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

Contents

Minister's Foreword

[To be completed for the final]

Acknowledgement

Nothing about us, without us.

One of the most important features of the *National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework and Implementation Plan 2021-2031* is that it was developed **by** Aboriginal and Torres Strait Islander people **for** Aboriginal and Torres Strait Islander people**.** This includes Aboriginal and Torres Strait Islander health officials from every state and territory government and the Australian Government, health leaders from Aboriginal and Torres Strait Islander peak bodies and the community controlled health sector, Aboriginal consultants (Cultural Fusion), health professionals and practitioners, Elders and community members. Various perspectives came together to discuss, debate and decide on a national approach to strengthen and develop the Aboriginal and Torres Strait Islander health workforce. These ideas were then negotiated with governments, resulting in a 10 year national workforce plan.

Some substantial improvements have been made over the last 30 years since the landmark *National Aboriginal Health Strategy* was released in 1989. This includes the growth and maturity of the Aboriginal and Torres Strait Islander community controlled health sector into best practice primary health care providers, the establishment of Aboriginal and Torres Strait Islander health workforce peaks to support First Nations people working in the health workforce and the increasing numbers of Aboriginal and Torres Strait Islander doctors, nurses, midwives, allied health professionals, health workers and health practitioners working across the health system. These achievements are a testament to the strength and resilience of our people—our leadership—but more needs to be done. The legacy of institutional racism from Australia's colonial history still remains as evidenced by the health inequities still experienced by many of our peoples today. I encourage everyone working in the health system to promote and implement the actions in this plan so all Aboriginal and Torres Strait Islander people are afforded the opportunity to live long and healthy lives.

Signed

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Jade Daylight-Baker

Chair

National Aboriginal and Torres Strait Islander Health Standing Committee

Statement from the National Health Leadership Forum

[To be completed for the final]

Executive Summary

The development of the *National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework and Implementation Plan 2021-2031* (National Workforce Plan) occurred against a backdrop of extraordinary and unprecedented times. COVID-19 challenged and tested the capacity of the health system but the circumstances and need to respond also provided renewed opportunities for reform and improvements. Strengthening and enhancing the size, capacity and capability of the Aboriginal and Torres Strait Islander health workforce remains one such opportunity that Australia cannot afford to miss.

The former Council of Australian Governments (COAG) Health Council prioritised the development of an Aboriginal and Torres Strait Islander health workforce plan in 2018 after meeting with Aboriginal and Torres Strait Islander health leaders. Governments and Aboriginal and Torres Strait Islander community controlled health peak bodies agreed that an appropriately skilled, available and responsive Aboriginal and Torres Strait Islander health workforce is critical for an efficient national health system. Australia's response to COVID-19 reaffirmed this with Aboriginal and Torres Strait Islander health leaders and local community controlled health services at the forefront of developing highly successful national and local responses to the global pandemic. Both in times of national crisis and responding to systemic health challenges, a well-resourced and respected Aboriginal and Torres Strait Islander health workforce is essential for achieving better health outcomes for Aboriginal and Torres Strait Islander people and communities.

The release of the National Workforce Plan shows that more needs to be done to translate these ideas into practical and measurable improvements. Aboriginal and Torres Strait Islander people are currently significantly under-represented in the health workforce, contributing to reduced access to health services for the Aboriginal and Torres Strait Islander population.[1] Although Aboriginal and Torres Strait Islander people are employed in the health care and social assistance sector more than any other industry[2], a substantial underrepresentation exists. In 2016, Aboriginal and Torres Strait Islander people only represented 1.8 per cent[3] of the health workforce, despite being 3.3% of the Australian population. To address this issue and reach population parity, the National Workforce Plan has set an ambitious target for Aboriginal and Torres Strait Islander people to represent 3.43% of the national workforce by 2031.   This target is based on the projected proportion of the Aboriginal and Torres Strait Islander population in 2031. [4]

Very considerable job growth over current capacity is projected in health and related sectors over the next five years, including aged care, disability, mental health, and research.

