboriginal Education Units
<b>AEW</b>	Aboriginal Education Workers
<b>AGM</b>	Annual General Meeting
<b>AHCSA</b>	Aboriginal Health Council of South Australia
<b>AHMAC</b>	Aboriginal Health Ministers Advisory Council
<b>AHW</b>	Aboriginal and Torres Strait Islander Health Worker
<b>AHWOC</b>	Australian Health Workforce Officials' Committee
<b>AHWWG</b>	Aboriginal Health Workforce Working Group
<b>AICAP</b>	Aboriginal and Islander Career Aspiration Program
<b>AIDA</b>	Australian Indigenous Doctors' Association
<b>AMC</b>	Australian Medical Council
<b>AMS</b>	Aboriginal Medical Service
<b>AMSANT</b>	Aboriginal Medical Services Alliance of the Northern Territory
<b>AMTP</b>	Aboriginal Management Training Program
<b>ANC</b>	Australian Nursing Council
<b>ANTA</b>	Australian National Training Authority
<b>APA</b>	Australian Postgraduate Awards
<b>APAPDC</b>	Australian Principals Associations Professional Development Council
<b>AQTF</b>	Australian Quality Training Framework
<b>ARHRF</b>	Australian Rotary Health Research Fund
<b>ASRet</b>	Aboriginal Student Retention [program]
<b>ASSPA</b>	Aboriginal Student Support and Parent Awareness [committees]
<b>ATAS</b>	Aboriginal Tutorial Assistance Scheme
<b>ATSIC</b>	Aboriginal and Torres Strait Islander Commission
<b>ATSIHWWG</b>	Aboriginal and Torres Strait Islander Health Workforce Working Group
<b>CAP</b>	Competency Assessment Program
<b>CATSIN</b>	Congress of Aboriginal and Torres Strait Islander Nurses
<b>CD</b>	compact disc
<b>CDAMS</b>	Committee of Deans of Australian Medical Schools
<b>CRC</b>	Cooperative Research Centre
<b>CRCATH</b>	Cooperative Research Centre for Aboriginal and Tropical Health
<b>CSHTA</b>	Community Services Health Training Australia
<b>DECS</b>	Department of Education and Children's Services [SA]
<b>DEST</b>	Department of Education Science and Training
<b>DEWR</b>	Department of Employment and Workplace Relations
<b>DHHS</b>	Department of Health and Human Services

## ABBREVIATIONS

<b>DHS</b>	Department of Human Services
<b>IEHW</b>	Indigenous Environmental Health Worker
<b>IEP</b>	Indigenous Employment Program
<b>IIVIS</b>	Increasing Indigenous VET in Schools [project]
<b>INEWG</b>	Indigenous Nursing Education Working Group
<b>MSP</b>	Management Support Program
<b>NACCHO</b>	National Aboriginal Community Controlled Health Organisation
<b>NAIDOC</b>	National Aboriginal and Islander Day of Celebration
<b>NATSIHC</b>	National Aboriginal and Torres Strait Islander Health Council
<b>NAGATSIHID</b>	National Advisory Group on Aboriginal and Torres Strait Islander Health Information and Data
<b>NCS</b>	National Curriculum Services
<b>NHPF</b>	National Health Performance framework
<b>NICP</b>	National Indigenous Cadetship Program
<b>NSFATSIH</b>	National Strategic Framework for Aboriginal and Torres Strait Islander Health
<b>NSW</b>	New South Wales
<b>NT</b>	Northern Territory
<b>OATSIH</b>	Office of Aboriginal and Torres Strait Islander Health
<b>PAHWA</b>	Professional Aboriginal Health Worker Association (South Australia) Inc.
<b>PHCAP</b>	Primary Health Care Access Program
<b>PHMSS</b>	Puggy Hunter Memorial Scholarship Scheme
<b>QLD</b>	Queensland
<b>RACGP</b>	Royal Australian College of General Practitioners
<b>RAN</b>	Remote Area Nurse
<b>RCNA</b>	Royal College of Nursing Australia
<b>RWA</b>	Rural Workforce Agency
<b>SA</b>	South Australia
<b>SAAHP</b>	South Australian Aboriginal Health Partnership
<b>SACE</b>	South Australian Certificate of Education
<b>SCATSIH</b>	Standing Committee on Aboriginal and Torres Strait Islander Health
<b>STEP</b>	Structured Training and Employment Program
<b>TAFE</b>	Technical and Further Education
<b>TAS</b>	Tasmania
<b>TIP</b>	Targeted Initiatives Programme
<b>TSRA</b>	Torres Strait Regional Authority
<b>UCL</b>	Unique Centre of Learning
<b>UDRH</b>	University Department of Rural Health
<b>UWA</b>	University of Western Australia
<b>VET</b>	Vocational Education and Training
<b>VIC</b>	Victoria
<b>WA</b>	Western Australia
<b>WAACCHO</b>	Western Australia Aboriginal Community Controlled Health Organisation
<b>WIPO</b>	Workforce Information and Promotion Officer
<b>WSF</b>	Aboriginal and Torres Strait Islander Health Workforce National Strategic Framework
<b>WTIY</b>	Working Together for Indigenous Youth

## EXECUTIVE SUMMARY

At its May 2002 meeting, the Australian Health Ministers' Advisory Council (AHMAC) endorsed the Aboriginal and Torres Strait Islander Health Workforce National Strategic Framework (Workforce Strategic Framework). At this time, the AHMAC also agreed to the establishment of an Aboriginal Health Workforce Working Group (AHHWG) to report to the Australian Health Workforce Officials' Committee (AHWOC) and to oversee work on the Workforce Strategic Framework strategies intended for national level or nationally consistent implementation.

The Aboriginal and Torres Strait Islander Health Workforce Working Group (ATSIHWWG) membership includes representatives from the:

- Australian Health Ministers' Advisory Council (AHMAC), as Chair;
- Australian Health Workforce Officials' Committee (AHWOC);
- Standing Committee on Aboriginal and Torres Strait Islander Health (SCATSIH);
- Australian Indigenous Doctors' Association (AIDA);
- Congress for Aboriginal and Torres Strait Islander Nursing (CATSIN);
- National Aboriginal Community Controlled Health Organisation (NACCHO);
- Department of Education, Science and Training (DEST); and
- Department of Employment and Workplace Relations (DEWR).

The Working Group formed and held its first teleconference on 5 December 2002. To date, it has held two in-person meetings and four national teleconferences. ATSIHWWG reports to the Australian Health Workforce Officials' Committee (AHWOC) and the National Aboriginal and Torres Strait Islander Health Council (NATSIHC).

The first year of activity of the Aboriginal and Torres Strait Islander Health Workforce Working Group has focused on the development of priority work plans and a range of initial project activities. A significant achievement of the working group in this area is the WSF (Workforce Strategic Framework) Action Plan, endorsed by members in December 2003. The WSF Action Plan has been designed to drive and coordinate implementation of the Workforce Strategic Framework strategies.

To facilitate reporting requirements ATSIHWWG has endorsed a system of 'group reports'. This allows for consistency of reporting across all jurisdictions and organisations represented in the Working Group. The WSF Action Plan and Group Reports will facilitate the ongoing monitoring of projects and activities and provide a mechanism for reporting to AHWOC, AHMAC and NATSIHC.

At its September 2003 meeting, ATSIHWWG members agreed to establishing an Evaluation Group to progress issues related to workforce performance measures. Work to date has focused on mapping workforce performance measures and data requirements that align with the National Strategic Framework for Aboriginal and Torres Strait Islander Health (NSFATSIH) to ensure that all activity in workforce is linked to the National Strategic Framework. Early efforts in 2004 will focus on building a comprehensive draft evaluation plan for the Workforce Strategic Framework to support the 2005 mid-term review and a full evaluation of implementation in 2007.

Aboriginal and Torres Strait Islander health forum workforce working groups have been established in all State and Territories and the development of State and Territory WSF implementation plans is underway. Consultation drafts have been developed in Victoria, the Northern Territory and Western Australia.

Progress in a number of major projects marks some significant national achievements and workforce gains for the Working Group. Notably, the development of new national Aboriginal and Torres Strait Islander Health Worker generalist primary health care competencies progressed well over 2003. The project is funded by the Australian National Training Authority and OATSIH and managed by Community Health Services Training Australia. Working groups of key stakeholders in each State and Territory played a key role in working with Aboriginal and Torres Strait Islander Health Workers and employers to develop the new competencies. The first draft of the national Aboriginal and Torres Strait Islander Health Worker Competencies and Qualifications was released in October 2003 with a second draft due for release in early 2004. The final primary health care competencies are expected to be endorsed by end 2004. ATSIHWWG has agreed to consider the development of an implementation plan to ensure a nationally coordinated approach and effective utilisation of the competencies.

The Indigenous Nursing Education Working Group (INEWG) has worked closely with the Australian Nursing Council (ANC) to develop a position statement recommending inclusion of Indigenous health, cultural and political issues in all nursing curricula in Australia. The position statement was endorsed by the ANC in late 2003 and referred to State and Territory nursing registration boards for their endorsement.

ATSIHWWG is also pleased to note significant achievements by its members during 2002/03. For example, NSW released the NSW Health *Aboriginal Workforce Development Strategic Plan 2003 – 2007*. This Strategic Plan forms part of the NSW response to address key workforce and career issues for Aboriginal people employed by NSW Health.

Developments in the establishment of Aboriginal and Torres Strait Islander Health Worker associations at State and Territory level have been of note. The Professional Aboriginal Health Worker Association of South Australia (PAHWA) became operational in August 2003 and a *Strategic Business Plan 2003 - 2005* has been developed. With a new Board elected late in 2003, building the Association's membership base was named as a priority for 2004.

This report highlights some of the major achievements of the Aboriginal and Torres Strait Islander Health Workforce Working Group Members, both nationally and at a state and territory level.

# THE ABORIGINAL AND TORRES STRAIT ISLANDER HEALTH WORKFORCE NATIONAL STRATEGIC FRAMEWORK

## Background

The Australian Health Ministers' Advisory Council (AHMAC) endorsed the Aboriginal and Torres Strait Islander Health Workforce National Strategic Framework on 30 May 2002. It is more often referred to as the Workforce Strategic Framework and known as the "yellow book".

The importance of a health workforce to address Indigenous Australian health was recognised in the National Aboriginal Health Strategy (1989). This workforce policy framework represents a five to ten year strategic reform agenda that aims to build a more competent health workforce for Aboriginal and Torres Strait Islander health as a key mechanism in addressing Indigenous health issues.

It is essential to increase the number of people in the health workforce to meet the health needs of Aboriginal and Torres Strait Islander people. In part, this required a greater number of Aboriginal and Torres Strait Islander people working across all health professions. The health workforce should also display the competence and capacity to deliver quality services in culturally appropriate ways and be capable of delivering the full range of health services across Australia.

The strategic development of the health workforce as a whole, and the education, training and support of individuals working across the health professions, each requires the ongoing support of investments in workforce. There must be a focus on building the capacity of a well structured workforce with mechanisms that will facilitate measures for the appropriate recruitment, retention, supply and support of workers to address health issues for Aboriginal and Torres Strait Islander people. Through the Workforce Strategic Framework, governments will work together to maintain support across these issues to foster the development of a competent and adequate workforce.

The Workforce Strategic Framework was based on a series of national studies and reviews including the:

- *National Review of Aboriginal and Torres Strait Islander Health Worker Training* which synthesised a related set of reviews in each State and Territory of Aboriginal and Torres Strait Islander Health Worker Training;
- *Estimation of Requirements for and Supply of the Health Workforce for Aboriginal and Torres Strait Islander Peoples*;
- *Report of the Evaluation of Health Services Management Training for Aboriginal and Torres Strait Islander People (ACHSE)*;
- *Evaluation of the Management Support Program for Aboriginal Community Controlled Health Services (MSP)*;
- *Strategic Framework for the Inclusion of Indigenous Health in Core Medical Curricula & Recruitment, Retention and Support Strategies for Indigenous Australians in Medical Education (CDAMS)*; and
- *Evaluation of Recruitment and Promotion Services Project (WIPOs)*.



Other important regional studies have been completed and several jurisdictions have also developed their own workforce strategies for Aboriginal and Torres Strait Islander health, including, for example, the Queensland Health Indigenous Workforce Management Strategy 1999-2002.

## **Implementation and Reporting**

The Workforce Strategic Framework will be implemented at two levels. The Aboriginal and Torres Strait Islander Health Workforce Working Group (ATSIHWWG) is responsible for implementation of those strategies that require national-level coordination and national consistency. The WSF will be implemented at the State/Territory level through implementation plans developed under the State and Territory Health Forums, as established under the Framework Agreements. The Framework Agreements have been developed between the Commonwealth Government, the State or Territory Governments, the Aboriginal and Torres Strait Islander Commission (ATSIC) – or the Torres Strait Regional Authority (TSRA) for the Torres Strait Agreement – and the State or Territory affiliate of the National Aboriginal Community Controlled Health Organisation (NACCHO).

The National Aboriginal and Torres Strait Islander Health Council (NATSIHC) will oversee implementation of the whole Workforce Strategic Framework, including consideration of annual reports before referral to the Standing Committee on Aboriginal and Torres Strait Islander Health (SCATSIH) and AHMAC.

State and Territory implementation plans will set out actions and agreed timeframes for the WSF strategies that relate to State and Territory activities. They will support better coordination across sectors beyond health, human and community services, particularly into the education and training sectors. Negotiation and agreement on these plans will occur at the State and Territory level.

The Workforce Strategic Framework is based on a commitment to the nine principles as outlined in the National Strategic Framework for Aboriginal and Torres Strait Islander Health. It is a dynamic national policy framework that has scope for change throughout its life. It is designed to allow strategies to be prioritised in consultation with key stakeholders, which is especially useful where strategies propose the development of further approaches. This type of work will be based on collaborative approaches between the Commonwealth and State and Territory Governments and the National Aboriginal Community Controlled Health Organisation.

## **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.
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## **Objectives and strategies**

Five key objectives and 42 strategies support the aim of the Workforce Strategic Framework. These details are summarised below.

**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.*

**Strategies 1 - 9** aim to work with health professional organisations, funding bodies and training providers in the school, VET sector and the university sector to increase the number of Indigenous Australians with health professional qualifications

**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.*

**Strategies 10 - 20** set out a reform agenda for the Aboriginal Health Worker vocational system, which implements key recommendations of the *National Review of Aboriginal Health Worker Training*.

**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.*

**Strategies 21 - 32** are measures for development of other health workforce groups contributing to Aboriginal primary health care – beyond doctors, nurses and Aboriginal Health Workers which have been the subject of other reviews and initiatives. This would include the range of allied health professions and workers.

**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.*

**Strategies 33 - 36** seek to review the effectiveness and accountability of current mainstream health workforce initiatives in responding to the needs of the Aboriginal primary health care sector.

**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.*

**Strategies 37 - 42** propose a process for ensuring accountability for progress in implementing the Framework, including development work on indicative workforce ratios in Aboriginal primary health care.

# THE ABORIGINAL AND TORRES STRAIT ISLANDER HEALTH WORKFORCE WORKING GROUP

Following endorsement of the Workforce Strategic Framework, the AHMAC also agreed to the establishment of the then Aboriginal Health Workforce Working Group (AHWVG) to oversee national-level implementation of the Workforce Strategic Framework and ensure effective national coordination of workforce activities and priorities.

In May 2003, the name of the Working Group was changed to the Aboriginal and Torres Strait Islander Health Workforce Working Group (ATSIHWVG) to reflect the inclusiveness of Torres Strait Islanders in health workforce reforms to address health issues for Aboriginal and Torres Strait Islander people.

In this report, the Aboriginal and Torres Strait Islander Health Workforce Working Group is also referred to as the Working Group, or ATSIHWVG.

## Membership

First established as AHVG, the ATSIHWVG was established in 2002. Membership comprises representatives from the:

- Australian Health Ministers' Advisory Council (AHMAC);
- Australian Health Workforce Officials' Committee (AHVOC);
- Standing Committee on Aboriginal and Torres Strait Islander Health (SCATSIH);
- National Aboriginal Community Controlled Health Organisations (NACCHO);
- Commonwealth Department of Education, Science and Training (DEST);
- Australian Indigenous Doctors' Association (AIDA);
- Congress of Aboriginal and Torres Strait Islander Nurses (CATSIN); and
- Department of Employment and Workplace Relations (DEWR).

It was through invitation to AIDA, CATSIN, NACCHO and DEST to join the Working Group, that AHVG was formed. It held its first teleconference on 5 December 2002 though its in-person meeting of 4-5 February 2003 was dubbed its inaugural meeting.

Following work between the Department of Health and Ageing and the Department of Employment and Workplace Relations (DEWR) on issues concerning Aboriginal and Torres Strait Islander health, a formal invitation to join the Working Group was given and a representative from DEWR attended the September 2003 ATSIHWVG meeting.

To date, the Aboriginal and Torres Strait Islander Health Workforce Working Group has held six (6) meetings including two (2) in-person meetings and four (4) national teleconferences.

The Working Group reports to the Australian Health Workforce Officials' Committee (AHVOC) and the National Aboriginal and Torres Strait Islander Health Council. The Secretariat for the Working Group is provided through the Department of Health and Ageing's Office for Aboriginal and Torres Strait Islander Health.

## **Terms of Reference**

Members agreed to the Terms of Reference for the then Aboriginal Health Workforce Working Group on 5 December 2002 (Attachment A). These Terms of Reference remain unchanged with regard to the name change to Aboriginal and Torres Strait Islander Health Workforce Working Group in May 2003.

A Procedures Manual has been developed to guide the operations of the Aboriginal and Torres Strait Islander Health Workforce Working Group. The manual provides clear and agreed procedures to assist with the effective operations of the Working Group. Generally, this includes details concerning membership and Terms of Reference, and guidelines for the effective administration on all matters carried out by the Working Group.

## **Communications Strategy**

A communications strategy has been developed to guide communications about the Aboriginal and Torres Strait Islander Health Workforce National Strategic Framework and its implementation by the Aboriginal and Torres Strait Islander Health Workforce Working Group.

The purpose of the Communications Strategy is to:

- highlight the importance of an appropriate health workforce to meet Aboriginal and Torres Strait Islander health needs;
- promote the Aboriginal and Torres Strait Islander Health Workforce National Strategic Framework;
- engage stakeholders in the implementation of the Aboriginal and Torres Strait Islander Health Workforce National Strategic Framework; and
- ensure effective communication of the work of the Aboriginal and Torres Strait Islander Health Workforce Working Group.

The Working Group has commenced discussions on a range of communications strategies to support the marketing of the Workforce Strategic Framework and the dissemination of workforce information. As the implementation of the WSF gains momentum, a multimedia approach that will foster national support for the Aboriginal and Torres Strait Islander health workforce is being considered.

Particular emphasis has been given to website development that facilitates access to information concerning opportunities and support for education and training, and support for those already working or involved in Indigenous health. The wide dissemination of printed materials will provide highlights, updates and achievements that impact at all levels of health workforce development.