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[1] Australian Health Ministers' Advisory Council 2017, Aboriginal and Torres Strait Islander Health Performance Framework 2017 Report, AHMAC, Canberra.
[2] Australian Institute of Health and Welfare 2019, Australia's Welfare Snapshots 2019, AIHW, Canberra
[3] Australian Bureau of Statistics, Census of Population and Housing, 2016
[4] Australian Bureau of Statistics 2019, 'Cat 3238.0 Estimates and Projections, Aboriginal and Torres Strait Islander Australians 2016 Census Series B, <https://www.abs.gov.au/statistics/people/aboriginal-and-torres-strait-islander-peoples/estimates-and-projections-aboriginal-and-torres-strait-islander-australians/latest-release>.

This presents an important opportunity to change systems to meet the health, education and employment needs of Aboriginal and Torres Strait Islander people and to grow the Aboriginal and Torres Strait Islander workforce across Australia's health system. In doing so, it directs investment in an essential workforce that is needed and will benefit all Australians.

Unlike previous Aboriginal and Torres Strait Islander health workforce strategies and plans, the National Workforce Plan has been co-designed in partnership between the Aboriginal and Torres Strait Islander health peak bodies and governments. It has been led by the National Aboriginal and Torres Strait Islander Health Standing Committee (NATSIHSC) and overseen by a Project Reference Group that included representatives from NATSIHSC, state and territory governments, the National Health Leadership Forum (NHLF), the National Aboriginal Community Controlled Health Organisation (NACCHO), peak Aboriginal and Torres Strait Islander health workforce organisations and the Australian Government.

The National Workforce Plan is an example of a national Aboriginal and Torres Strait Islander health policy jointly designed, owned and implemented in partnership between governments and the Aboriginal and Torres Strait Islander community controlled health sector. The practice of governments developing policies without partnering with Aboriginal and Torres Strait Islander peak bodies has now passed. The evidence is that such approaches do not work.

The National Workforce Plan has been developed to implement the *National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework 2021-2031* (Strategic Framework) and its six Strategic Directions. In July 2020, a refresh was undertaken of the Strategic Framework to ensure its ongoing alignment with government priorities and reform Directions. This document combines both the Strategic Framework and its implementation into one.

The National Workforce Plan has been prepared to support multiple Aboriginal and Torres Strait Islander policy reforms, including the *National Agreement on Closing the Gap (2020),* the new *National Aboriginal and Torres Strait Islander Health Plan* (new Health Plan) and the *Cultural Respect Framework for Aboriginal and Torres Strait Islander Health 2016-2026* (Cultural Respect Framework). In addition, the National Workforce Plan will directly contribute to *Australia's Long Term National Health Plan: to build the world's best health system*. To be consistent with these policy reforms, a 10 year timeframe has been adopted of 2021-2031. The degree of health workforce need, future demand growth and current shortfall requires an accelerated and sustained rate of workforce growth and development over a decade.

Together with existing Aboriginal and Torres Strait Islander workforce plans and initiatives currently being delivered by the Australian Government, state and territory governments, the Aboriginal and Torres Strait Islander community controlled health sector, Aboriginal and Torres Strait Islander community controlled health workforce peak bodies and research institutes, the National Workforce Plan will accelerate collaborative actions across the health system. Successfully implemented, the integrated package of actions delivered at national, state and local levels will achieve the vision of the new Health Plan and the *National Agreement on Closing the Gap (2020).*

Vision

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

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

Objectives

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

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

Target

Aboriginal and Torres Strait Islander people represent 3.43 per cent of the national health workforce by 2031.

The National Workforce Plan supports the four priority reform areas and 16 targets outlined in the *National Agreement on Closing the Gap* (2020). Specifically, the National Workforce Plan will directly contribute to the following four targets by 2031:

Target 5 - Aboriginal and Torres Strait Islander students achieve their full learning potential.

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

Target 6 - Aboriginal and Torres Strait Islander students reach their full potential through further education pathways.

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

Target 7 - Aboriginal and Torres Strait Islander youth are engaged in employment or education.

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

Target 8 - Strong economic participation and development of Aboriginal and Torres Strait Islander people and communities.

Increase the proportion of Aboriginal and Torres Strait Islander people aged 25-64 who are employed to 62 per cent.