# WSF IMPLEMENTATION

## WSF Action Plan

At its September 2003 meeting, the ATSIHWWG Members advanced their priority of an implementation plan for the Workforce Strategic Framework and unanimously endorsed the WSF Action Plan (Attachment E). A final version of the WSF Action Plan was endorsed at the December meeting for circulation to ATSIHWWG State and Territory Members, the National Aboriginal Community Controlled Organisation and its affiliates, and OATSIH State and Territory Offices.

The WSF Action Plan provides a clear, systematic plan to drive implementation of the Workforce Strategic Framework strategies. It will assist with national-level implementation, coordination, monitoring and reporting of activities against each strategy and doubles as a reporting mechanism through which AHMAC and SCATSIH will be kept informed of progress against workforce priorities.

The WSF Action Plan is structured into three (3) clusters and 10 action areas that cut across the five (5) objectives of the Workforce Strategic Framework. The WSF strategies have been grouped against the three clusters to create a simple framework for reporting.

The three clusters are:

- **Planning, Implementation and Accountability:** this cluster drives implementation of the WSF and reflects those high-level policy priorities for which AHMAC, AHWOC, the ATSIHWWG Members and the ATSIHWWG Secretariat are responsible. The activities will focus directly on the implementation, reporting and evaluation of the WSF.
- **Aboriginal Health Workers:** projects and activities relate to defining and clarifying the role of Aboriginal Health Workers (AHWs), providing appropriate and ongoing training opportunities and developing formal registration and associations for AHWs.
- **Workforce Initiatives:** these projects and activities centre on improvements to mainstream education to support doctors, nurses, allied and other health professionals, focusing on increasing the participation of Indigenous Australians in the health workforce and ensuring support across sectors for the health workforce.

The WSF Action Plan provides details regarding the level of priority for strategies and activities, project details and achievable key performance indicators. Timeframes for completion have been estimated and driving partners and partners have been identified to assist with national and jurisdictional planning and action, and to promote working together. Broader links to other key areas of workforce and relevant areas of Aboriginal and Torres Strait Islander health have also been included.

## Group Reports

A system of Group Reports has been designed as a reporting tool for exchange of information between the Secretariat and the Member Groups represented on the ATSIHWWG. The Group Reports have been structured as an adjunct to the WSF Action Plan to allow Members to clearly see how tasks and actions relate to the projects/activities and correspond to the WSF clusters, action areas and strategies. Working Group Members agreed to table six-monthly Group Reports in conjunction with in-person meetings. Details from these Group Reports will be used as updates for other reporting requirements and add value to monitoring and reporting efforts.

# WSF EVALUATION

## Evaluation Plan

At its September 2003 meeting, the ATSIHWWG Members agreed to establish a small working group made up of ATSIHWWG Members and led by the Office for Aboriginal and Torres Strait Islander Health (OATSIH), to develop performance measures against the Workforce Strategic Framework.

A relatively new project, measuring the performance of implementation of the Workforce Strategic Framework is a critical piece of work for the Working Group. The work of the Evaluation Group will focus on two key areas. The first is to develop a set of performance measures (indicators) to quantify the effectiveness of those outcomes achieved through implementation of the Workforce Strategic Framework. The second is to develop a process to enable comprehensive evaluation of the Workforce Strategic Framework over the period of reform.

The Evaluation Plan will encompass the development of performance measures against both quantitative (data-oriented) and qualitative (process-oriented) activities against the strategies detailed in the WSF. The development of workforce performance measures focus specifically on policy-level objectives to ensure consistency with those performance measures identified for the National Strategic Framework for Aboriginal and Torres Strait Islander Health (NSFATSIH) and to create alignment with the National Health Performance Framework (NHPF).

The efforts of the Evaluation Group will help to form the basis of the mid-term report due by the end of 2005. Implementation of the Workforce Strategic Framework will be reviewed in 2007.

## Evaluation Group

Overall, the Evaluation Group will be responsible for the development of a comprehensive evaluation plan that will include performance measures for both quantitative and qualitative elements of implementation of the Workforce Strategic Framework.

The members of the Evaluation Group include:

- Warren Locke (QLD);
- Catherine Katz (NSW);
- Karen Crockett (DEST);
- James Atkins (DEWR);
- Michael Fisher (OATSIH);
- Debra Reid (OATSIH); and
- the ATSIHWWG Secretariat (OATSIH).

The proposed Terms of Reference of the Evaluation Group are currently awaiting endorsement by the Evaluation Group members.

## **MEMBERS' ACTIVITIES**

### **COMMONWEALTH DEPARTMENT OF HEALTH AND AGEING**

The Commonwealth Department of Health and Ageing, through the Office for Aboriginal and Torres Strait Islander Health (OATSIH) is responsible for implementation of strategies as outlined in the Workforce Strategic Framework. The Workforce Policy and Planning section within OATSIH has a major role in coordinating action to support workforce priorities across the whole of the Department. The work of the section is detailed below, structured into initiatives for Aboriginal Health Workers, governance and management, and professional support and development.

#### ***ABORIGINAL HEALTH WORKER INITIATIVES***

##### ***National Aboriginal and Torres Strait Islander Health Worker Competencies and Qualifications Project***

The new national Aboriginal and Torres Strait Islander Health Worker Competencies and Qualifications Project will provide “portability” and “safety to practice” for Aboriginal and Torres Strait Islander Health Workers working in primary health care settings. A focus of the Project has been to develop standards and qualifications to support comprehensive Aboriginal primary health care practice roles at a number of levels, and to distinguish these from other vocational streams currently encompassed by the term ‘Aboriginal Health Worker’ and ‘Torres Strait Islander Health Workers’.

This project is being conducted by Community Services Health Training Australia (CSHTA) with funding from the Australian National Training Authority and the Office for Aboriginal and Torres Strait Islander Health. CSHTA has established a National Steering Committee that includes representatives from unions, employer bodies and the Australian and State and Territory governments. The National Steering Committee is responsible for the timing of each stage of the project and has the capacity to adjust the timing of the project.

The process of developing the Aboriginal and Torres Strait Islander Health Worker national competencies and qualifications has been a unique process that has involved a wide range of stakeholder groups to ensure increased take up at their completion. CSHTA has established a Working Group of key stakeholders in each State and Territory to consider jurisdictional issues that reflect the way services are delivered in their areas. These Working Groups have proven to be vital in the process of bringing national competencies and qualifications together. Included in the development process so far has been an Industry Reference Group meeting and the establishment of a key writing group that has substantial experience in the Aboriginal and Torres Strait Islander health sector. The first draft of the national Aboriginal and Torres Strait Islander Health Worker Competencies and Qualifications was released in October 2003 with the second draft due for release in early 2004.

It is expected that Aboriginal and Torres Strait Islander Health Worker competencies and qualifications will be completed by the end of 2004. These competencies and qualifications will have a significant impact on the delivery of training and quality outcomes for Aboriginal and Torres Strait Islander health as well as being an important driver in the future of health related training for Aboriginal and Torres Strait Islander people in the VET sector.



## ***Aboriginal and Torres Strait Islander Health Worker Associations***

Strategy 20 of the Aboriginal and Torres Strait Islander Health Workforce National Strategic Framework provides the basis for establishing associations for Aboriginal and Torres Strait Islander Health Workers. The primary aim of the associations is to provide peer support, professional development and networking opportunities for Aboriginal and Torres Strait Islander Health Workers within their own state or territory, as well as nationally.

The first of the Aboriginal and Torres Strait Islander Health Worker Associations funded under Strategy 20 was established in October 2003, in South Australia. It is important to note that there may be staged development and establishment of state and territory based Aboriginal Health Worker Associations in the coming years. It is recognised that national consistency in the formation and structure of each state and territory Association is an ongoing aim, though some variation across jurisdictions is anticipated.

Nationally consistent associations will provide the basis for linking with Strategy 19 of the Workforce Strategic Framework that focuses on national registration. The Australian Government is prepared to provide interim or seed funding for these Associations with the longer term arrangements sitting with each of the State and Territory governments.

Draft national guidelines and performance measures were developed to guide the development of Associations in each state and territory. These are available from the Office for Aboriginal and Torres Strait Islander Health in Canberra. It is expected that 2004 will see the development of a number of new Associations.

## ***Quality Health Worker Training***

Training plays a critical role in producing high quality Aboriginal and Torres Strait Islander Health Workers. The provision of quality training in the vocational education and training sector is a clear goal of the Australian Quality Training Framework (AQTF). This is recognised by the Aboriginal and Torres Strait Islander Health Workforce National Strategic Framework, in particular in Strategy 17 and 18.

To meet training needs of Aboriginal and Torres Strait Islander Health Workers the type of training provided must be as diverse as the role itself. Aboriginal and Torres Strait Islander Registered Training Organisations funded through the Office for Aboriginal and Torres Strait Islander Health deliver the majority of health worker training. Many of these are closely linked with community controlled health services and therefore make sure the training is supported by the industry.

These current funding arrangements under the Workforce Strategic Framework provide class room based learning, block release, outreach and in-service training. The work that has been done in this area in the past twelve months has focused on developing a training system that suits the needs of:

- Aboriginal and Torres Strait Islander people who want to become Health Workers in primary health care settings; and
- employers who employ Health Workers and deliver primary health care services to Aboriginal and Torres Strait Islander populations.

It is important that within the AQTF there is flexibility to meet the training and industry needs without diminishing the quality of that training. Therefore, the Office for Aboriginal and Torres Strait Islander Health has worked closely with stakeholders to identify areas that need further attention while also maintaining a clear focus on the development of national competencies and qualifications that will guide future training.

It will also be important that Aboriginal and Torres Strait Islander communities have input on the type and style of training that is delivered for Aboriginal and Torres Strait Islander Health Workers. The latter play a key role in service delivery, including improving access to the range of primary health care services, particularly for those in rural and remote areas. Training will require particular emphasis on suitability for those who have limited literacy and numeracy skills and training will need to be delivered by skilled training providers.

The need to incorporate a flexible approach to training within the AQTF and not reduce its quality will require the support and efforts of stakeholders in the VET sector such as Registered Training Organisations as well as key industry bodies such as the National Aboriginal Community Controlled Health Organisation (NACCHO). Alternative approaches to training delivery for those wanting to work within Aboriginal and Torres Strait Islander primary health care setting will be a focus for the next twelve months.

### ***Indigenous Environmental Health***

The National Public Health Partnership (NPHP) review of training for Indigenous Australian environmental workers underwent an extensive round of consultations that resulted in a draft report. Key stakeholders are currently considering the draft report.

The Indigenous Environmental Health Worker Competencies are part of the Population Health Qualifications that are located within the Health Training Package. The Indigenous Health Work Competencies have now been completed and are with the Australian National Training Authority for endorsement and approval. It is envisaged that they will be ready for use by the middle of 2004.

## **GOVERNANCE AND MANAGEMENT INITIATIVES**

### ***Management Support and Development Funds***

Aligned to Strategy 30, the Management Development and Management Support Program provides funds to assist the Office for Aboriginal and Torres Strait Islander Health (OATSIH) funded Aboriginal and Torres Strait Islander community controlled health and substance use organisations in developing management workforce skills and in building governance and management capacity. The OATSIH State and Territory Offices use funds to purchase governance training and additional supports for management.

### ***Support for Governance and Management Training***

The OATSIH is working closely with the National Aboriginal Community Controlled Health Organisation (NACCHO) to develop a national response that provides for best practice governance support for Aboriginal Community Controlled Health Services (ACCHSs). The OATSIH convened a national meeting of Aboriginal and Torres Strait Islander Community Controlled Health Service Managers in June 2003. This meeting provided a forum for discussion with the sector to consider a broad ranging strategy for support and training of health service managers. NACCHO held consultative meetings with its membership and affiliates during November 2003. A joint Commonwealth-NACCHO policy position on governance support for ACCHSs is expected in early 2004.

### ***NT Governance Training Pilot***

The OATSIH has contracted an organisation in the Northern Territory (NT) to work in partnership with AMSANT (Aboriginal Medical Services Alliance of the Northern Territory) in undertaking a governance support and training project. This project will undertake a skills audit of AMSANT members' boards, and map vocational education and training (VET) options for boards that are available in the NT. Subsequently, a suite of resources based at a VET level 2-4 that can be used in both accredited and non-accredited settings will be developed.

### ***Aboriginal Management Training Program***

The OATSIH funds the NSW branch of the Australian College of Health Service Executives (ACHSE) to administer an Aboriginal Management Training Program (AMTP). This program provides trainees with financial support to undertake both postgraduate tertiary training and workplace based training. The AMTP aims to provide opportunities for trainees to develop skills and knowledge to move into management positions in Aboriginal Medical Services (AMSs) and the mainstream health system. The AMTP will also improve communication and understanding between Aboriginal Medical Services and the mainstream health system through trainees gaining experience and exposure to individuals in both systems. They will also aim to make mainstream health services more accessible and responsive to Aboriginal communities by opening up leadership opportunities for Aboriginal in the mainstream health system.

### ***National Aboriginal Management Training Program***

OATSIH is working with the Department of Employment and Workplace relations (DEWR) to develop a national approach to supporting Aboriginal health service manager training based on the model used in NSW. It proposed that a national program be developed as a multi-site program of health management studies. This initiative will focus on assisting Aboriginal and Torres Strait Islander managers or aspiring managers to attain recognised mainstream qualifications.

## **Workforce Supply, Recruitment and Retention**

### ***Student Recruitment Strategies***

Under Strategy 6, a contract has been established with the University of Newcastle to undertake research regarding the issues that affect Aboriginal and Torres Strait Islander peoples' decisions to enter the health workforce. This project focuses on gathering information to build a demographic and age profile of students. The existing evidence base and further research will inform programs that facilitate education, training and recruitment of Indigenous people into the health sector. Outcomes will assist with targeting future training support and recruitment strategies with the aim of increasing the number of Aboriginal and Torres Strait Islander people with health qualifications.

### ***Rural High School Visits***

The OATSIH has funded a series of high school visits in remote areas of the Northern Territory. This project will make use of current health science students who will visit remote schools to promote health as a career and work option to Indigenous and non-Indigenous students.

### **Careers workshop**

The OATSIH has provided funds for a Health Careers Workshop for the Centre for Aboriginal Medical and Dental Health - University of Western Australia (UWA). This Careers Workshop

helps ensure that more and more Aboriginal and Torres Strait Islander people are able to consider a health career as a viable option.

### ***Promotional Materials***

The OATSIH has funded and distributed promotional materials with the key message of 'Careers in Aboriginal and Torres Strait Islander Health'. To date, these materials have been distributed at a range of national conferences and professional forums.

### ***Remote Area Nurse Project***

A project is currently underway to consider the recruitment and retention of Remote Area Nurses (RANs) in moderately accessible, remote and very remote Commonwealth funded Aboriginal primary health care services. The project seeks to:

- estimate the current nursing workforce in these primary health care services;
- identify and document key barriers facing services in recruiting and retaining RANs;
- estimate the total cost to services for employing a RAN;
- identify and document the effectiveness of existing Commonwealth funded health workforce initiatives in supporting the recruitment and retention of RANs to services; and
- identify and document the quality of recruitment and retention services offered to Commonwealth funded Aboriginal primary health care services in remote, moderately accessible and very remote locations.

### ***Allied Health Education and Support Strategies***

Under Strategy 21, the OATSIH has mapped the workforce data from the National Allied Health Rural and Remote Support Service Workforce Report against ARIA categories. These show a mal-distribution of the allied health workforce with limited workforce available in rural areas.

For Strategy 22, the OATSIH has initiated a pilot Allied Health Undergraduate Student Placement Program which will be delivered through three (3) to four (4) selected University Departments of Rural Health. This program is expected to place in excess of 100 allied health students into Aboriginal health care settings.

### ***Other strategies in brief***

#### **Strategy 33**

To further support recruitment and retention strategies, the Commonwealth has recently prepared a select tender for the purposes of reviewing the impact of mainstream workforce programs on supply, training, recruitment and retention in Aboriginal and Torres Strait Islander communities and health services.

#### **Strategy 36**

Workforce Information and Promotion Officers (WIPOs) are funded NACCHO affiliates in each state and territory to assist in the implementation of the Workforce Strategic Framework.

### ***PROFESSIONAL SUPPORT AND DEVELOPMENT INITIATIVES***

The Workforce Strategic Framework recognises the need for a substantial increase in the number of Aboriginal and Torres Strait Islander people with professional qualifications in health, across all

health professions. Strategies to increase workforce participation across the health sector are well supported through those objectives that focus on recruitment and retention, education, training, recognition and ongoing professional support.

### ***Indigenous Medical and Nursing Workforce***

The Australian Indigenous Doctors' Association (AIDA) and the Congress for Aboriginal and Torres Strait Islander Nurses (CATSIN) are funded by OATSIH to develop infrastructure and networks, and invest in developing the Aboriginal and Torres Strait Islander health workforce, with a respective focus on medicine and nursing.

AIDA is currently focused on implementation of its Best Practice Project to identify best practice in recruitment and support for Indigenous medical students.

A mentoring program is being scoped to formalise the ad-hoc approach to mentoring that AIDA has performed to date and a coordinator will be employed for a period of three years from 2003 to manage the program.

Similarly, CATSIN has proposed a pilot program for mentoring prospective and current Indigenous nursing students. The focus over the longer term is to provide a nationally coordinated program supported by CATSIN members in each state and territory.

With a view to supporting recruitment and retention to medicine as a health profession, AIDA has developed a video and DVD in 2003 to promote their priorities and activities in Indigenous health.

In 2002-03, the Torres Strait Islander community invited the AIDA Executive, Torres Strait Islander medical students and doctors to attend the Igilyawa 'Custodian of Life' Symposium to discuss current Indigenous health initiatives. The Symposium coincided with the Croc Festival in July 2003 where Indigenous doctors participated in careers marketing and role modelling activities.

### ***Medical and Nursing Education and Support Strategies***

The OATSIH is providing funding and secretariat support to two separate working groups to develop strategies to include Indigenous health issues in medical and nursing curricula.

#### ***Medical Education Strategies***

The University of Melbourne has been funded to employ a Project Officer to develop a national curriculum framework and key learning objectives for the inclusion of Indigenous health in core medical curricula on behalf of the Committee of Deans of Australian Medical Schools (CDAMS).

In July 2003, a draft report was presented to the project steering committee regarding results from use of audit and consultation tools with medical schools. A subsequent workshop in August 2003 identified key areas for curriculum development, in particular, the quality of the content of teaching delivery, the capacity to deliver curriculum effectively including staff development, partnership building with local Indigenous communities and others, and intra- and inter-school collaboration and sharing. A Drafting Reference Group was established to collate and draft a curriculum framework and key learning objectives to be endorsed by the CDAMS.

It is expected that the curriculum framework and ongoing development of the broader project (implementation, recruitment and retention issues) will be endorsed by CDAMS and the Medical School Accreditation Committee, at the Australian Medical Council (AMC) meeting in March 2004.