Introduction

In order to have true ownership and autonomy of health and wellbeing, Aboriginal and Torres Strait Islander people must be appropriately represented in all roles, levels and locations across Australia's health, education and training sectors. Appropriate Aboriginal and Torres Strait Islander representation requires leadership and involvement in workforce and service planning, policy development, program implementation, research, curricula development and service delivery. All three sectors are critical because health workforce development is underpinned by education and training. Despite a growing cohort of successful and highly skilled Aboriginal and Torres Strait Islander health professionals, and a strong preference to work in health, representation of Aboriginal and Torres Strait Islander people employed in the health sector is not on track, and data shows that Aboriginal and Torres Strait Islander people working in health are more often in lower paid and less recognised roles.

ABS data projections show that by 2031, Aboriginal and Torres Strait Islander people will represent 3.43 per cent of the Australian working age population (ages 15-64).[5] The National Workforce Plan aims to create additional momentum and accelerate progress towards increasing the number of Aboriginal and Torres Strait Islander people employed in the health workforce to reach 3.43 per cent parity over the next decade.

It is recognised that each jurisdiction, organisation and setting is different, and will therefore benefit from uniquely self-defined and measured targets as contributors to this national target.

Burden of disease is a critical contributor to inform Aboriginal and Torres Strait Islander workforce distribution and planning, to ensure development of the Aboriginal and Torres Strait Islander health workforce to meet health needs beyond 2031.

In 2011, Indigenous Australians experienced an overall burden of disease[6]that was 2.3 times the rate of non-Indigenous Australians. The five disease groups that caused the most burden were mental and substance use disorders (19%), injuries, including suicide (15%), cardiovascular diseases (12%), cancer (9%) and respiratory diseases (8%).

The five risk factors that caused the most disease burden among Indigenous Australians were tobacco use, alcohol use, high body mass, physical inactivity and high blood pressure. Disease burden differs across state/territory, remoteness and socioeconomic groups and large inequalities are evident across remoteness areas, with Remote and Very remote areas having higher rates of disease burden than non-remote areas.

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[5] Australian Bureau of Statistics 2019, 'Cat 3238.0 Estimates and Projections, Aboriginal and Torres Strait Islander Australians 2016 Census Series B, <https://www.abs.gov.au/statistics/people/aboriginal-and-torres-strait-islander-peoples/estimates-and-projections-aboriginal-and-torres-strait-islander-australians/latest-release>.

[6] Australian Institute of Health and Welfare, Australian Burden of Disease Study: impact and causes of illness and death in Aboriginal and Torres Strait Islander <https://www.aihw.gov.au/reports/burden-of-disease/illness-death-indigenous-australians/contents/table-of-contents>

Addressing burden of disease is a complex task. The National Workforce Plan aims to increase Aboriginal and Torres Strait Islander representation across all locations, levels and professions within the health sector, and development of Implementation Actions within the National Workforce Plan have considered the professions required to address this burden over the next decade and beyond. Improvements in Aboriginal and Torres Strait Islander health outcomes can only be achieved when actions are informed by Aboriginal and Torres Strait Islander people. History of custodianship of the land for thousands of years is evidence of that, with the *National Agreement on Closing the Gap (2020)* acknowledging the only effective way to close the gap requires Aboriginal and Torres Strait Islander people leading and driving solutions through power sharing relationships with governments.

The National Workforce Plan, together with the four priority areas under the *National Agreement on Closing the Gap (2020)*, will guide national Aboriginal and Torres Strait Islander health workforce policy and implementation and contribute to the Closing the Gap targets over a 10-year period.

The National Workforce Plan includes two parts:

- **Part 1** – Strategic Framework: Sets the overarching Strategic Direction to grow and develop the Aboriginal and Torres Strait Islander health workforce to meet the diverse needs of Aboriginal and Torres Strait Islander people.

- **Part 2** – Implementation Plan: Operationalises the Strategic Framework by identifying implementation actions to support the activities and outcomes of each of the six Strategic Directions.

Background

Extensive national consultation and research was undertaken to inform the development of the National Workforce Plan, to understand the complexity of the health system, and the current representation of the Aboriginal and Torres Strait Islander health workforce.

More than 300 individuals contributed to the development of the National Workforce Plan from the Aboriginal and Torres Strait Islander community controlled health sector, primary health care providers, education and research institutions, health workforce peak bodies, mental health organisations, Australian Government agencies, state and territory governments and local hospital and health services.