## ***Nursing Education Strategies***

The 'getting em n keepin em' Report of the Indigenous Nursing Education Working Group (INEWG), comprising representatives from the Australian Council of Deans of Nursing (ACDON), the Congress of Aboriginal and Torres Strait Islander Nurses and the Commonwealth, was published in 2002. This report makes thirty-two recommendations to ensure that all nursing curricula includes Indigenous content and that there is a concerted effort to recruit and retain Aboriginal and Torres Strait Islander people in the nursing workforce.

The OATSIH has committed funding for 2002-2004 to the Australian Catholic University to employ a Project Officer to coordinate the implementation of the 'getting em n keepin em' report on behalf of the ACDON.

In November 2003, the Australian Nursing Council (ANC) endorsed the Position Statement for "Inclusion of Indigenous Health Issues in Nursing Undergraduate Programs". This has been developed with the intent of informing nursing providers of its expectations that nursing courses include clearly identified subjects/units/modules about Indigenous culture, history and health, to increase the capacity of all nurses to contribute competently to Indigenous health.

## ***Innovation in Nursing Degrees***

The Commonwealth has contracted Deakin University to conduct a three and half-year community-based Bachelor of Nursing (Pre-registration) for Koorie students at Deakin University. This is a community-based Bachelor of Nursing (Pre-Registration) degree through the Institute of Koorie Education and the School of Nursing at Deakin University. Its main objective is to increase Koorie recruitment and retention into the nursing profession and boost the numbers of Koorie registered nurses and employed nurse graduates.

From 2003, the Commonwealth has committed funding over three years to the University of Sydney to conduct a Bachelor of Nursing (Indigenous Australian Health). This initiative aims to increase the nursing workforce, in particular, Aboriginal and Torres Strait Islander nurses, and emphasises the incorporation of Indigenous health issues, culture and history into nursing curricula. It also aims to produce a workforce that addresses Aboriginal and Torres Strait Islander health issues through appropriate training, supply, recruitment and retention strategies. This course is open to all students interested in Indigenous health as a means of increasing the number of nurses working in Indigenous health.

From 2004 - 2006 the Commonwealth is considering funding the School of Nursing Sciences at James Cook University to provide support services to an external nursing undergraduate program at Bamaga (Queensland). The initiative will assist Indigenous students to overcome some of the difficulties associated with completing external studies including a lack of support and resources, isolation and fear of failing mainstream education environments. The program has been initiated with a view to producing nurses who can be employed locally to provide culturally accessible and acceptable care to improve Indigenous health outcomes in the Bamaga area.

### ***Scholarships - The Puggy Hunter Memorial Scholarships Scheme (PHMSS)***

The OATSIH has allocated substantial funding over five academic years (2002 - 2006) to fund undergraduate scholarships for Aboriginal and Torres Strait Islander students in health courses under the Puggy Hunter Memorial Scholarship Scheme (PHMSS). The Australian Government established this Scheme as a tribute to the late Dr Arnold (Puggy) Hunter's contribution to Indigenous health and his role as Chair of the National Aboriginal Community Controlled Health Organisation (NACCHO). The scholarship fund exists to address the under-representation of Indigenous people in health professions and assist in increasing the number of Aboriginal and Torres Strait Islander Health Workers with qualifications.

Under the Scheme, scholarships are granted to Aboriginal and Torres Strait Islander students for undergraduate courses in medicine, nursing, and allied health (excluding pharmacy), Certificate level III and IV Aboriginal Health Worker, and Diploma and Advanced Diploma level Aboriginal Health Worker education. Each scholarship provides students with \$15,000 per annum until the completion of their qualification.

For the 2003 academic year, a total of 62 applications were received including 24 for nursing, 15 for medicine, 11 for allied health and 12 for Aboriginal Health Worker training. Of these, a total of 15 applications were approved: 4 for nursing, 6 for medicine, 2 in allied health and 3 for Aboriginal Health Worker courses.

The Puggy Hunter Memorial Scholarship Scheme Working Party Selection is responsible for the selection of successful applicants each February. The Working Party also provides advice on the management and administration of the Scheme. For the 2004 academic year, the Scheme has been advertised in all major Aboriginal and Torres Strait Islander newspapers as well as The Daily Telegraph, The Australian and The Sydney Morning Herald.

The Royal College of Nursing Australia (RCNA) currently administers the Scholarship Scheme. A select tender process for administration of the Scheme for 2004 - 2006 is being advertised in February 2004.

### ***The Australian Rotary Health Research Fund Indigenous Health Scholarship Program***

The Australian Rotary Health Research Fund (ARHRF) is a partnership between governments and the Rotary Clubs of Australia. This Indigenous Health Scholarship Program provides assistance to Aboriginal and Torres Strait Islander people who are studying medicine or health related degrees. Each scholarship is worth \$5,000, with equal contributions from Rotary and the relevant State/Territory Government.

The Commonwealth is currently providing funding for a part time project officer to administer the Scholarship Program until 31 March 2005.

For the 2004 and 2005 academic years, the Commonwealth will provide additional funds to enable the ARHRF to fund a further 25 scholarships. Rotary has asked State and Territory governments to contribute to this program and negotiations are currently underway.

## **COMMONWEALTH DEPARTMENT OF EDUCATION, SCIENCE AND TRAINING**

In line with requests to all ATSIHWWG Members, the Commonwealth Department of Education, Science and Training (DEST) has provided information concerning programs and resources to support secondary and tertiary student retention and support, public health training, scholarships and postgraduate awards. Some of this information is provided to highlight links with the Workforce Strategic Framework.

## **Secondary Student Retention**

DEST sponsors myfuture.edu.au, an on-line career information service to support secondary and tertiary students wishing to explore their career options.

A joint initiative of Australian, State and Territory governments, myfuture has three main areas:

**The Facts:** which produces articles on careers and the world of work, as well as comprehensive information about occupations, education and training options, industries, regional labour markets and income data, employment, conditions, sources of support and financial assistance for study.

**My Guide:** which provides an individualised career exploration tool that helps users to identify their interests and capabilities, to match these with potential occupations and to plan how to achieve career goals.

**Assist Others:** which helps parents, guardians, influencers (such as youth workers, coaches and cultural and religious leaders), careers advisors and teachers with providing support and guidance for those individuals making career decisions.

DEST also provides a '*No Shame Jobs – Careers in Health*' booklet that provides information on careers in health and health related areas. The booklet encourages Indigenous students to choose health careers and provides information to young Indigenous people about how to access health careers, along with details about the support services and organisations that can assist Indigenous students

## **Tertiary Student Recruitment, Support and Retention**

DEST manages the Group Training New Apprenticeships Targeted Initiatives Programme (TIP). Group Training Organisations employ New Apprentices and place them with host employers for on the job experience. The objective of TIP is to enable Group Training Organisations to generate quality New Apprenticeship opportunities in priority areas including generating opportunities for Aboriginal and Torres Strait Islander people and for areas where shortages of skilled staff are prevalent, such as nursing. One of the current TIP projects is designed to establish a New Apprenticeships market in the Health and Community Services industry and recruit eighty New Apprentices, of which at least fifteen are to be Indigenous Australians.

The National Review of Nursing Education, *Our Duty of Care*, recommended that Enrolled Nurse competencies be incorporated into the relevant Training Packages within the National Training Framework (Recommendation 21). Representatives of the Australian Nursing Council (ANC), the Australian National Training Authority (ANTA) and Community Services and Health Training Australia (CSHTA) have had preliminary meetings to progress this matter. The outcomes will facilitate career progression and New Apprenticeship pathways through the nursing workforce, including for Aboriginal and Torres Strait Islander health workers, from Certificate III qualifications to Registered Nurse.

## **Postgraduate Awards**

Australian Postgraduate Awards (APA) may also be available to Indigenous students. However, as for the proposed Commonwealth Learning Scholarships (CLS) arrangements, APAs are administered and awarded by institutions in line with Programme Guidelines prepared by the Commonwealth. The key allocative device is the strength of the applicant's research ability and the quality of their previous research work. While Aboriginal and Torres Strait Islander students are eligible to apply, the scheme does not specifically target any particular category of student.



Specific accredited courses for Indigenous Health workers include:

- Alcohol, Tobacco and Other Drugs for Indigenous Health Workers;
- Sexual Health for Indigenous Health Workers;
- Women's Health for Indigenous Health Workers.

A range of other qualifications for both Indigenous and non-Indigenous Health workers which may also assist in these areas include:

- Certificate II, III, IV, Diploma and Advanced Diploma of Indigenous Health Care;
- Certificate II, III and IV in Indigenous Health Provider;
- Course in Public Health for Indigenous Health Workers.

### ***Public Health Training***

Strategy 25 aims to improve the engagement of public health training with Aboriginal and Torres Strait Islander health. Training packages funded by the Australian National Training Authority (ANTA) are being developed as integrated training resources comprising nationally endorsed competency standards, assessment guidelines and Australian Qualifications Framework qualifications. An additional component for Aboriginal and Torres Strait Islander Health Workers is being developed for the Health Training Package and will be submitted for endorsement to the National Training Quality Council of ANTA in 2004. It will include national qualifications and units of competency for Indigenous people to work and provide support for existing medical and nursing personnel in Indigenous communities. The qualifications will cover domains of work including advocacy and liaison, acute health problems, chronic disease, wellness promotion and counselling for Aboriginal and Torres Strait Islander people. DEST is represented on the National Industry Reference Group developing these new qualifications.

ANTA is currently funding CSHTA to oversee the development of VET sector qualifications in Population Health as an enhancement to the Health Training Package. The draft framework contains four qualifications in Indigenous Environmental Health at Certificate II, III, IV and Diploma levels. The qualifications are also suitable for New Apprenticeships.

### ***Scholarships***

The Scholarships and Fees Unit of the Higher Education Group of DEST administers the Commonwealth Learning Scholarships (CLS) programme which consists of the Commonwealth Education Scholarships and the Commonwealth Accommodation Scholarships. Although neither of these programmes specifically targets Indigenous students, these students may qualify if they meet the criterion of coming from a low socio-economic background. Universities are responsible for managing the scholarship application and award processes in line with Commonwealth Scholarship Guidelines developed by the Australian Government. These Guidelines state that higher education providers must give special consideration to Indigenous students through the Commonwealth Learning Scholarships (CLS) application and award process in order to ensure a fair proportion of scholarships are awarded to them.

Information on scholarships offered by DEST are available on the DEST, Higher Education, Scholarships website <http://www.dest.gov.au/highered/scholarships.htm>

### ***'What Works' professional development package workshop project***

The 'What Works' project was undertaken during 2000-2001 by a consortium of the Australian Curriculum Studies Association (ACSA) and the National Curriculum Services (NCS). Under the project, two reports were published and distributed:

- Indigenous Education Strategic Initiatives Programme Strategic Results Project Report for teachers titled *What has worked (and will work again)*; and
- "What Works? Explorations in Improving Outcomes for Indigenous Students", a complete report of the project.

The project also involved the development of a professional development package entitled 'What Works – The Work Program' comprising a CD-Rom, guidebook and workbook.

The current 'What Works' workshop project is conducting workshops to 'roll-out' the 'What Works' professional development package and to update the case studies on the ACSA website. The workshop project was the subject of a public tender process with the successful tenderer being a consortium of ACSA and the NCS.

The 'What Works' website project involves the management of the *'What Works – The Work Program'* professional development package on the ACSA website under the domain name of [www.whatworks.edu.au](http://www.whatworks.edu.au) with a teacher discussion forum attached. Case studies, which are updated as part of the 'What Works' workshop project, are also featured on the website.

The 'What Works' project has continued in 2003 and 2004, delivering quality professional development workshops to teachers and educators across Australia.

### ***'Taking It On' - the second phase of the Dare to Lead Project***

In 2000-2001, the 'Dare to Lead' project was undertaken by the Australian Principals Associations Professional Development Council (APAPDC) to support effective leadership by school principals. The APAPDC is now undertaking 'Taking It On', the second phase of the Dare to Lead project, with funding under the Quality Teacher Programme.

'Taking It On', like 'Dare to Lead', is based on the belief that, in order to effect change in schools, principals need to lead the way. The project will engage around 1500 principals from around Australia, to form an ongoing Coalition of schools and their principals, to commit to improving educational outcomes for their Indigenous students. This target has now been met.

As part of joining the coalition, principals with Indigenous students enrolled in their schools will sign up to achieving educational outcomes for Indigenous students and revise their academic curricula and other school programmes with a view to ensuring that students develop an understanding of Indigenous culture.

Various types of learning opportunities, assistance and support will be provided to Principals to assist them to achieve their objectives. The *'What Works – The Work Program'* professional development package will be used as a tool for the project.

### ***Indigenous Staff Scholarships***

A strong and visible presence by Indigenous people in higher education reduces cultural isolation and heightens the potential for successful outcomes for Indigenous people studying or working in the higher education sector. Many Indigenous staff at Australia's public higher education providers are also leaders and mentors to Indigenous people contemplating or undertaking study, and the demands of this role may limit their professional development opportunities.

A scholarship programme will be established for Indigenous staff (academic or general) who have actively encouraged Indigenous students to participate in higher education and complete their courses. The scholarships will enable staff to take one year of leave from their higher education provider employment to undertake full-time higher education study in their chosen academic or professional area. This will recognise their commitment to assisting students in higher education and enhance their own academic/professional standing.

Five national scholarships will be awarded per year, each providing up to \$10,400 to cover tuition fees and/or student contribution amounts for that year, and a non-taxable stipend of \$20,900 for each student. These amounts will be indexed each year in accordance with Division 198 of Part 5-6 of the HESA as in force from time to time. The scholarships will be awarded on merit as determined by the Minister following advice from the new Indigenous Higher Education Advisory Council with priority given to people undertaking postgraduate awards and people who have not previously been in receipt of an Indigenous Staff Scholarship.

### **Data**

To support implementation of the Workforce Strategic Framework, DEST provides data for Aboriginal and Torres Strait Islander participation rates for health courses. Information has also been provided on identified pathways to access data on the numbers of Aboriginal and Torres Strait Islander students commencing and completing award courses, by level of course and broad field of education.

## **COMMONWEALTH DEPARTMENT OF EMPLOYMENT AND WORKPLACE RELATIONS**

The Department of Employment and Workplace Relations (DEWR) continues to fund organisations to train and employ Aboriginal and Torres Strait Islander Australians in the health sector. Since July 2003, DEWR has funded eight projects in the health sector through the Structured Training and Employment Projects (STEP) element of the Indigenous Employment Policy (IEP). In addition, one person has been funded through the National Indigenous Cadetship Project (NICP) element of the IEP.

DEWR is currently working with OATSIH to jointly tender and contract for the provision of a National Aboriginal and Torres Strait Islander Health Management Training Program.

### ***Indigenous Employment Policy***

The Indigenous Employment Policy (IEP) was implemented in July 1999 in recognition of the particular disadvantage of Indigenous Australians in the labour market. The aim of the policy is to generate more employment opportunities for Australia's Indigenous peoples. The major components of the IEP are the Indigenous Employment Programme, the Indigenous Small Business Fund and measures to improve employment outcomes for Indigenous job seekers through Job Network.

Various initiatives including Indigenous Employment Centres and the Self Help Programme have since been introduced to broaden and strengthen the assistance available to Indigenous job seekers. In addition, the Indigenous Capital Assistance Scheme was announced in the 2003-04 Budget with the aim of promoting economic independence for Indigenous people by encouraging investment in Indigenous businesses by the private financial sector. Further information can be found at: <http://www.workplace.gov.au> by following the links to Indigenous Programmes.

The two components of the IEP currently used to fund assistance in the health sector are described below.

### ***Structured Training and Employment Projects (STEP)***

Under STEP, flexible financial assistance is provided for projects that offer structured training leading to lasting employment for Indigenous job seekers. The aim of STEP is to generate job opportunities and increase occupational skill levels for Indigenous Australians. Assistance is tailored to the needs of individual employers and may, for example, include funding for the development of Indigenous employment strategies, mentoring support, training and wage subsidies.

### ***National Indigenous Cadetship Project (NICP)***

This project improves the professional employment prospects of Indigenous Australians by linking students and employers in a cadetship arrangement. Cadets undertake full time study and a twelve week work placement each year of their course. The NICP provides funding for a study allowance and related costs that are paid to cadets, while the employer funds the work placement. Eligible study includes full time diploma, advanced diploma and undergraduate degree courses.

## **AUSTRALIAN INDIGENOUS DOCTORS' ASSOCIATION**

The Australian Indigenous Doctors' Association (AIDA) aims to increase the number of Aboriginal and Torres Strait Islander people working across all the health professions, particularly those working as doctors.

AIDAs activities include providing strategic advice to governments and peak organisations about medical workforce issues, educational issues and appropriate ways to support Indigenous medical students, including Indigenous health curriculum development.

AIDA also provides practical support to Indigenous doctors to further their careers in medicine and actively promotes medical careers to Aboriginal and Torres Strait Islander secondary school students. The AIDA network will eventually provide both formal and informal mentoring strategies to Aboriginal and Torres Strait Islander medical students at all Australian medical schools.

To support ongoing workforce development and in line with Strategy 8 of the Workforce Strategic Framework, AIDA has articulated its workforce priorities as part of its workplan to the Department of Health and Ageing. AIDA has written to State and Territory Health Ministers and provided a copy of this workplan with a request to meet with all governments to discuss how each may respond to their priorities.

AIDA has particularly sought information on any developments to assist Aboriginal and Torres Strait Islander people to obtain an education, especially leading to health professional qualifications. With membership of AIDA offered in each State and Territory, the organisation and its members are positioned to offer services and provide advice to State and Territory governments as required.

AIDA is collaborating with the education and employment sectors to develop and implement culturally appropriate strategies for the recruitment, retention and support of Indigenous doctors and medical students.

In particular, the Department of Health and Ageing has provided support to AIDA to conduct the Best Practice Project to identify best practice in recruitment of, and support for, Indigenous

medical students. This project will produce a report in late 2004 and AIDA will seek assistance from the Commonwealth, State and Territory governments in implementing the recommendations from this project. In Queensland AIDA is collaborating with QRMSA in developing rural and remote health workforce recruitment strategies including designing recruitment resources and programs for indigenous schoolchildren. They are also involved in formal high school mentoring programs for indigenous students interested in studying medicine.

AIDA is also involved in developing collaborative programs with the major specialist colleges to recruit, support and mentor indigenous graduate doctors in specialty training; and is currently developing a mentoring program in collaboration with the RACP, that targets both pre medicine, undergraduate and postgraduate indigenous people.