A number of consistent themes were identified from consultation and research to strengthen and enhance the Aboriginal and Torres Strait Islander health workforce. The key priorities and challenges included:

- Access to and continuity of educational opportunities and supportive pathways from school through to higher education and into practice.

- The continuing presence of institutional and other forms of racism.

- The need to improve the quality, reach, scope, and impact of activities to strengthen cultural safety within education and training sectors and across the health workforce.

- Developing models of care that are patient-centred and less professionally siloed to support multi-disciplinary care.

- The need to address the short-termism of program funding and the implications of funding mechanisms on the sustainability of the Aboriginal and Torres Strait Islander

health workforce, professional development and employment opportunities which negatively impact on models of care and patient outcomes for Aboriginal and Torres Strait Islander people.

- Establishing a single, practical, end-to-end approach to implementation that is flexible enough to consider regional difference but robust enough to support a sustained focus on and delivery of outcomes within the required timeframe.

Principles

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

1. Centrality of Culture

Culture is central to Aboriginal and Torres Strait Islander peoples' wellbeing both as a protector and enabler of good health and wellbeing. Accordingly, culture must be embraced and embedded across all Aboriginal and Torres Strait Islander and mainstream services. This includes:

- Effective, comprehensive, culturally safe and responsive approaches to service delivery being adopted and maintained to respond to the local context and the diversity of Aboriginal and Torres Strait Islander people, families and communities. Aboriginal and Torres Strait Islander health workforce participation is an essential element within all health initiatives, settings, and strategies, and needs to be considered during the planning and design stages.

- Cultural diversity, rights, views, values, and expectations of Aboriginal and Torres Strait Islander people are respected and reflected in the delivery of culturally safe and responsive health services.

- Cultural determinants of health are recognised and nurtured, these include: connection to country; Aboriginal and Torres Strait Islander beliefs and knowledge's; Aboriginal and Torres Strait Islander languages; family, kinship and community, cultural expression and continuity; and self-determination and leadership[7].

- Aboriginal and Torres Strait Islander health workforce initiatives, and the wider health system, acknowledge and respect a holistic view of health that includes attention to physical, spiritual, cultural, emotional, and social wellbeing, community capacity recognition and development and self-governance.

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[7] Salmon, S Doerey, K Dance, P Chapman, J Gilbert, R Williams, R Lovett, R 2019, 'Defining the Indefinable: Descriptors of Aboriginal and Torres Strait Islander Peoples' Cultures and their Links to Health and Wellbeing', Mayi Kuwayu & The Lowitja Institute, Canberra.

- Cultural knowledge, expertise and skills of the broad Aboriginal and Torres Strait Islander health workforce are reflected and valued in health services models, employment structures and practice.

2. Health Systems Effectiveness

Governance is a key mechanism through which individual and community capability can be strengthened. Transparent and robust governance is important in improving service delivery and improving the health and wellbeing of Aboriginal and Torres Strait Islander people, families, and communities. Health system effectiveness requires:

- A health workforce with appropriate and complementary clinical and cultural capabilities to address the health needs and improve the health and wellbeing outcomes of Aboriginal and Torres Strait Islander people. This is central to increasing access to health services that are effective, high quality, appropriate, acceptable, and affordable.

- A health workforce that is geographically distributed to reflect community need, noting long standing issues in the development, recruitment and retention of the health workforce in rural and regional communities broadly.

- Appropriate ongoing professional development and training that is recognised, supported, and resourced to create meaningful career and development pathways. This is essential to achieving equitable access and outcomes from health care services.

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

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

3. Partnership

Effective partnerships require:

- Respectful and effective cross-sectoral collaboration between Aboriginal and Torres Strait Islander peoples and organisations, government, mainstream health providers (public and private) and non–government related sectors based on shared commitment, accountability and responsibility.

- Community-empowerment and leadership to identify priorities, lead initiatives, co-design and implement programs to grow and develop the Aboriginal and Torres Strait Islander health workforce.

- Ongoing inter-professional collaboration, education and support to build a strong and sustainable holistic Aboriginal and Torres Strait Islander health workforce.