Other major aims, objectives and activities of the Australian Indigenous Doctors' Association include:

- Advocate for the provision of quality comprehensive primary secondary and tertiary health care to Indigenous communities.
- Workforce development and the delivery of medical care to rural, remote and Indigenous communities.
- Development and implementation of initiatives to ensure Aboriginal and Torres Strait Islander health is part of core curriculum for all medical undergraduate and postgraduate training.
- The development of mentorship programmes for students and graduates.
- Advocacy roles – providing a platform for disadvantaged communities, particularly in the areas of health and education.
- Working with mainstream medical professional bodies and specialist colleges to increase their training and to increase their support in indigenous health nationally.
- Providing role models for our children and for our communities to encourage the pursuit of an education as a means of fulfilling potential.
- Provide basic secretariat support for indigenous organisations for example, dentists and other developing indigenous health professional groups as appropriate.
- Work collaboratively with other National and State based Indigenous Organisations.
- Strategic research in indigenous medical workforce issues such as the retention of students, graduates and career pathways as appropriate.
- Education of the existing non-indigenous professional health workforce around indigenous health issues. While concentrating on cultural safety, health status, needs, gaps, provision of specialist health services.
- Evaluate the current numbers of Indigenous doctors in the Australian Health workforce, including their current employment positions.
- Determine achievable numbers of Indigenous doctors required to meet the Australian Health workforce needs

## **CONGRESS OF ABORIGINAL AND TORRES STRAIT ISLANDER NURSES ACTIVITIES**

The Congress for Aboriginal and Torres Strait Islander Nurses (CATSIN) is funded to develop infrastructure and networks, and invest in developments of the Aboriginal and Torres Strait Islander health workforce. CATSIN has a focus on developing the Aboriginal and Torres Strait Islander health workforce in nursing. Their activities include providing advice to governments and

peak organisations about nursing workforce issues, educational issues and appropriate ways to support Indigenous nursing students, and curriculum development on Indigenous health issues.

CATSIN also provides practical support to Indigenous nurses to further their careers, and actively promotes nursing as a career to Aboriginal and Torres Strait Islander secondary school students. Mentoring is currently provided on an ad-hoc basis to existing Aboriginal and Torres Strait Islander nursing students.

Strategy 8 of the Aboriginal and Torres Strait Islander Health Workforce National Strategic Framework states that each State and Territory, as employees, will consider how they can respond to CATSIN's priorities. The Chairperson of CATSIN, Dr Sally Goold, has informed the Commonwealth Minister for Health, the Commonwealth Minister for Education, Science and Training, and State and Territory Health Ministers about its nursing priorities and is seeking a meeting with the Minister for Health.

Dr Sally Goold has been an active member and Chair of the Indigenous Education Working Group (INEWG) which has been instrumental in obtaining the endorsement of the Australian Nursing Council (ANC) Position Statement regarding endorsement of Indigenous nursing curricula.

The Position Statement affirms that nursing curricula should not be endorsed unless it reflects Indigenous issues. It is considered crucial that the cultural expertise and knowledge that Aboriginal Torres Strait Islander nurses contribute to the health care industry be acknowledged and that opportunities be created for this knowledge and expertise to be incorporated into nursing education, practice, research and administration.

A summary of CATSIN priorities include:

- To have a CATSIN representative as a member of each State and Territory Nurse Registering Authority;
- That a CATSIN member be included and utilised as an adviser on Aboriginal and Torres Strait Islander health and nursing issues to each State and Territory Senior Nurse Adviser or Chief Nurse;
- That the recommendations arising from the Indigenous Nurse Education working Group Report, 'gettin em n keepin em' be implemented in all States and Territories;
- That all those involved or planning to be involved in Aboriginal and Torres Strait Islander health care undertake an educational program on cultural issues, including cultural safety and respect, as well as the morbidity and aetiological factors that are specific to, and impact upon, Aboriginal and Torres Strait Islander people; and
- That States and Territories employ a CATSIN member as a project officer, to visit all primary schools to speak with Aboriginal and Torres Strait Islander school students, offering nursing as a career option. This strategy is to 'plant the seed' with a view to redressing low school retention rates for Aboriginal and Torres Strait Islander students.

CATSIN will also focus some of its efforts in providing mentoring to Aboriginal and Torres Strait Islander students. This will help to address the issue of improving student retention in schools, and in the longer term, assist with shaping recruitment and retention of Aboriginal and Torres Strait Islander people into nursing careers.

In line with the priority of State and Territory implementation of recommendations from the Indigenous Nurse Education Working Group report, emphasis is being given to an audit of nursing curricula from all schools of nursing through a partnership between CATSIN and the ANC.

## **NATIONAL ABORIGINAL COMMUNITY CONTROLLED ORGANISATION**

The National Aboriginal Community Controlled Health Organisation (NACCHO) is the national peak Aboriginal health agency that represents the national level health interests of Aboriginal communities. NACCHO has a membership base of approximately 100 Aboriginal Community Controlled Health Services (ACCHSs) across Australia, covering urban, rural and remote settings. NACCHO has a national role in providing the link between ACCHSs and government.

NACCHO is an active member of ATSIHWWG. Workforce issues are noted in the *NACCHO Business Plan 2003-2006* with particular regard to monitoring national and jurisdictional progress and outcomes resulting from implementation of the Workforce Strategic Framework. NACCHO affiliates in each State and Territory are playing an active role in the development of WSF implementation plans in each jurisdiction.

## **STATES AND TERRITORIES**

The majority of states and territories have provided a response to the Aboriginal and Torres Strait Islander Workforce Working Group "Members' Information Proforma" that requested both qualitative and quantitative data for jurisdictions. The information provided includes details about education, training, health services, and workforce participation and career development for each jurisdiction. The information will continue to inform ongoing work for the ATSIHWWG.

State and Territory ATSIHWWG Members have provided the following contributions that reflect jurisdictional planning, action and achievements over the first year of the Working Group's operations. The details are not intended to be exhaustive of the hard work and progress occurring across Australia against workforce priorities; rather they provide a snapshot of the highlights for the 2002-2003 year in review.

## **AUSTRALIAN CAPITAL TERRITORY**

### ***ACT Implementation Plan***

The development of an ACT Workforce Implementation plan will be undertaken in the context of developing the ACT Implementation Plan for the National Strategic Framework for Aboriginal and Torres Strait Islander Health (NSFATSIH). This work will be done under the auspices of the ACT Aboriginal and Torres Strait Islander Forum and should commence in early 2004 to meet agreed AHMAC/SCATSIH timeframes.

### ***Aboriginal Health Worker (AHW) Competencies***

A workshop was held on 12 November 2003 to consider the first draft of the Aboriginal and Torres Strait Islander Health Worker competencies. It was agreed at this workshop to meet again to further refine the ACT comments before submission to CSHTA.

The workshop identified a number of tasks that will need to follow on from the competency development process. These include a Legislative review and the development of competencies for Aboriginal and Torres Strait Islander workers in mainstream acute care facilities whose roles are not covered under these competencies.

### ***Aboriginal Health Worker (AHW) Association***

The establishment of an ACT AHW Association has not been deemed a priority at this stage for the ACT. The ACT Government, through the Aboriginal and Torres Strait Islander Health Unit, participated in an inaugural meeting of workers in the drug and alcohol field. One outcome of this meeting was the need for regular meetings of frontline workers in this field, for the provision of support and case management as required.

### ***Cultural Respect Framework***

The Cultural Respect Framework was given in-principle endorsement by AHMAC in February 2003, subject to further consultations being undertaken in some jurisdictions. These are now complete and the Framework is due for final endorsement in March. Given this the ACT has moved cautiously in developing an implementation plan. Within ACT Health some initial priorities have been discussed and we are exploring initiatives like the NSW Aboriginal Health Impact Statement to assess its applicability within the ACT.

### ***Student recruitment and retention***

ACT Health has been concerned for some time over the limited number of students wishing to take advantage of the Ginninderra Scheme (see below) as well as student retention issues. The University has therefore undertaken to advertise the Scholarship more widely and in a more targeted manner. The University has also agreed to connect interstate students with the ACT Aboriginal Health Service to provide not only health services but also community support.

### ***Scholarships - Public Health Training***

The ACT Government funds the Ginninderra Scholarship Scheme. This provided two scholarships for Aboriginal and/or Torres Strait Islander people undertaking studies in Nursing through the University of Canberra and two similar scholarships for people undertaking medical studies through the Canberra Clinical School of the University of Sydney.

#### ***Support for nursing and medicine (Strategy 8)***

The ACT wrote to CATSIN outlining a process whereby their priorities would be taken into consideration within the ACT Aboriginal and Torres Strait Islander Health planning process due to be completed in April 2004.

## ***NEW SOUTH WALES***

### ***NSW Implementation Plan***

In July 2003, NSW Health released its Aboriginal Workforce Development Strategic Plan 2003 – 2007. This document forms part of the NSW response to addressing significant health issues for Aboriginal people in NSW and seeks to identify key workforce issues for Aboriginal people employed in NSW Health. A NSW implementation plan is being developed to assist with the implementation of priorities for NSW.

Initial reports have been received from the majority of Area Health Services in NSW and information is being used to inform the development of baseline and target figures for Aboriginal workforce issues.



### ***Aboriginal Health Worker (AHW) Competencies***

As part of the NSW Aboriginal Workforce Development Strategic Plan 2003 – 2007, the NSW implementation plan will set out a process for adopting the national AHW competencies that integrates recommendations from the NSW Aboriginal Health Worker Training Review 2001.

### ***Aboriginal Health Worker (AHW) Association***

An initial teleconference has been held with key stakeholders to discuss the establishment of an AHW Association for NSW.

### ***Cultural Respect Framework***

In May 2003, NSW Health commenced a Cultural Respect and Communication Project consisting of protocols and principles for the delivery of flexible adult learning programs for Aboriginal Cultural Respect and Communication. A model statewide program has been developed and will be piloted in early 2004.

Through this project, NSW Health is endeavouring to achieve and maintain a culturally competent, skilled and responsive health workforce that promotes Aboriginal health and works in partnership with Aboriginal people to build capacity within communities. Participants in the program will have the opportunity to:

- Increase their knowledge and understanding of Aboriginal people and their history;
- Enhance their sensitivity to Aboriginal culture and issues;
- Understand the potential causes of mis-communication;
- Recognise cultural differences in non-verbal language;
- Use effective cross-cultural communication techniques in the provision of services.

### ***Student recruitment and retention***

The NSW Health Aboriginal Health Branch is considering options to increase the uptake of health-related professions by secondary Aboriginal students. In particular, they are undertaking discussions with various relevant stakeholders including the NSW Department of Education and Training, to increase the number and diversity of health related “VET in School Programs” available to secondary Aboriginal students. Discussions are also underway with universities and other relevant stakeholders to ensure that health related TAFE courses articulate into university courses. The development of incentive programs that promote the study of health-related professions are being directed towards Aboriginal students at primary and secondary education levels.

Consultations have commenced in NSW with TAFE and a number of universities to gather baseline and target figures for Aboriginal and Torres Strait Islander Health participation in health courses.

### ***Aboriginal and Torres Strait Islander Postgraduate Public Health Scholarships***

In 1997, a scholarship program was developed to support a small number of Aboriginal and Torres Strait Islander people to undertake a year of full-time study towards a Graduate Diploma in Clinical Epidemiology at the University of Newcastle. Since 1997, nine scholarships have been

awarded, with seven people successfully completing the Graduate Diploma and one completing a Graduate Certificate.

NSW Health offers a service-based NSW Public Health Officer Training Program where successful graduates can undertake a three-year work experience program, which is competency-based. This leads to the award of Graduate Diploma of Applied Epidemiology. The program and the award are currently under evaluation, and recruitment will occur when that process is complete.

### ***Workforce training and support***

Strategies within the NSW Health Aboriginal Workforce Development Strategic Plan highlight the need for competency assessments and the development of training plans for Aboriginal people employed by NSW Health to increase the number of Aboriginal staff accessing professional development opportunities.

Cooperative training programs will be offered by Area Health Services to Aboriginal Community Controlled Health Services (ACCHS).

### ***Support for nursing and medicine (Strategy 8)***

With the Minister's endorsement of a number of recommendations from the "getting em and keepin em" report, CATSIN have been included in the Rural and Remote Aboriginal Nursing Strategy Working Party. All policies developed are referred to CATSIN for comment prior to implementation.

### ***Other highlights***

NSW Health developed a paper on complementary medicines that was circulated at the September 2003 ATSIHWWG meeting.

## ***NORTHERN TERRITORY***

### ***NT Implementation Plan***

A Northern Territory (NT) implementation plan has been formulated by a working group of the NT Aboriginal Health Forum. The NT Aboriginal Health Forum endorsed this in late 2003. The NT Department of Health and Community Services (DHCS) has an Aboriginal Employment and Career Development Strategy (AECDS) and an Implementation Plan. Much of the Strategy is consistent with the Indigenous Health Workforce recommendations. The AECDS will be reviewed during 2004 and appropriate changes made to meet the priorities.

### ***Aboriginal Health Worker (AHW) Competencies***

The NT is one of the few State and Territories that has made full use of the current AHW Competencies, linking qualification and competencies to career structures as well as supporting Registered Training Organisations (RTOs) to meet industry recognised standards. The DHCS has a vested interest in the current competency review, as it will impact on current career structures. DHCS is a member of the Working Group set up in the NT to advise and participate in the review process. The NT Health and Community Services and Training Advisory Committee have been

contracted by Community Services and Health Training Australia to hold workshops and feedback sessions in the NT of which the DHCS has participated in and provided information to the National Steering Committee on progress in the NT.

### ***Aboriginal Health Worker (AHW) Association***

Negotiations have taken place with key stakeholders throughout 2003 in regard to the formation of an AHW Association, however further discussions need to take place. A sticking point in the discussion and negotiations has been the ongoing funding after the seed funding has been used.

### ***Cultural Respect Framework***

The Office of Aboriginal Health, DHCS has the responsibility for the Cultural Respect Framework.

The DHCS provides an Aboriginal cultural awareness program for staff throughout the Department it is incorporated into orientation and ongoing workforce development programs. This program is now being provided in a partnership between the Charles Darwin University and DHCS and will be an accredited course.

### ***Workforce training and support***

DHCS is considering options to increase the uptake of students and is currently offering a school to work program for 15 school students in 2004.

DHCS is offering placement for 18 Indigenous Apprenticeships in 2004, which include Structured Training Employment Program (STEP) participants.

DHCS supported 10 Indigenous Cadets per year for the past five years through the National Indigenous Cadetship Program; this has increased to 12 cadets for 2004. Five Indigenous Health Professionals have been employed through the Cadetship scheme in the past five years, a figure that will increase dramatically as cadets complete their studies.

DHCS has a Studies Assistance Program and a Mentorship Program.

In partnership with the Office for the Commissioner of Public Employment, DHCS also supports the development of a targeted Management program for Indigenous men (Kigaruk). This program currently has twenty-five participants, including six from DHCS. Graduates will be awarded a Certificate IV in Frontline Management.

## **QUEENSLAND**

### ***State Implementation Plan***

The Queensland Indigenous Health Workforce Working Group has agreed to engage a consultant to undertake the development of the Queensland workforce implementation plan. A procurement plan has been developed and the tender for the consultancy will be advertised shortly.

## ***Secondary Student Retention***

Zonal Indigenous Workforce Development Officers participate at student employment expos to target Aboriginal and Torres Strait Islander secondary school students with health careers information. They distribute information on any relevant existing programs and contact information that will assist and support students throughout high school and into further education in health careers.

### **▪ Queensland Health's Indigenous Education to Employment Scholarship Scheme**

The Department of Main Roads coordinates this Scheme for several Queensland Government Departments.

The Aboriginal and Torres Strait Islander Education to Employment Scheme aims to:

- Demonstrate Queensland Health's commitment to Indigenous students as detailed in Queensland Health's Indigenous Workforce Management Strategy;
- Improve Queensland Health's reputation as an employer of choice;
- Encourage young Aboriginal and Torres Strait Islanders to complete their high school education and to consider progressing to tertiary education;
- Help Indigenous Australians gain appropriate skills to enable them to effectively join the workforce; and
- Assist Queensland Health to meet target group representation requirements by providing employment to scholarship holders where suitable to both parties.

Fourteen students have been awarded scholarships under this scheme since 2002. The students were selected from across Queensland from areas such as Mt Isa, Roma, Toowoomba, Cleveland and Strathpine, Dirranbandi, Ipswich, Mossman, Bundaberg, Rockhampton, Yarrabah, Dajarra and Thursday Island.

Four of the 2002 scholarship holders have been offered school based traineeships in Toowoomba, Roma and Mount Isa.

Scholarship holders are eligible to receive funding of \$1,200 in Year 10 & Year 11 and \$2,600 in Year 12.

Eligible and successful scholarship holders will receive this funding whilst enrolled at school or in an equivalent TAFE course. The Health Advisory Unit through the Indigenous Workforce Team provides recurrent grant based funding for this program.

## ***Tertiary Student Recruitment, Support and Retention***

### **▪ Indigenous Allied Health Cadetship Program**

Queensland Health's Director-General officially launched the Indigenous Allied Health Cadetship Program in 2001. The program was developed under the National Indigenous Cadetship Project (NICP) and is funded by the Commonwealth Department of Employment and Workplace Relations.

The project aims to improve the employment prospects and career development of Indigenous people across professional streams of employment.

Cadets, throughout their studies and work experience, are provided with financial support, industry experience, permanent employment (terms and conditions apply) and a mentor to support them through the process.

Six Cadets have been employed to date in the Queensland Health's Southern Zone in Podiatry, Social Work and Psychology. Expansion of the Cadetship program into the Northern and Central Zones is a current priority.

Further discussion has commenced with the Health Advisory Unit – Nursing regarding the possibility of Nursing Indigenous Cadetships.

### ***Aboriginal and Torres Strait Islander Health Worker Competencies***

Queensland Health will undertake a complete assessment program beginning February 2004, for OO3 (AQF Level 3) Generalist Aboriginal and Torres Strait Islander Health Workers. This program aims to recognise the current skills of Queensland Health's Aboriginal and Torres Strait Islander Health Workers. The Competency Assessment Program (CAP) also provides a platform for future professional development and career progression opportunities. Queensland Health has developed customised competency standards based on the knowledge, skills and abilities required for particular areas of work within Queensland Health.

Assessment tools have been developed for use in assessing Health Workers at the 003 Level. These tools are the result of the collaborative efforts of the lead agency - Cunningham Centre (Toowoomba), Yangalla Centre (Rockhampton) and the North Queensland Workforce Planning, Management and Development Unit (Cairns).

Queensland Health has contributed to the 1st Draft of the Aboriginal Health Worker and Torres Strait Islander Health Worker National Competency Standards and Qualifications Project.

### ***Aboriginal and Torres Strait Islander Health Worker Association (Strategy 20)***

The Queensland Aboriginal and Torres Strait Islander Health Workforce Working Group (QATSIHWWG), met in November 2003 with representatives from Office of Aboriginal and Torres Strait Islander Health (Department of Health and Ageing), Queensland Health and the Queensland Aboriginal & Islander Health Forum (QAIHF). The QATSIHWWG was established to auspice implementation of state level workforce strategies.

The establishing of an Aboriginal and Torres Strait Islander Health Worker Association is a priority action item for QATSIHWWG. Funding has been sourced from OATSIH to engage a consultant to examine the processes for establishing a Health Worker Association.

### ***Cultural Respect Framework***

On 26 February 2003, a joint AHMAC and SCATSIH meeting endorsed the Cultural Respect Framework for Aboriginal and Torres Strait Islander Health.

Commonwealth, State and Territory Governments are required to develop implementation plans to ensure culturally respectful and effective mechanisms, structures and partnerships are established within the Australian health care system to improve health outcomes for Aboriginal and Torres Strait Islander peoples. There is an initial five-year commitment.

Queensland Health has coordinated two workshops on 12 August 2003 and 27 November 2003 for approximately 60 staff.

## **Workforce training and support**

Queensland Health has developed training courses for Aboriginal and Torres Strait Islander Health Workers with specific education content. The courses are offered and supported through Queensland Health Rural Health Training Units.

Following is a list of the courses available.

### ▪ **Sexual Health**

Course Name:	Sexual Health for Indigenous Health Workers
Target Group:	Generalist and Advanced Health Workers
Length of Course:	Approx 22 weeks = 270 hours
Qualifications:	Statement of Attainment
Level of Qualification:	Certificate IV
Course Outline:	<ul style="list-style-type: none"><li>▪ Provide Indigenous Health Workers in rural, remote and urban centres with the knowledge and skills required to take on the role of sexual health practitioners – either as a Generalist Health Worker or specialist in Sexual Health.</li><li>▪ Provide the essential knowledge required by Health Workers to address sexual health issues in their community. The course is a pre-requisite to women's health and men's health (electives).</li></ul>

### ▪ **Environmental Health**

Course Name:	Environmental Health Worker training workshops
Target Group:	Indigenous Environmental Health Workers. There are two workshops per year conducted in the Torres Strait and Cape York. It is recommended that each participant attend both workshops.
Length of Course:	2 ½ days per workshop.
Qualifications:	Statement of Attainment
Level of Qualification:	This workshop is not accredited.
Course Outline:	<ul style="list-style-type: none"><li>▪ Provides Indigenous Health Workers in rural, remote and urban centres with the knowledge and skills required to take on the role of environmental health practitioners.</li><li>▪ Provides the essential knowledge required by Health Workers to address environmental health issues in their community.</li></ul>

### ▪ **Nutrition**

Course Name:	Healthy Weight Program
Target Group:	Students enrolled in the Diploma of Nutrition through TAFE
Length of Course:	
Qualifications:	This course is not accredited. Public health nutritionists employed by Queensland Health deliver this as a module to the above students. It is also delivered as a stand-alone course.
Level of Qualification:	Not applicable
Course Outline:	<ul style="list-style-type: none"><li>▪ The Healthy Weight Program is a weight management and healthy lifestyle program that has been designed to be culturally appropriate for Indigenous people. It is used to provide Indigenous Health Workers in rural, remote and urban centres with the knowledge and skills required being a facilitator.</li><li>▪ Provides the essential knowledge and skills required by Health Workers to encourage people to seek a healthy lifestyle through good nutrition and physical activity.</li></ul>

Course Name:	Growing Strong
Target Group:	Students enrolled in generalist health through TAFE
Length of Course:	

Qualifications:	This course is not accredited. Public health nutritionists employed by Queensland Health deliver this as part of a module to the above students. It is also delivered as a stand-alone course.
Level of Qualification:	Not applicable
Course Outline:	<ul style="list-style-type: none"> <li>▪ Growing Strong is a resource that enables staff and workers in early childhood settings to provide information to Indigenous families about nutrition for mothers, infants and toddlers. Information includes eating well in pregnancy, breastfeeding and introducing solids.</li> </ul>

Course Name:	Growth Assessment and Action
Target Group:	Indigenous communities in Cape York, the Torres Strait and Cairns district
Length of Course:	
Qualifications:	This course is not accredited.
Level of Qualification:	Not applicable
Course Outline:	<ul style="list-style-type: none"> <li>▪ Provides knowledge and skills to systematically assess child growth and respond to growth problems by involving families, communities and service providers.</li> </ul>

▪ **Quit smoking**

Course Name:	<i>SmokeCheck</i>
Target Group:	Primary Health Care Workers with Indigenous clients
Length of Course:	One day, with follow-up support and refresher training
Qualifications:	Certificate of Completion
Level of Qualification:	Not applicable
Course Outline:	<ul style="list-style-type: none"> <li>▪ Provide Primary Health Care Workers knowledge and skills to implement culturally effective quit smoking brief interventions with their Indigenous clients.</li> <li>▪ Provide the essential knowledge and client resources required by Health Workers to provide opportunistic evidence-based brief interventions including the use of motivational interviewing techniques.</li> </ul>

▪ **Alcohol and drugs**

Course Name:	Audiographic and Workbook training package for Aboriginal and Torres Strait Islander Health Workers – Alcohol, Tobacco and Other Drugs
Target Group:	Health Workers
Length of Course:	Rural Health Training Unit – 13 Sessions
Qualifications:	Certificate of Attainment
Level of Qualification:	Certificate
Course Outline:	<ul style="list-style-type: none"> <li>▪ Provide Aboriginal and Torres Strait Islander Health Workers in rural, remote and urban centres with knowledge and skills required addressing alcohol, tobacco and other drug issues in their community.</li> </ul>

▪ **Primary Health Care – Alcohol and drugs**

Course Name:	Alcohol and Drugs module of A&TSI Health Worker Program
Target Group:	Indigenous Health Workers
Length of Course:	2 years
Qualifications:	Diploma
Level of Qualification:	Certificate Diploma, Advanced Diploma
Course Outline:	<ul style="list-style-type: none"> <li>▪ Provide Indigenous Health Workers with knowledge and skills required to understand and address alcohol and drug issues.</li> </ul>

▪ **Illicit Drugs**

Course Name:	National Training for Frontline Workers in the Illicit Drug field
Target Group:	Frontline Workers

Length of Course:	Not applicable
Qualifications:	Certificate of Attainment
Level of Qualification:	Certificate III
Course Outline:	<ul style="list-style-type: none"> <li>▪ Provide Frontline Workers in rural, remote and urban centres with knowledge and skills required addressing illicit drug issues in their community.</li> </ul>

- **Illicit Drugs – injecting drug use**

Course Name:	Harm Minimisation training for people working with Indigenous injecting drug users – “When Sharin’s not Carin”
Target Group:	People working with Indigenous injecting drug users
Length of Course:	Not applicable
Qualifications:	Not applicable
Level of Qualification:	Not applicable
Course Outline:	<ul style="list-style-type: none"> <li>▪ Provide workers with knowledge and skills required to address injecting drug issues from an evidence-based, harm minimisation approach.</li> </ul>

### ***Multidisciplinary Training***

The Queensland Health competency based Professional Development Program (PDP) in Mental Health is currently being reviewed to meet the needs of the Queensland Health Mental Health Workforce. A consortium consisting of the Open Learning Institute and the Queensland University of Technology have been contracted to develop a Certificate IV and Graduate Diploma level qualification respectively.

Both of the qualifications will include a substantial focus on the social and emotional wellbeing of Aboriginal and Torres Strait Islander people. All course development includes input and feedback from stakeholders with appropriate expertise including focus groups with Aboriginal and Torres Strait Islander Health Workers. These qualifications will be available to all Queensland Health employees including Aboriginal and Torres Strait Islander Health Workers. The Health Advisory Unit is funding the development of this qualification.

### ***Health Services***

In 2001/02, Queensland Health provided funding to Aboriginal and Torres Strait Islander community controlled and/or community based organisations, including funds administered through the joint Commonwealth-State Home and Community Care (HACC) Program. In addition, Queensland Health provides non-financial in-kind support to a range of Aboriginal and Torres Strait Islander community controlled / community based services administering non-HACC, health, and health related programs in Queensland. In Queensland, the Commonwealth provides funding to all the Aboriginal Medical Services.

### ***Support for nursing and medicine (Strategy 8)***

Queensland Health, through the Indigenous Workforce Management Strategy and other key initiatives such as the Allied Health Indigenous Cadetship Program, aims to improve the employment prospects and career development of Indigenous people across professional streams of employment.

Discussion is under way with the Health Advisory Unit – Nursing regarding Nursing Indigenous Cadetships.



## **SOUTH AUSTRALIA**

### ***SA Implementation Plan***

A working group was established to develop the South Australian Implementation Plan under the auspices of the South Australian Aboriginal Health Partnership (SAAHP). Membership includes representatives from all four SA partner organisations (Department of Health and Ageing, Department of Human Services, Aboriginal Health Council of SA, Aboriginal and Torres Strait Islander Commission/Aboriginal and Torres Strait Islander Service), plus the Professional Aboriginal Health Worker Association of SA, and the Aboriginal Education and Employment Strategies Unit (Department of Education and Children's Services/Department of Further Education Employment Science and Technology). A draft plan is under development by the working group and will go to the SAAHP for sign-off in the first half of 2004.

### ***Aboriginal Health Worker (AHW) Competencies***

The national AHW competency and qualifications review auspiced by the Community Services and Health Training Australia (CSHTA) is being coordinated in SA by the Aboriginal Health Council of SA (AHCSA). Under the requirements of the CSHTA contract with AHCSA a steering committee of key stakeholders has been formed and has met twice to guide SA roll out of the review. The consultation aspects of the project got under way in the second half of 2003, with successful information and validation sessions occurring at sites in the AP Lands, Yalata, Ceduna, Pt. Lincoln, Pt. Augusta and Adelaide.

First draft validation comments have also been submitted to CSHTA by TAFE, the Heart Foundation (cardiovascular competencies) and Child & Youth Health (maternal health competencies). AHCSA has developed and distributed interactive CDs to assist sites with the collection of feedback about the first draft competencies. AHCSA have consulted with CSHTA to clarify review process issues and to improve review outcomes. This has included promoting the development of an interactive CD for the second and final draft materials to assist in navigation of review processes and to increase stakeholder involvement and 'ownership'.

### ***Aboriginal Health Worker (AHW) Association***

The Professional Aboriginal Health Worker Association of SA Inc (PAHWA) was incorporated in May 2002. Seed funding was received from OATSIH and the Association became operational in August 2003. In 2003, the Association appointed Eddie Moore as the State Coordinator and established an office co-located with an existing Aboriginal organisation. Financial systems and organisational policies and procedures are in place, and a Strategic Business Plan 2003 - 2005 has been developed. The inaugural Annual General Meeting (AGM) was held in November 2003 and a new Board elected. Priorities for 2004 include building the Association's membership base.

### ***Cultural Respect Framework***

The Department of Human Services is developing an Implementation Plan for use of the Cultural Respect Framework. The Department has previously adopted a Statement of Reconciliation and has a Reference Group guiding its implementation. The Department has recently created a 0.5 position for coordinating this work.

### ***Student recruitment and retention***

During 2003, initiatives to target SA Indigenous school children with health career information, and to support student retention included:

- Croc Festival in Port Augusta attended by between 2000 – 3000 children and young people.
- Production and use of Indigenous recruitment and retention nursing video “Caring for our future”, which was launched in June 2003.
- AICAP (Aboriginal & Islander Career Aspiration Program) was run in 4 regions by the Aboriginal Education Unit (AEU) within the Department of Education and Children’s Services (DECS). It provides a careers market and information about education and training options.
- Career Expos in regional and metropolitan centres.
- “Experience Uni”, coordinated by the three local universities, provides opportunities for Indigenous students to visit universities over 3-4 days.
- ASSESTS provided opportunities for Indigenous students excelling in science and technology to experience university, and for health careers to be marketed.
- Distribution of promotional material, (eg water bottles, bios, mouse mats, and CD holders), fliers and information sheets about health careers at events such as NAIDOC events and career expos.
- Distribution of DEST information booklet about careers in health "No Shame Job".
- Yaitya Purrana, the Indigenous Health Unit at Adelaide University has recruitment strategies that link in with all secondary school sectors. For example, a seminar program for Indigenous students in years 11-12 gives them a South Australian Certificate of Education (SACE) unit. Yaitya Purrana keeps a database of students from senior primary school through to senior secondary school interested in health careers, and maintains contact with those students.
- Foundation Science Course for Indigenous students interested in health science courses is under development across all universities in SA.
- Development of VET in schools programs, providing skills and work based experience of the health industry. In particular, the VET in schools Pathway to Nursing Program has been offered in a number of regional locations, with students completing a Certificate 2 in Community Services with specialisation in Aged Care Work. DHS Project Officer has been promoting the program to DECS sites throughout the state. Some funding is made available from DHS to participating health units to assist with costs associated with student mentoring and support.
- The Aboriginal Education Unit (AEU) promotes the use of Education Pathway Plans for all Aboriginal senior secondary students. In 2003 there have been awareness raising sessions and training for all Aboriginal Education Teachers (AET) and Aboriginal Education Workers (AEW) across the state (130 AEWs and 50 AETs) about the use of Transition Plans to build upon Aboriginal students’ aspirations. Sites with significant numbers of Aboriginal students have been proactive in implementing the strategy.
- The AEU encourages schools to adopt a case management approach in conjunction with the development of Education Pathway Plans for Aboriginal Senior Students. Some places (eg Ceduna, Port Lincoln, and Para West Adult campus) employed Case-Management Workers to support this approach and assist Aboriginal students to access pathways. As part of the case-management approach, sites are encouraged to track students post-secondary and ensure that pathways back to school and elsewhere are in place. Port Augusta High School has developed a range of strategies and structures to support the case management of Aboriginal students.
- Holiday Mentoring Initiatives is an AEU strategy to ensure that students’ education plans are in place and that students are considering linkages to education/training options during Christmas Holiday period. Eight schools trialled the Holiday Mentoring Initiative in 2002-2003 and approximately 250 students were contacted to encourage retention to year 12 and/or to offer support with pathway decision-making.
- Working Together for Indigenous Youth (WTIY) projects are being trialled throughout the state in 2003-2004. The WTIY Partnerships aim to provide a mechanism for key

stakeholders to work collaboratively with Aboriginal families in supporting Aboriginal students to:

- Stay at school until year 12 and successfully complete year 12;
- Achieve successful transitions into further education, training or paid employment.
- The key strategy for the projects is to collaborate with Aboriginal people in negotiating regional and local agreements related to the education of their children and according to their own priorities, in 'Partnership' with key stakeholders. Projects include:
  - Increasing Indigenous VET in Schools (IIVIS) projects – Yorke Regional Cluster, Murray Bridge High School, Edward John Eyre High School Coober Pedy Area School, Leigh Creek Area School;
  - Para West Indigenous Sports & Training Academy;
  - Port Augusta Secondary School Case Management;
  - Ceduna Area School Case Management;
  - LeFevre High School Indigenous Information & Communications Technology & Multimedia Centre of Excellence.
- Use of tutors through the Aboriginal Tutorial Assistance Scheme (ATAS).
- Dame Roma Mitchell Scholarship is awarded to 2 Aboriginal year 10 students each year to support them to retain at school until year 12 and complete the South Australian Certificate of Education (SACE).

Initiatives to support recruitment and retention of tertiary students in 2003 included:

- Local universities have Aboriginal support teams such as Yaitya Purrana, the Indigenous Health Unit at Adelaide University.
- In 2003, the SA Department of Human Services (DHS) supported 30 Aboriginal community members to study Certificates in Aged Care and Enrolled Nursing at the Unique Centre of Learning (UCL), situated at the Pika Wiya Aboriginal Health Services in Port Augusta. The centre aims to provide a culturally appropriate learning facility for Aboriginal people training as Registered Nurses, Enrolled Nurses, Aboriginal Health Workers and Allied Health professionals.

### **Scholarships**

Available scholarships in 2003 included:

- Rotary medical and nursing scholarships, administered by DHS, and funded 50:50 by Rotary clubs and DHS. The scholarships supported 4 medical students in 2003. This is a lower number than in the previous year, due to the graduation of some students at the end of 2002.
- The South Australian Aboriginal and Torres Strait Islander People's Scholarship Investment Fund was established by the Department of Human Services to support Indigenous Australian students enrolled in approved full-time degree or higher award program at a South Australian tertiary institution. In 2003, 30 students received scholarships.
- The South Australian Rural Education Scholarship Scheme was established by the DHS to support students who have a strong commitment to future or continued professional practice in rural, regional or remote areas. There were 4 Indigenous students awarded undergraduate scholarships under this scheme for 2003.

### ***Workforce training and support***

Training for Aboriginal Health Workers (AHWs) in SA is currently funded 50:50 by OATSIH and the Department of Human Services.

The DHS employed 18 Aboriginal and Torres Strait Islander trainees in a number of different fields through the Government Youth Traineeship Scheme in 2003.

A DHS Indigenous Recruitment and Retention Working Party was established in 2002 and establishes annual priorities for action. In 2003, this work was coordinated with an Indigenous Employment Strategy developed by the SA Office of the Commissioner for Public Employment.

Discussions commenced in 2003 with the aim of establishing traineeships for Aboriginal Health Workers in both the community controlled and the public sector.

In 2003, planning continued for the establishment of positions and training for Indigenous Environmental Health Workers in a number of South Australian regional and remote communities, as one part of a broader Indigenous Environmental Health Strategy being developed for the state.

### ***Support for nursing and medicine (Strategy 8)***

Considerable work has been undertaken in SA to support implementation of the CATSIN priorities. This includes the establishment several years ago of a position in DHS to support recruitment and retention initiatives with school and tertiary students. The incumbent of this position and a CATSIN Executive member both work closely with the Nurses Board of South Australia and the State's Director of Nursing Services. A presentation about the diverse activity in SA supporting CATSIN priorities was well received at CATSIN's 2003 conference. One of the highlights of activity in 2003 included the launch of the video, *Caring for our future*, referred to in the Student Recruitment and Retention section of this report.

Other activities to support nursing and medicine are also mentioned in earlier sections of this report on South Australia's workforce activities.

## **TASMANIA**

### ***Tasmanian Implementation Plan***

The Department of Health and Human Services' (DHHS) *Aboriginal Health & Wellbeing Strategic Plan* is nearing completion with the first area of focus, Aboriginal recruitment and career development, closely aligned with the Department's Aboriginal Employment and Career Development Strategy.

The implementation of the Aboriginal Health Workforce Strategy is core business within the Regional Forum and appears to be progressing well.

### ***Aboriginal Health Worker (AHW) Competencies***

Tasmania is participating in the CSHTA project at two levels – through Paul Targett, the Chair of the Steering Committee and Director of Corporate Services in the DHHS and through Cheryl Mundy, Tasmanian Aboriginal Health Workforce Development Plan Coordinator. CSHTA is expecting to receive Tasmanian validation advice on the first draft of the competency standards and qualifications early in February 2004.

### ***Aboriginal Health Worker (AHW) Association***

Due to the small numbers of Aboriginal Health Workers in Tasmania, progressing the establishment of an AHW Association may not be viable at this point in time. If not, other appropriate mechanisms to support the profession will be explored, such as peer support group or affiliating with an established Association.

### ***Cultural Respect Framework***

The Cultural Respect Framework has been a focus in developing the Aboriginal Health & Wellbeing Strategic Plan and is an important component throughout the Plan. Areas of focus are:

- Improve cross-cultural awareness throughout the agency.
- Culturally supportive work environment for Aboriginal employees.
- Implementation of peer support/mentor system for Aboriginal employees.
- Establish a Key Contact Network in DHHS to provide culturally appropriate information to the Aboriginal community.

### ***Student recruitment and retention***

Opportunities to support primary school children occur directly through schools or through the Aboriginal Student Support and Parent Awareness (ASSPA) committees funded through the Department of Education, Science and Training. There are about 70 such groups around Tasmania.

At high school and college level, the statewide Aboriginal Student Retention (ASRet) program employs 7 Aboriginal Education Officers to assist Aboriginal students with attendance and retention issues, principally from Grades 9 to 12. In addition, each Senior Secondary College has a Project Officer who works in a complementary way with the Aboriginal Education Officers, to assist students with study, attendance, career, personal issues, etc. Part of the Project Officer's role is to provide information on opportunities and support for Aboriginal students once they leave school/college.

At university level, Riawunna, the Centre for Aboriginal Education at the University of Tasmania, offers support to Aboriginal and Torres Strait Islander students. Riawunna offers a range of academic, cultural and social support mechanisms, as well as a specific Health Sciences bridging course.

### ***Scholarships***

As a strategy to address the under-representation of Aboriginal people in nursing, allied health professions and other health and human services related occupations, the Department of Health and Human Services is developing an annual Aboriginal Scholarship

The proposed scholarship scheme will be an important adjunct to the Department's recently developed Aboriginal Employment and Career Development (AECD) Strategy.

### ***Workforce training and support***

The DHHS has developed an Aboriginal and Torres Strait Islander Employment and Career Development Strategy with the assistance of the Department of Employment and Workplace Relations (DEWR) and an Aboriginal Consultant from TAFE Tasmania.

The project identified Indigenous employment opportunities throughout the Agency and recommended Structured Training and Employment Programs (STEP) including targets and proposed integration with the Tasmanian State Service Aboriginal Employment Policy and the Agency Workplace Diversity Policy.

The strategy identifies a range of traineeships, cadetships and Community Development and Employment Program placements that could be utilised through the Federal Indigenous Employment Program. The Agency is currently drafting a STEP proposal to realise these opportunities.

### ***Support for nursing and medicine (Strategy 8)***

The Tasmanian Nurse Workforce Planning project recognises the importance of encouraging and supporting Aboriginal and Torres Strait Islander people to participate in the health workforce and to choose nursing as a career.

The University of Tasmania is participating in the Council of Deans of Medical Schools Indigenous Health project through staff in the University Department of Rural Health and the Medical School. The project is considering the incorporation of Aboriginal and Torres Strait Islander health issues in curriculum content and strategies to encourage Aboriginal and Torres Strait Islander people to enrol in medicine.

## **VICTORIA**

### ***Victorian Implementation Plan***

The existing Victorian Implementation Plan is currently being re-negotiated by the Victorian Advisory Council on Koori Health (VACKH) Workforce Sub-committee. The revised implementation plan is intended to map the actions for subcommittee, comprising of 15 organisations and agencies within Victoria, to fully implement the Strategy.

### ***Aboriginal Health Worker (AHW) Competencies***

Victoria has held a number of consultations at "Validation Sites" across the state. The Victorian Aboriginal Community Controlled Health Organisation has been leading the consultations and is expected to feed the report from these consultations to ANTA in February 2004.

### ***Aboriginal Health Worker (AHW) Association***

The Commonwealth Government has allocated seed funding for the establishment of an Aboriginal Health Worker Association (the 'Association'). These funds are available based on the State Government agreeing to provide on-going recurrent funding. Discussions are currently taking place within the Department of Human Services in relation the funding for the Association.

### ***Cultural Respect Framework***

Victoria has not begun implementation of the Cultural Respect Framework.

### ***Student Recruitment and Retention***

The VACKH has established a subcommittee that will oversee the implementation of the National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework and its strategies relating to student recruitment and retention. The VACKH Aboriginal Health Workforce Sub-Committee includes representation from the Department of Education and the Victorian Aboriginal Education Association Inc to ensure that strategies relevant to education are adequately addressed.

### ***Scholarships***

The Department of Human Services offers scholarships that focus in specific areas. Scholarships include Masters in Public Health The Department, in partnership with Rotary International through the Australian Rotary Health Research fund; Indigenous Health Scholarship provides funds for Students completing degrees in medicine of health related courses. Indigenous Training and Recruitment Initiatives Program complete degrees and diplomas in the health and community sector.

### ***Workforce Training and Support***

The Department of Human Services offers training to all staff as professional development. Staff are expected to complete a personal workplace performance plan with a focus on training and development. Further the Department has established an Indigenous Staff Network where all Indigenous Staff are invited to attend to raise and discuss relevant workplace issues.

## ***WESTERN AUSTRALIA***

### ***WA Implementation Plan***

A WA implementation plan has been developed by mapping prior and existing plans, strategies and recommendations against the 42 national strategies. Following this exercise, the Joint Planning Forum has determined a suite of strategic priorities that reflect both State and national perspectives, to be implemented subject to the availability of resources. The most recent plan is dated February 2003 and is due for review and updating in early 2004.

### ***Aboriginal Health Worker (AHW) Competencies***

Western Australia has participated in the Community Services and Health Training Australia (CSHTA) project developing a national competency framework for AHWs. Western Australia, through the WA Community Controlled Health Organisation, has completed validation of the proposed framework.

### ***Aboriginal Health Worker (AHW) Association***

Consultation has continued throughout 2003 and an interim steering committee is in place for an Aboriginal Health Worker Association. A consultancy project is to be undertaken to finalise the establishment of an association. This is being undertaken in partnership with the four members of the Joint Planning Forum on Aboriginal health. The partners include the Western Australian Aboriginal Community Controlled Health Organisation (WAACCHO), the Commonwealth

Department of Health and Ageing (OATSIH), the Aboriginal and Torres Strait Islander Commission (ATSIC) and the Department of Health of Western Australia.

### ***Cultural Respect Framework***

A cultural security framework has been developed and agreed by the Minister for Health in Western Australia. Various Aboriginal cultural awareness programs are underway on a regional basis pending the introduction of a comprehensive cultural security program involving local partnerships, education, service auditing and adjustment.

### ***Student recruitment and retention***

The Office of Aboriginal Health and Office of Aboriginal and Torres Strait Islander Health scholarship programs remain the key avenues to support the recruitment and retention of Aboriginal health students. The Aboriginal studies departments of the universities afford valuable support to Aboriginal students.

### ***Scholarships***

The WA Department of Health's Office of Aboriginal Health Scholarship Program is a state-funded annual program that encourages the retention of Aboriginal undergraduate students in health-related fields. A range of scholarships has been developed for Aboriginal students looking to enter or continue training in health-related occupations. These include the:

- Rob Riley Scholarship for Medicine;
- Rotary scholarship for medicine;
- Jean Collard Scholarship for Nursing;
- Joan Winch Scholarship for Allied Health;
- Mary Albert Scholarship for Aboriginal Health Work; and
- Ian Leslie Scholarship for Postgraduate Health studies.

The Department's Office of Aboriginal Postgraduate (specific) Health Scholarship Scheme was introduced in 2003. This program specifically focuses on postgraduate students and is offered on an annual basis.

The Department's Office of Aboriginal Health actively promotes externally funded scholarship programs. These include the commonwealth funded Puggy Hunter Memorial Scholarship Scheme (PHMSS) which includes scholarships in undergraduate Indigenous medical and Indigenous nursing health tertiary programs, as well as Aboriginal Health Worker programs. The Healthway Health Promotion Research Training Scholarships are also available and this program offers an Indigenous Health Research Scholarship for people at a postgraduate level.

### ***Workforce training and support***

There is no centralised program of workforce training and support for Aboriginal health staff at this time. Individual Department of Health services and branches and various Aboriginal community controlled health services provide varying degrees of training and support to their staff.



***Support for nursing and medicine (Strategy 8)***

Medical and nursing students are the priority professions for Office of Aboriginal Health scholarships. The universities provide substantial support to students through, for example, the University of Western Australia's Centre for Aboriginal Medical and Dental Studies.

## **ATTACHMENTS**

<b>Attachment A</b>	<b>ATSIHWWG Schedule of Meetings 2002 – 2003</b>
<b>Attachment B</b>	<b>ATSIHWWG Membership List</b>
<b>Attachment C</b>	<b>ATSIHWWG Terms of Reference</b>
<b>Attachment D</b>	<b>ATSIHWWG Communications Strategy</b>
<b>Attachment E</b>	<b>WSF Action Plan</b>

## Aboriginal and Torres Strait Islander Health Workforce Working Group

### Schedule of Meetings ~ 2002 – 2003

NO.	DATE	MEETING TYPE / VENUE
1	5 December 2002	National teleconference
2	4 – 5 February 2003	In-person – Canberra
3	14 April 2003	National teleconference
4	5 August 2003	National teleconference
5	4 September 2003	In-person – Canberra
6	8 December 2003	National teleconference

# Aboriginal and Torres Strait Islander Health Workforce Working Group

## Membership List

### Chair

Mr John Ramsay                      Secretary,  
Department of Health and Human Services, Tasmania

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### Commonwealth Department of Health and Ageing

Ms Yael Cass                      Assistant Secretary,  
Workforce Information and Policy Branch

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### Commonwealth Department of Education, Science and Training

Mr Tony Greer                      Group Manager,  
Indigenous and Transitions Group

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### Commonwealth Department of Employment and Workplace Relations

Ms Kylie Emery                      Assistant Secretary,  
Indigenous Employment Programme Branch

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### Australian Indigenous Doctors' Association

Mr Alan Eldridge                      Chief Executive Officer,  
Australian Indigenous Doctors' Association

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### Congress of Aboriginal and Torres Strait Islander Nurses

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

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### National Aboriginal Community Controlled Health Organisation

Ms Dea Thiele                      Chief Executive Officer,  
National Aboriginal Community Controlled Health Organisation

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### ACT Health

Mr Craig Ritchie                      Manager,  
Aboriginal and Torres Strait Islander Health Policy Unit

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### NSW Health

Ms Catherine Katz                      Director,  
Government Relations

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### Department of Health and Community Services, Northern Territory

Mr Peter Pangquee                      Manager,  
Aboriginal Health Workforce Development

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### Queensland Health

Mr Warren Locke                      Principal Project Officer,  
Indigenous Workforce Team

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### Department of Human Services, South Australia

Liz Hlipala                      Director,  
Workforce Services

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### Department of Human Services, Victoria

Mr Peter Allen                      Executive Director,  
Policy and Strategic Projects

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### Department of Health, Western Australia

Ms Meryl Cruickshank                      Acting Manager,  
Workplace Policy and Standards

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## Aboriginal and Torres Strait Islander Health Workforce Working Group

### Terms of Reference

The Aboriginal and Torres Strait Islander Health Workforce Working Group will meet at least two times per year to:

- Oversee the implementation of the Aboriginal and Torres Strait Islander Health Workforce National Strategic Framework (“the Framework”) and the national level and nationally consistent strategies in the Framework.
- Develop and maintain a workplan identifying short, medium and long-term priorities for action against the national-level and nationally consistent strategies in the Framework.
- Undertake activities to advance specific national-level and nationally consistent strategies in the Framework and auspice further development of specific strategies where required.
- Determine research priorities and recommend them to potential funding sources. Oversee commissioned research.
- Develop performance indicators against which progress on the implementation of the national level and nationally consistent strategies in the Framework will be monitored.
- Prepare an annual report on implementation of national level and nationally consistent strategies in the Framework for consideration by the National Aboriginal and Torres Strait Islander Health Council prior to referral to the Australian Health Workforce Officials Committee and the Australian Health Ministers’ Advisory Committee.
- Coordinate reviews of the Framework in 2005 and 2007.

*As agreed the then Aboriginal Health Workforce Working Group  
5 December 2002*

**Aboriginal and Torres Strait Islander  
Health Workforce Working Group**

**Communications Strategy**

ENDORSED MAY 2003

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## **1. Overview**

This strategy will guide communications about the Aboriginal and Torres Strait Islander Health Workforce National Strategic Framework and its implementation by the Aboriginal and Torres Strait Islander Health Workforce Working Group.

Background to the Aboriginal and Torres Strait Islander Health Workforce National Strategic Framework (Workforce Strategic Framework) is at Attachment A.

It was agreed at the February 2003 meeting of the then Aboriginal Health Workforce Working Group, that the Office for Aboriginal and Torres Strait Islander Health (OATSIH) should develop a communications strategy for the Working Group with regard to the Workforce Strategic Framework for discussion at a future meeting. The Working Group also recommended the establishment of a website as a key communication tool.

Details of communication activities undertaken to April 2003 are at Attachment B.

A timetable of proposed communication initiatives for the year May 2003-June 2004 is at Attachment C.

## **2. Principle**

The support and participation of many stakeholders is critical to the successful implementation of the Aboriginal and Torres Strait Islander Health Workforce National Strategic Framework.

## **3. Purpose**

The purpose of the communications strategy is to:

- Highlight the importance of an appropriate health workforce to meet Aboriginal and Torres Strait Islander health needs.
- Promote the Aboriginal and Torres Strait Islander Health Workforce National Strategic Framework.
- Engage stakeholders in the implementation of the Aboriginal and Torres Strait Islander Health Workforce National Strategic Framework.
- Ensure effective communication of the work of the Aboriginal and Torres Strait Islander Health Workforce Working Group.

## **4. Key Messages**

The Aboriginal and Torres Strait Islander Health Workforce National Strategic Framework:

- Presents a reform agenda to consolidate and transform the Aboriginal and Torres Strait Islander health workforce over five to ten years.
- Seeks 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.
- Supports training, supply, recruitment and retention strategies to ensure the participation of Aboriginal and Torres Strait Islander peoples in the health workforce.
- Is an initiative that is to be implemented in a number of areas and across governments and the wider health and education sectors.
- Was endorsed by the Commonwealth and all State and Territory governments in 2002.



- Is drawn from a careful study and analysis of the needs of Aboriginal and Torres Strait Islander people and an understanding of the workforce that currently supports their health care.
- Relies on a collaborative approach including governments, the education and training sector, health professionals and the Aboriginal community-controlled health sector.
- Calls for the establishment of a Working Group to promote and oversee implementation of the Workforce Strategic Framework.

## 5. Key Stakeholders

Key stakeholders include:

- governments;
- existing Aboriginal and health sector organisations and committees;
- Aboriginal Medical Services and the National Aboriginal Community Controlled Health Organisation;
- the Aboriginal and Torres Strait Islander health workforce; and
- education and training organisations.

A breakdown of the different stakeholders is at Attachment D. Common information bulletins and key messages will be used for all stakeholders in addition to relevant specific information, however, the distribution and promotion strategy will vary with each of these categories. About 3,000 core stakeholders have been identified.

## 6. Communication Channels

The stakeholders will be reached by using the following communication channels.

### 6.1 Website

The February 2003 meeting of the then Aboriginal Health Workforce Working Group recommended establishing a website as a central point for information, including a secure page for members to access Working Group information.

OATSIH is currently preparing a tender brief for this to proceed. It is planned that the site will become available in July 2003 and the site will be updated at least monthly.

The public website will contain key documentation, background materials, issues papers, Aboriginal and Torres Strait Islander Health Workforce Working Group communiqués, the bulletin and stories about the Aboriginal health workforce. While the site will contain full reports, there will be an emphasis on summarising material and presenting information succinctly. Case studies will be used to assist with making issues understandable and to highlight key issues.

The secure website will include Aboriginal and Torres Strait Islander Health Workforce Working Group papers such as the work plans, minutes and agenda papers. The possibility of an internal discussion forum will also be considered.

The proposed budget for the website is \$20,000 establishment and \$5,000 annually.

## **6.2 Bulletin for wide distribution**

A short bulletin highlighting links to the website will be produced twice a year shortly after each Aboriginal and Torres Strait Islander Health Workforce Working Group meeting. It is proposed that the first bulletin be produced in May 2003 and the second in September-October 2003 following the September 4 meeting. The third bulletin is proposed in March-April 2004, depending on the date of the Aboriginal and Torres Strait Islander Health Workforce Working Group meeting.

The exact format of the bulletin will be decided after further consultation with stakeholder groups regarding the accessibility and readability of various formats. It may take the form of an A4 double-sided bulletin, also available electronically in PDF format or as an e-mail bulletin in text or HTML.

An A4 double-sided newsletter would provide for one 600-word 'feature' story with a photograph or graphic and five to seven short news stories of about 80-120 words each. There would be relevant suggested links to the website where more detailed information could be available.

It is anticipated that each edition will be circulated to the 3,000 core stakeholders in appropriate formats.

The proposed budget for each bulletin is \$3,000 per issue.

## **6.3 Communiqué from AHWVG meetings**

Meeting outcomes will be summarised in a communiqué for open distribution. The communiqué will be endorsed by the Chair and will be circulated to members for their wider distribution. The communiqué will be available on the website and will be referred to in the bulletin. It may also be printed for distribution.

## **6.4 Letters and presentations to key audiences**

Letters will be sent to all stakeholders with a role in implementing one or more strategies of the Workforce Strategic Framework. The letter will highlight the importance of the Framework, the specific relevant strategies relevant to the stakeholder, discussion on ways ahead with those strategies and any tasks arising from Aboriginal and Torres Strait Islander Health Workforce Working Group meetings.

Where possible, all stakeholders with a role in implementing one or more strategies of the Workforce Strategic Framework will also be given a specific presentation of the Framework. Meetings will be held as necessary to discuss ongoing implementation of particular strategies.

A PowerPoint presentation has been prepared for this purpose. In the next year the following stakeholders are identified as high priority for face to face presentations and meetings:

- Department of Employment and Workplace Relations
- State and Territory training authorities
- Deans of Nursing, Medicine and Health Sciences
- State forums
- DEST

In addition, opportunities will be utilised to present to major conferences. In the next year the following conferences have been identified:

- Aboriginal Health Workers Conference – 15-18 June 2003  
Presentation, Workshop, Display
- Health Leaders Network meetings

## **6.5 Media – general, Indigenous and health specific**

This strategy aims to provide appropriate media coverage of the key messages and particularly to create interest and support for the Workforce Strategic Framework and implementation of its strategies.

Specifically this would involve:

- placing articles about the Framework and the Aboriginal and Torres Strait Islander Health Workforce Working Group in newsletters and journals of key stakeholders;
- sending publicity material and media alerts to electronic media of key stakeholders;
- selected advertising in key newsletters and magazines; and
- general publicity through the mainstream media.

Over the next year it is proposed that this takes place in three stages.

- Stage One – May 2003 – focus on Framework, establishment of working group and availability of first bulletin
- Stage Two – October 2003 – focus on progress, availability of second bulletin, website
- Stage Three – April 2004 – focus on progress being made in implementing the Framework, success stories, data highlighting improvements, availability of third bulletin.

## **6.6 Annual Report and other reports**

The February 2003 meeting of the then Aboriginal Health Workforce Working Group agreed that it would prepare an Annual Report each year to be presented to the Australian Health Ministers' Advisory Committee, the Australian Health Workforce Officials Committee and the National Aboriginal and Torres Strait Islander Health Council. The report will cover achievements of the year, progress towards meeting Framework's aims and plans for the forward year.

The timetable for the first Annual report is:

- October 2003 – Draft Annual Report prepared and circulated to Aboriginal and Torres Strait Islander Health Workforce Working Group
- November – Aboriginal and Torres Strait Islander Health Workforce Working Group teleconference to endorse report
- November – Annual Report to National Aboriginal and Torres Strait Islander Health Council for consideration
- January 2004 – Annual Report forwarded to Australian Health Workforce Officials Committee, Australian Health Ministers' Advisory Committee and Standing Committee on Aboriginal and Torres Strait Islander Health
- March 2004 – Annual Report presented to joint Australian Health Ministers' Advisory Committee – Standing Committee on Aboriginal and Torres Strait Islander Health Meeting.

Australian Health Ministers' Advisory Committee will be requested to endorse the Annual Report for publication.

In addition papers will be provided to these committees (Australian Health Ministers' Advisory Committee, Australian Health Workforce Officials Committee, National Aboriginal and Torres

Strait Islander Health Council and Standing Committee on Aboriginal and Torres Strait Islander Health) as appropriate.

## **Responsibility**

### **7.1 Secretariat**

The Secretariat has primary responsibility for coordinating communications. In particular, the Secretariat will:

- Write and circulate a communiqué following each ATSIHWWG meeting;
- Create and maintain the Aboriginal and Torres Strait Islander health workforce website;
- Produce a bulletin for distribution to most stakeholders, which may incorporate the communiqué;
- Draft agenda papers for Australian Health Ministers' Advisory Committee, National Aboriginal and Torres Strait Islander Health Council, Australian Health Workforce Officials Committee and other committees;
- Draft media releases and other communications as appropriate;
- Prepare the Annual Report;
- Maintain distribution lists;
- Report to the Aboriginal and Torres Strait Islander Health Workforce Working Group on communication activities.

### **7.2 Chair**

The Chair is responsible for:

- Authorising letters and key communications.
- Representing the Aboriginal and Torres Strait Islander Health Workforce Working Group in various fora.

### **7.3 Members**

Members have responsibility for:

- Ensuring effective communication of the key messages in their own organisation
- Promoting key messages of the Workforce Strategic Framework to stakeholders where possible.
- Distributing the Communiqué as appropriate.

## Attachment 1

### Background to Aboriginal and Torres Strait Islander Health Workforce National Strategic Framework

The Aboriginal and Torres Strait Islander Health Workforce National Strategic Framework was endorsed by the Australian Health Ministers' Advisory Committee (AHMAC) in May 2002. It seeks to consolidate and transform the workforce in Aboriginal and Torres Strait Islander health as a key mechanism in addressing Indigenous ill-health.

The importance of a health workforce to address Indigenous Australian ill-health was recognised in the National Aboriginal Health Strategy (1989) and remains a key feature of the Aboriginal and Torres Strait Islander Health Workforce National Strategic Framework.

Essentially more people are needed in the workforce to meet the health needs of Aboriginal and Torres Strait Islander people. More Aboriginal and Torres Strait Islander people are needed in that workforce. The health workforce needs to be competent and provide quality services in a culturally appropriate way. This workforce needs to be capable of delivering the full range of health services and needs to be supported by measures that allow people to stay in the workforce and update their skills. Governments need to support these processes and be accountable for the structure of this workforce.

The Workforce Strategic Framework was based on a series of national studies and reviews including the:

- The *National Review of Aboriginal and Torres Strait Islander Health Worker Training* which synthesised a related set of reviews in each State and Territory of Aboriginal and Torres Strait Islander Health Worker Training;
- *Estimation of Requirements for and Supply of the Health Workforce for Aboriginal and Torres Strait Islander Peoples* (HWFPM);
- *Report of the Evaluation of Health Services Management Training for Aboriginal and Torres Strait Islander People* (ACHSE);
- *Evaluation of the Management Support Program for Aboriginal Community Controlled Health Services* (MSP);
- *Strategic Framework for the Inclusion of Indigenous Health in Core Medical Curricula & Recruitment, Retention and Support Strategies for Indigenous Australians in Medical Education* (CDAMS); and
- *Evaluation of Recruitment and Promotion Services Project* (WIPOs).

The Workforce Strategic Framework includes forty-two strategies to achieve five objectives, which aim to transform and consolidate the workforce in Aboriginal and Torres Strait Islander health. The Workforce Strategic Framework seeks to achieve a competent health workforce with appropriate clinical, management, community development and cultural skills supported by appropriate training, supply, recruitment and retention strategies.

The Framework will be implemented by a number of key stakeholders and through a number of committees and processes. A key mechanism will be the work of the Aboriginal and Torres Strait Islander Health Workforce Working Group, which was established to promote and oversee implementation of the Framework. Its inaugural meeting was held in February 2003.

Several jurisdictions have also developed their own workforce strategies for Aboriginal and Torres Strait Islander health, including, for example, the Queensland Health Indigenous Workforce Management Strategy 1999-2002. There have also been important regional studies.

## Attachment 2

### Communication activities undertaken to April 2003

#### General distribution

Following the endorsement of the Aboriginal and Torres Strait Islander Health Workforce National Strategic Framework in May last year 3,500 hard copies of the Strategy were printed. To date about 3,200 copies have been distributed including to:

- National Aboriginal Community Controlled Health Organisation
- Centre for Remote Health (Alice Springs)
- All State and Territory offices of the Office for Aboriginal and Torres Strait Islander Health
- SA State Health and Partnership forum)
- ATSIC – Rockhampton
- Queensland Health
- Nunkuwarrin Yunti – SA
- WA Health
- Department of Health and Ageing, HIID - Heart, stroke & vascular section
- Regional Centres
- Indigenous Australian Sexual Health Committee
- Indigenous Health – University of Sydney
- Royal College of Nursing Australia
- Australian Medical Association
- Yangulla Training Centre – Rockhampton
- Congress of Aboriginal and Torres Strait Islander Nurses – conference
- Australian Indigenous Doctors' Association – symposium
- Oral Health Workshop – Adelaide
- Australian Nursing Council
- Office for Aboriginal and Torres Strait Islander Health - Sydney Office for NSW State Forum
- Department of Health and Ageing – Office of Rural Health
- Northern Territory Council of Social Services
- Library deposit scheme - 44 libraries required by NOIE
- Department of Health and Ageing Library and executive
- ATSIC libraries
- Victorian Aboriginal Community Controlled Health Organisation

In addition the Workforce Strategic Framework was placed on the OATSIH home page in June 2002 at [www.health.gov.au/oatsih/index.htm](http://www.health.gov.au/oatsih/index.htm)

The Department of Health and Ageing Annual Report 2002 included mention of the Workforce Strategic Framework under the Secretary's report. The Workforce Strategic Framework also featured on the first page of the OATSIH section of the Annual Report.

A double-sided A4 summary of the Workforce Strategic Framework has been distributed with some copies of the Workforce Strategic Framework.

## **Specific presentations, distribution and correspondence include:**

- June 2002**
- Presentation to Indigenous Nursing Education Working Group 24 June
- July 2002**
- Verbal presentation to AHWOC meeting 8 July
  - Presentation to OATSIH State and Territory Office Directors at Directors meeting 23-24 July
  - Paper prepared for the National Advisory Group on Aboriginal and Torres Strait Islander Health Information and Data meeting of 26 July
- August 2002**
- Presentation to Indigenous Group, Department of Education, Science and Training 7 August
  - Paper prepared for Standing Committee on Aboriginal and Torres Strait Islander Health meeting 9 August
  - Paper prepared for National Aboriginal and Torres Strait Islander Health Council meeting 22 August
  - Presentation to Services for Australian Rural and Remote Allied Health (SARRAH) 27 August
- September 2002**
- Presentation to Joint Planning Forum (WA) 3 September
  - Presentation to Workforce Strategic Roundtable Department of Health and Ageing 11 September.
- December 2002**
- Rural Health Workforce Program Staff meeting Department of Health and Ageing 12 December
- Feb 2003**
- Agenda paper to the joint meeting of the Australian Health Ministers' Advisory Committee and the Standing Committee on Aboriginal and Torres Strait Islander Health noting the Aboriginal and Torres Strait Islander Health Workforce Working Group implementation plan
  - Letter to Australian Nursing Council highlighting the Framework, inclusion of Aboriginal and Torres Strait Islander content a requirement for accreditation as per strategy 3, outcomes of the Indigenous Nursing Education Working Group's report – 'getting em n keepin em'
  - Letter to Australian National Training Authority regarding its role in implementation of the Workforce Strategic Framework
  - Workforce Strategic Framework presentation circulated to Aboriginal and Torres Strait Islander Health Workforce Working Group Members
- March 2003**
- Agenda paper to National Aboriginal and Torres Strait Islander Health Council noting Aboriginal and Torres Strait Islander Health Workforce Working Group implementation plan
  - Communiqué from February meeting circulated to Aboriginal and Torres Strait Islander Health Workforce Working Group members and their stakeholders highlighting first priorities are Aboriginal and Torres Strait Islander participation in health education and training; and the clarification of Aboriginal Health Worker roles.

## Attachment 3

### Communication timetable – April 2003 – June 2004

- |                      |  |
|----------------------|--|
| <b>April 2003</b>    | <ul style="list-style-type: none"><li>• Letter to key Government stakeholders, CEOs of State Education Departments, CEOs State Health Departments noting Workforce Strategic Framework and specific requests as per the task list from Feb 2003 Aboriginal and Torres Strait Islander Health Workforce Working Group meeting</li><li>• Relevant Committees and organisations, State forums</li><li>• Letter to key relevant organisations, College of Psychiatrists, Presidents of Colleges, Australian Medical Council</li><li>• Letter to key educational and training stakeholders, Universities, Registration Boards, noting Workforce Strategic Framework and specific requests as per task list from Feb 2003 Aboriginal and Torres Strait Islander Health Workforce Working Group meeting</li><li>• Write to the Presidents of Colleges, the College of Psychiatrists, the Australian Medical Council and the Australian Nursing Council informing them of the Aboriginal and Torres Strait Islander Health Workforce Working Group's existence, providing information on the Workforce Strategic Framework, and requesting information on current activities in relation to strategies</li></ul> |
| <b>May 2003</b>      | <ul style="list-style-type: none"><li>• First bulletin to all core stakeholders</li><li>• Promotional campaign stage one to key newsletters, Indigenous media</li></ul>  |
| <b>June 2003</b>     | <ul style="list-style-type: none"><li>• Plenary presentation to Aboriginal Health Workers Conference, Adelaide</li></ul>   |
| <b>July 2003</b>     | <ul style="list-style-type: none"><li>• Website launched</li></ul>   |
| <b>October 2003</b>  | <ul style="list-style-type: none"><li>• Second bulletin to all core stakeholders</li><li>• Promotional campaign Stage Two to key newsletters, Indigenous media, journals, and mainstream media.</li></ul>  |
| <b>November 2003</b> | <ul style="list-style-type: none"><li>• Draft Aboriginal and Torres Strait Islander Health Workforce Working Group Annual Report circulated to members for approval</li></ul>  |
| <b>January 2004</b>  | <ul style="list-style-type: none"><li>• Aboriginal and Torres Strait Islander Health Workforce Working Group Annual Report circulated to joint Australian Health Ministers' Advisory Committee – Standing Committee on Aboriginal and Torres Strait Islander Health meeting</li></ul>  |
| <b>February 2004</b> | <ul style="list-style-type: none"><li>• Aboriginal and Torres Strait Islander Health Workforce Working Group Chair presents Annual Report to Australian Health Ministers' Advisory Committee</li></ul>   |
| <b>April 2004</b>    | <ul style="list-style-type: none"><li>• Promotional campaign Stage Three to key newsletters, Indigenous media, journals, and mainstream media.</li><li>• Third bulletin to all core stakeholders</li></ul>   |



## **Attachment 4**

### **Key stakeholders**

#### **Government**

The target groups within the Government sector are:

- Department of Health and Ageing
  - Minister
  - Relevant Divisions and Sections
  - State and Territory Offices
- Office for Aboriginal and Torres Strait Islander Health
  - Central Office Branches and sections
  - State and Territory Offices
- Commonwealth Departments
  - Department of Education, Science and Training
  - Department of Immigration, Multicultural and Indigenous Affairs
  - Prime Minister and Cabinet
  - Department of Employment and Workplace Relations
  - Australian Bureau of Statistics
  - Australian Institute of Health and Welfare
- National Public Health Partnership
- State and Territory governments
  - State and Territory Ministers
  - State and Territory health departments
  - State and Territory education departments
  - State and Territory training authorities
  - Relevant registration bodies
- Aboriginal and Torres Strait Islander Commission
  - Board
  - Central and State Offices
  - Regional Offices

(Note: Aboriginal and Torres Strait Islander Commission also has a list of all the registered Aboriginal community associations)

#### **Relevant committees and organisations**

The key relevant committees and organisations are:

- Australian Health Ministers' Advisory Committee
- Australian Health Workforce Officials Committee
- Standing Committee on Aboriginal and Torres Strait Islander Health
- Australian Indigenous Doctors' Association
- Congress of Aboriginal and Torres Strait Islander Nurses
- National Advisory Group on Aboriginal and Torres Strait Islander Health Information and Data
- State and Territory Health Forums
- Australian Medical Association
- Australian Nursing Council

## **AMSS and NACCHO**

The key target groups within the Aboriginal community-controlled health sector are:

- National Aboriginal Community Controlled Health Organisation
- Aboriginal Medical Services
- Drug and alcohol services
- NACCHO State affiliates
- Emotional and social well-being centres

## **The Aboriginal and Torres Strait Islander health workforce**

The key target groups in the Aboriginal and Torres Strait Islander health workforce are:

- Aboriginal Health Workers
- Nurses
- Oral health workers
- Health Service Managers
- Liaison workers
- Doctors
- Allied Health workers
- Men's Health workers
- Sexual Health workers
- Women's Health workers
- Alcohol and substance misuse workers
- Social and emotional well-being workers
- Counsellors
- Patient transport workers
- Indigenous Australian Environmental Health Workers

## **Education and training organisations**

- Deans of Medicine and Nursing
- Deans of Allied Health Schools
- Allied Health / Health Sciences Schools
- Australian National Training Authority
- Registration Boards
- Registered Training Organisations
- OATSIH-funded training programs
- Australian College of Rural and Remote Medicine
- Australian Rural Health Education Network
- Community Services and Health Training Australia

## **Other / general**

In addition the following target groups have been identified:

- Australian Physiotherapy Association
- Australian Rural and Remote Workforce Agencies Group
- Australian Institute of Aboriginal and Torres Strait Islander Studies
- Centre for Aboriginal Economic Policy Research
- General public
- Libraries

# ABORIGINAL AND TORRES STRAIT ISLANDER HEALTH WORKFORCE WORKING GROUP

## WSF ACTION PLAN

The WSF (Workforce Strategic Framework) Action Plan has been developed to drive implementation of the strategies detailed in the National Aboriginal and Torres Strait Islander Health Workforce National Strategic Framework (the Workforce Strategic Framework) as endorsed by AHMAC on 30 May 2002. This Action Plan should be read in conjunction with the Workforce Strategic Framework, or “Yellow Book”. The WSF Action Plan will enable the ATSIHWWG to monitor projects and activities and will act as the reporting mechanism to inform AHWOC and AHMAC of progress against workforce priorities. New projects and activities will be added to this living document as they arise. The WSF Action Plan will be reviewed every 12 months. For further information about the WSF Action Plan, please contact the ATSIHWWG Secretariat via e-mail to [atsihwwg@health.gov.au](mailto:atsihwwg@health.gov.au)

### WSF ACTION PLAN CLUSTERS AND ACTION AREAS

Cluster	Action Areas	Strategies	Page
<b>1. Planning, implementation and accountability</b>	1. Statements of principle	1, 14, 38, 42	2
	2. Accountability framework	2, 39, 40, 41	3
	3. Workforce planning	21, 22, 33, 34, 37	4
	4. Implementation support	36	5
<b>2. Aboriginal Health Workers</b>	5. Clarify role	11, 12, 13	6
	6. Improving educational opportunities	15, 16, 17, 18,	7
	7. Regulation and representation	19, 20	8
<b>3. Workforce Initiatives</b>	8. Increasing numbers	3, 4, 5, 6, 7, 8, 9	9
	9. Improving mainstream education	23, 24, 25, 31, 32, 35	11
	10. Training, development and support	26, 27, 28, 29, 30	12
<b>GLOSSARY</b>	Abbreviations used in this document		14

Cluster	Action Area	Projects/Activities	Priority H,M,L	Key Performance Indicators	Achieve By	Driving Partners / Partners	Links	Action/Follow Up (include deadline)	Responsible
<b>1 Planning, implement ation and accountab ility</b>	<b>1 Statements of principle</b>  Strategies 1, 14, 38 and 42 are AHMAC statements of principle that underpin the implementation of the Framework's strategies	ATSIHWWG established (S1)	H	Active ATSIHWWG that meets at least four times per year  ATSIHWWG membership includes representation from AHMAC as Chair, AHWOC, SCATSIH, NACCHO, AIDA, CATSIN DEST and DEWR	Dec-02  Ongoing	<b>AHMAC</b> <b>OATSIH</b>	NSFATSIH AHWOC NATSIHC	Annual review of WSF Action Plan	ATSIHWWG
		AHMAC endorses Aboriginal and Torres Strait Islander Health Worker training programs delivered within the Australian Quality Training Framework or other quality assurance process (S14)	H	All funded training for AHWs and vocational streams is consistent with AQTF standards	Ongoing	<b>OATSIH</b> AHMAC CSHTA ANTA	S13 S15 S16 S17		
		Aboriginal and Torres Strait Islander representatives involved in the accountability framework for the WSF (S42)	H	Aboriginal and Torres Strait Islander stakeholders support workforce reform  Active ATSIHWWG representation by NACCHO, CATSIN and AIDA  NACCHO, AIDA, CATSIN and other groups represented on NATSIHC  NACCHO affiliates involved in S/T Forums in all jurisdictions  NACCHO continues as a member of NAGATSIHID	Ongoing  Ongoing  Ongoing  Ongoing  Ongoing	<b>ATSIHWWG</b> <b>S/T Forums</b> NACCHO CATSIN AIDA	NATSIHC		

Cluster	Action Area	Projects/Activities	Priority H,M,L	Key Performance Indicators	Achieve By	Driving Partners / Partners	Links	Action/Follow Up (include deadline)	Responsible
<b>1 Planning, implement ation and accountab ility</b>	<b>1 Statements of principle</b>  <i>continued</i>	Support for the National Advisory Group on Aboriginal and Torres Strait Islander Health Information and Data (NAGATSIHID) and SCATSIH (S38)	H	Workforce data gathered through WSF implementation meets NAGATSIHID national standards  Data methodologies improved and consistent with SCATSIH health performance process; all S/T collecting and using agreed data	Ongoing  -	<b>ATSIHWWG AHWOC NAGATSIHID SCATSIH</b>	NHIMG NSFATSIH		
<b>1 Planning, implement ation and accountab ility</b>	<b>2 Accountability framework</b>  Strategies 2, 39, 40 and 41 provide for accountability in the implementation of the Framework	Ensure that Aboriginal health workforce issues are given a consistently high priority (S2)	H	Annual report to AHWOC	Ongoing	<b>AHWOC ATSIHWWG S/T Forums</b>	WSF Action Plan		
		Monitor progress against performance indicators (S39)	H	Performance indicators developed for WSF and S/T Implementation Plans  Workforce indicators included in national performance indicators for the NSFATSIH	Feb-04  Feb-04	<b>ATSIHWWG OATSIH S/T Forums</b>	NAGATSIHI D NSFATSIH SCATSIH		
		Produce annual reports and undertake a mid-term report in 2005 and a review in 2007 (S40, S41)	M	Review process agreed  Annual reports produced by ATSIHWWG and S/T Forums and circulated on time  Annual reports record progress and outputs, are accurate and informative	June-04  Ongoing  Ongoing	<b>ATSIHWWG S/T Forums OATSIH AHWOC SCATSIH</b>	NSFATSIH		

Cluster	Action Area	Projects/Activities	Priority H,M,L	Key Performance Indicators	Achieve By	Driving Partners / Partners	Links	Action/Follow Up (include deadline)	Responsible
<b>1 Planning, implementation and accountability</b>	<b>3 Workforce planning</b>  Strategies 21, 22, 33, 34 and 37 recognise that further work is needed to define workforce requirements in Aboriginal and Torres Strait Islander health. Focus will be given to assisting Aboriginal Community Controlled Health Organisations and communities to recruit, support and retain health professionals	Develop and implement workforce strategy for allied health to increase the number of allied health professionals (S21, S22)	M	Needs assessments completed in all jurisdictions  Allied health workforce strategy developed	Feb-05  -	<b>ATSIHWWG S/T Forums</b>	S37  SARRAH		
		Research the impact of mainstream health workforce programs on primary health care services that provide services to Aboriginal and Torres Strait Islander people (S33)	H	Completed research available for ATSIHWWG  Options selected for improving the management of Aboriginal primary health care services providing mainstream health programs	Jan-04  -	<b>OATSIH ATSIHWWG S/T Forums</b>		Select tender issued Sep-03; work to be completed Jan-04	OATSIH
		Identify opportunities for workforce agencies to improve their role in supporting ACCHOs (S34)	H	Report commissioned and published  Recommendations implemented that support collaboration and enable access and maximisation of remote area medical and nursing staff  Structured incentive packages for nursing and allied health personnel in remote area services are developed	Jan-04  Ongoing  -	<b>OATSIH RWAs NACCHO S/T Forums</b>	ACCHOs	Select tender to be issued Sep-04; work to be completed Jan-05	OATSIH

Cluster	Action Area	Projects/Activities	Priority H,M,L	Key Performance Indicators	Achieve By	Driving Partners / Partners	Links	Action/Follow Up (include deadline)	Responsible
<b>1 Planning, implementation and accountability</b>	<b>3 Workforce planning</b> <i>continued</i>	Support development and potential use of nationally consistent indicative workforce ratio targets (S37)	M	Nationally consistent methodology for workforce ratio targets is developed  Workforce ratio targets developed	-  Nov-04	<b>OATSIH</b> <b>S/T Forums</b> <b>ATSIHWWG</b> NACCHO AHMAC	RWA GP planning  AMWAC planning  GPPAC PHCAP		
<b>1 Planning, implementation and accountability</b>	<b>4 Implementation support</b>  Under Strategy 36, the Commonwealth has funded Workforce Information Policy Officers (WIPOs) to assist with implementation planning in each S/T	Develop implementation plans (S36)	M	S/T Implementation Plans completed  WIPO funding agreements in place  WIPO reports received	April-04  Ongoing  Annually	<b>OATSIH</b> <b>S/T Forums</b> <b>NACCHO</b> <b>NACCHO affiliates</b>		Draft Implementation Plans completed in three states  Funding agreements to 30 June 04 are in place in all S/T	

Cluster	Action Area	Projects/Activities	Priority H,M,L	Key Performance Indicators	Achieve By	Driving Partners / Partners	Links	Action/Follow Up (include deadline)	Responsible
<b>2 Aboriginal Health Workers</b>	<b>5 Clarify roles</b>  Strategies 11, 12 and 13 aim to clarify the roles of health workers under the various vocational streams currently encompassed by the term AHW* (Aboriginal and Torres Strait Islander Health Workers)  <i>* In this document, AHW refers inclusively to Aboriginal and Torres Strait Islander Health Workers</i>	Develop a national competency-based training framework (S11)	M	Training framework completed	-	<b>OATSIH ANTA CSHTA</b> ATSIHWWG NACCHO S/T Health Non-govt employees AHW representativ es			
		Develop an "Indigenous Australian Health Training Package" (S13)	M	Indigenous Australian Health Training Package endorsed	-	<b>OATSIH ANTA CSHTA</b> ATSIHWWG NACCHO S/T Health Non-govt employees AHW representativ es	S14		
		Develop national competency standards and qualifications for AHWs (S12)  Coordinate implementation of national competencies and qualifications (S11, S12)	H	Funding contract established with CSHTA  Draft 1 national competency standards released  Draft 2 national competency standards released  AHW generalist competencies completed  Competencies for other vocational streams commenced  Agreement on implementation plan	June-03  Oct-03  Feb-04  Jun-04  Jun-04  Jun-04	<b>CSHTA OATSIH ATSIHWWG</b> NACCHO CSHITAB ACCHOs AHWs S/T Forums S/T ITABs	National Review of Aboriginal and Torres Strait Islander Health Worker Training		



Cluster	Action Area	Projects/Activities	Priority H,M,L	Key Performance Indicators	Achieve By	Driving Partners / Partners	Links	Action/Follow Up (include deadline)	Responsible
<b>2 Aboriginal Health Workers</b>	<b>6 Improving educational opportunities</b>  Strategies 15, 16, 17 and 18 aim to improve training and educational opportunities to ensure AHWs have the required skills to deliver safe and effective health services	Coordinate funding for training new and existing AHWs  - OATSIH, DEST and ANTA to develop a strategy with S/T Training Authorities (S15)  - Establish a basis for ongoing funding for post- vocational and in- service training programs for AHWs (S18)	H	Submissions provide to all S/T Training Authorities  S/T Training Authorities to fund AHW training in three jurisdictions	-  Dec-04	<b>OATSIH ANTA S/T Training Authorities DEST S/T Forums</b>	S/T Health		
		VET sector industry plans to recognise training needs (S16)	H	Completed industry training plans in three jurisdictions  Completed industry training plans in remaining jurisdictions  Existing effective training maintained in environment of increased competition for training	Dec-04  Dec-05  -	<b>OATSIH DEST ANTA S/T Training Authorities</b> Training providers	S10 S11 S12 S13		
		Implement accreditation or other quality assurance processes to ensure that AHWs are appropriately trained (S17)	H	Agree process for encouraging S/T Training Authorities to fund AHW training  Development of Industry Plans that place AHW training in a priority list for the future	Apr-04  Jul-04	<b>ANTA S/T Training Authorities</b> S/T Forums NACCHO NACCHO affiliates	S12		

Cluster	Action Area	Projects/Activities	Priority H,M,L	Key Performance Indicators	Achieve By	Driving Partners / Partners	Links	Action/Follow Up (include deadline)	Responsible
<b>2 Aboriginal Health Workers</b>	<b>7 Regulation and representation</b>  Strategies 19 and 20 aim to improve recognition and regulation of the clinical role of AHWs and through appropriate establishment of independent AHW Associations	States and Territories establish Aboriginal Health Worker registration (S19)	H	S/T report on the feasibility of establishing registration procedures  Registration processes established in at least two jurisdictions (not including the NT)	Apr-04  Dec-05	<b>OATSIH</b> <b>S/T Forums</b> S/T Health			
		States and Territories establish Aboriginal Health Worker Associations (S20)  Support the establishment of a national Aboriginal Health Worker Association (S20)	M	Associations established for each S/T, as agreed by Aboriginal Health Forum partners  Feasibility to establish national AHW Association determined  National AHW Association established	Jul 05  Dec-05	<b>S/T Forums</b> <b>S/T Health</b> <b>OATSIH</b>			

Cluster	Action Area	Projects/Activities	Priority H,M,L	Key Performance Indicators	Achieve By	Driving Partners / Partners	Links	Action/Follow Up (include deadline)	Responsible
<b>3 Workforce Initiatives</b>	<b>8 Increasing numbers</b> Strategies 3, 4, 5, 6, 7, 8 and 9 focus on combining the existing evidence base and further research to inform programs that facilitate education, training, and recruitment of Aboriginal and Torres Strait Islander people working in the health sector	Engage tertiary sector medical, nursing and health science schools (S3)	H	Coordinated approach established with tertiary health sector  Tertiary sector actively targets increases in Aboriginal and Torres Strait Islander students in health courses  Tertiary sector develops Indigenous health and cultural curricula with health career support strategies	Nov-04  -  -	<b>OATSIH S/T Health S/T Forums DEST</b> Deans of medical, nursing and health science schools	S31 S32  Health sector professional bodies		
		Develop targets and incentives for Aboriginal and Torres Strait Islander completion of health courses (S4)	H	Baseline data gathered for Aboriginal and Torres Strait Islander health graduates  Incentives developed for courses where target graduate numbers are not achieved	Jun-04  -	<b>ATSIHWWG DEST</b> Tertiary sector	NAGATSIHI D S6 S5		
		Research issues affecting Aboriginal and Torres Strait Islander people's decisions to enter the health workforce (S6)	H	Research on choice of health discipline commissioned and completed  Strategies developed to increase recruitment to health courses, with sustainable approaches to retention and support  Aboriginal and Torres Strait Islander secondary school students targeted for health careers  Strategies developed to retain and support Aboriginal and Torres Strait Islander people in the health workforce	Feb-04  -  -  -	<b>OATSIH DEST</b> S/T Health DEWR NRHWA	S4	Tender approved for University of Newcastle	OATSIH

Cluster	Action Area	Projects/Activities	Priority H,M,L	Key Performance Indicators	Achieve By	Driving Partners / Partners	Links	Action/Follow Up (include deadline)	Responsible
<b>3 Workforce Initiatives</b>	<b>8 Increasing numbers</b> <i>continued</i>	Explore and create a variety of opportunities to facilitate increasing the number of Aboriginal and Torres Strait Islander students into health degree courses (S5)	H	A database of Aboriginal and Torres Strait Islander health scholarships and cadetships is developed and accessible  Course delivery methodology developed  Bridging courses available to enable Aboriginal and Torres Strait Islanders to move into health degrees  Health course curricula contains appropriate content  S/T nursing registration boards incorporate Aboriginal and Torres Strait Islander health studies as compulsory for initial registration	Nov-04  -  Nov-04  Mar-05  Mar-05	<b>OATSIH</b> <b>ATSIHWWG</b> <b>DEST</b> <b>S/T Health</b> CATSIN INEWG AIDA CDAMS	S31 S32 S6 S8		
		Structures developed for AIDA and CATSIN to provide advice, representation and advocacy (S7)	H	Contracts maintained with AIDA and CATSIN  AIDA and CATSIN provide active representation, advocacy and advice to members	Ongoing  Ongoing	<b>OATSIH</b> AIDA CATSIN	S8		
		All States and Territories respond to AIDA and CATSIN priorities (S8)		AIDA and CATSIN advise S/T governments of their workforce priorities  Workforce priorities included in S/T Implementation Plans, as appropriate	Dec-03  Apr-04	<b>AIDA</b> <b>CATSIN</b> S/T Health S/T Forums ATSIHWWG			

Cluster	Action Area	Projects/Activities	Priority H,M,L	Key Performance Indicators	Achieve By	Driving Partners / Partners	Links	Action/Follow Up (include deadline)	Responsible
<b>3 Workforce Initiatives</b>	<b>8 Increasing numbers <i>continued</i></b>	State and Territory Implementation Plans map existing research on transition to post-secondary education for Aboriginal and Torres Strait Islander students (S9)	H	Mapping exercise undertaken in each jurisdiction  Each jurisdiction adopts and implements a strategy to address transitional needs	Apr-04  -	<b>S/T Forums</b> OATSIH DEST			
<b>3 Workforce Initiatives</b>	<b>9 Improving mainstream education</b>  Strategies 23, 25, 31, 32 and 35 focus on improving the ability of the mainstream health workforce to meet the needs of Aboriginal and Torres Strait Islander people	Cultural Respect Framework outcomes included in course development (S23)	H	Cultural Respect Framework principles and outcomes incorporated in training focus	Jan-05	<b>ATSIHWWG S/T Forums</b> OATSIH SCATSIH Training providers	S35  SCATSIH Cultural Respect Framework		
		Improve public health training engagement with Aboriginal and Torres Strait Islander health (S25)	H	Effectiveness of public health training courses reviewed  Improved public health training strategy finalised	Nov-04  Nov-04	<b>OATSIH DEST</b>			
		Undergraduate and post-graduate training increases its focus on a multidisciplinary team approach (S31, S32)  National approach to developing allied health support (S24)	H  M	Communication strategy with Deans and training providers is developed  Strategy developed to focus training towards multidisciplinary teams	Jan-05  Jun-05	<b>OATSIH DEST Deans of medicine, nursing and allied health</b> Training providers Aboriginal and Torres Strait Islander representative organisations	S3 S22  GPPAC ARHEN RWAs DGPs UDRH NACCHO RACGP		

Cluster	Action Area	Projects/Activities	Priority H,M,L	Key Performance Indicators	Achieve By	Driving Partners / Partners	Links	Action/Follow Up (include deadline)	Responsible
<b>3 Workforce Initiatives</b>	<b>9 Improving mainstream education</b>  <i>continued</i>	Consider short courses for health personnel working in Aboriginal and Torres Strait Islander services (S35)	H	Discussion paper developed	Jan-05	<b>OATSIH</b> Deans of medicine, nursing and allied health DEST VET Sector S/T Forums	S23  SCATSIH Cultural Respect Framework		
<b>3 Workforce Initiatives</b>	<b>10 Training, development and support of other health workforce groups</b>  Strategies 24, 26, 27, 28, 29 and 30 address the needs of other workforce groups in Aboriginal and Torres Strait Islander health; some of these are likely to be included in the competency development for Aboriginal Health Workers	Development of Aboriginal and Torres Strait Islander mental health training (S26)	M	AHW social health competencies developed  Competency implementation strategy developed  Review of Strategy 26 activities	Jan-05  Jul-05  Jul-05	<b>OATSIH S/T Health ANTA CSHTA</b>	Social and Emotional Wellbeing Strategic Framework		
		Plan and develop strategies to support specific professional health sector training (S27)	M	AHW competencies developed for men's health, women's health, and sexual health  Competency implementation strategy developed  Review of Strategy 27 activities	Jan-05  Jul-05  Jul-05				

Cluster	Action Area	Projects/Activities	Priority H,M,L	Key Performance Indicators	Achieve By	Driving Partners / Partners	Links	Action/Follow Up (include deadline)	Responsible
<b>3 Workforce Initiatives</b>	<b>10 Training, development and support of other health workforce groups</b>  <i>continued</i>	Nationally consistent approach to environmental health worker training (S28)	H	Environmental health AHW competencies developed  Competencies endorsed  Competencies adopted in each jurisdiction  ATSIHWWG to monitor implementation	Sep-03  Mar-04  Jun-04  -	<b>enHealth Council IEHW Forum SA Health OATSIH/PHD ATSIHWWG DEST DEWR ANTA CSHTA ATSIC S/T Forums S/T Health ITABs</b>	Final report of the NPHP review	Establish links with enHealth Council	SA Health
		Support the implementation of the Oral Health Workshop Action Plan (S29)	H	Discussion paper developed	Jul-04	<b>ATSIHWWG AHMAC OATSIH S/T Forums</b>	National Aboriginal and Torres Strait Islander Oral Health Workshop Report and Action Plan		
		Develop strategies to support management and governance of Aboriginal and Torres Strait Islander Primary Health Care services (S30)	H	Strategies adopted in jurisdictions to develop options for health service managers	Feb-04	<b>OATSIH NACCHO S/T Forums ANTA S/T ITABs AHMAC</b>			

## GLOSSARY

ACCHO	Aboriginal Community Controlled Health Organisation	NACCHO	National Aboriginal Community Controlled Health Organisation
ACCHS	Aboriginal Community Controlled Health Service	NATSIHC	National Aboriginal and Torres Strait Islander Health Council
AHMAC	Aboriginal Health Ministers Advisory Council	NAGATSIHID	National Advisory Group on Aboriginal and Torres Strait Islander Health Information and Data
AHW	Aboriginal and Torres Strait Islander Health Worker	NHIMG	National Health Information Management Group
AHWOC	Australian Health Workforce Officials Committee	NPHP	National Public Health Partnership
AIDA	Australian Indigenous Doctors' Association	NRHWA	National Rural Health Workforce Agencies
AMWAC	Australian Ministers' Workforce Advisory Committee	NSFATSIH	National Strategic Framework for Aboriginal and Torres Strait Islander Health
ANTA	Australian National Training Authority	NT	Northern Territory
ARHEN	Australian Rural Health Education Network	OATSIH	Office of Aboriginal and Torres Strait Islander Health
ATSIHWWG	Aboriginal and Torres Strait Islander Health Workforce Working Group	PHCAP	Primary Health Care Access Program
CATSIN	Congress of Aboriginal and Torres Strait Islander Nurses	RACGP	Royal Australian College of General Practitioners
CDAMS	Committee of Deans of Australian Medical Schools	RWA	Rural Workforce Agency
CSHTA	Community Services Health Training Australia	SA	South Australia
CSHITAB	Community Services and Health Industry Training Advisory Board	SARRAH	Services for Australian Rural and Remote Allied Health
DEST	Department of Employment, Science and Training	SCATSIH	Standing Committee on Aboriginal and Torres Strait Islander Health
DEWR	Department of Employment and Workplace Relations	S/T	State and Territory <i>or</i> States and Territories
DGP	Division of General Practice	UDRH	University Department of Rural Health
EHW	Environmental Health Worker	VET	Vocational Education and Training
GPPAC	General Practice Partnership Advisory Council	WIPO	Workforce Information Policy Officer
H,M,L	High, Medium, Low (priorities)	WSF	Aboriginal and Torres Strait Islander Health Workforce National Strategic Framework
INEWG	Indigenous Nursing Education Working Group		
ITAB	Industry Training Advisory Board		



## RESOURCES

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