- All stakeholders, especially the Aboriginal and Torres Strait Islander health workforce and communities, are actively included in planning and decision making.

4. Leadership and Accountability

Commitment and accountability to Aboriginal and Torres Strait Islander communities, across and between all levels of government and non-government sectors, are critical for health workforce strategies to be successful. Leadership and accountability are demonstrated by:

- Strong, community mandated Aboriginal and Torres Strait Islander leadership at the senior management and executive levels. This is essential to planning, designing, and

implementing respectful and culturally safe health care services for Aboriginal and Torres Strait Islander people.

- Workplaces committed to attracting, developing and retaining Aboriginal and Torres Strait Islander people across all levels of the organisation, including management and representation in governance arrangements.

- Creation of structured, facilitative career pathways for leadership development, retention, and career progression of Aboriginal and Torres Strait Islander employees.

- Planned leadership, personal and professional development initiatives to support Aboriginal and Torres Strait Islander people to pursue career pathways in mainstream and/or targeted positions.

- Commitment to creating and maintaining a culturally safe and responsive health workforce championed by senior leadership and embedded within and across every level of an organisation.

- Strong leadership from both Aboriginal and Torres Strait Islander and non-Indigenous health professionals to build social participation and eliminating racism from the health system.

5. Evidence and Data

Meaningful and reliable data is needed to support the growth and development of the Aboriginal and Torres Strait Islander health workforce. This includes:

- Workforce models and strategies based on community identified needs and evidence-based best practice.

- Data that is clearly reported, strength-based and accessible publicly to enable transparency and accountability and to support Aboriginal and Torres Strait Islander decision making.

- Where gaps exist in key information, data collection mechanisms and reporting, a concerted effort is undertaken to address gaps to support service need, demand and workforce requirements through supporting Indigenous-led data collection mechanisms and strategies, undertaken by and/or with Aboriginal and Torres Strait Islander people and organisations.

Policy Alignment

The Australian Government and the states and territories are committed to improving health outcomes and achieving health equity for Aboriginal and Torres Strait Islander peoples. A number of national and jurisdictional specific policies exist to attract, retain and develop the capacity and capability of the Aboriginal and Torres Strait Islander health workforce across the Australian health system. The following policies directly relate to, reinforce and will be advanced by the development and implementation of the National Workforce Plan.

National Agreement on Closing the Gap (2020)

Following on from the 2008 National Indigenous Reform Agreement, which established the Closing the Gap initiative, is the *National Agreement on Closing the Gap (2020)*. The National Agreement includes four priority reforms for changing how governments work with

Aboriginal and Torres Strait Islander people, organisations and communities, new accountability measures for governments, and shared monitoring and implementation arrangements.

These four priority reforms are:

1. Ensuring Aboriginal and Torres Strait Islanders' own governance and decision-making structures are supported.

2. Recognising community controlled organisations are an act of self-determination where Aboriginal and Torres Strait Islander people deliver services to their communities based on their own needs, cultures, and relationship to land.

3. Confronting institutionalised racism in government mainstream institutions and agencies to ensure Aboriginal and Torres Strait Islander people can access the services they need in a culturally safe way.

4. Sharing data and information with Aboriginal and Torres Strait Islander people to ensure Aboriginal and Torres Strait Islander people have more power to determine their own development.

New National Aboriginal and Torres Strait Islander Health Plan

The National Workforce Plan has been developed within the overall policy context of the new Health Plan, and its goal is to ensure that Australia has a health system that delivers clinically-appropriate care that is culturally safe, non-discriminatory and free from racism, high quality, responsive, and accessible for all Aboriginal and Torres Strait Islander people.

The new Health Plan provides a long-term, evidence-based strategic policy framework for Aboriginal and Torres Strait Islander health that captures key priority areas, including workforce that has been informed by community and broader consultations.

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

The National Workforce Plan is consistent with the Cultural Respect Framework, which commits the Australian Government and all states and territories to embedding cultural respect principles into their health systems; from developing policy and legislation, to how organisations are run, through to the planning and delivery of services.

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

The Cultural Respect Framework is also complemented by the National *Aboriginal and Torres Strait Islander Health and Cultural Safety Strategy 2020-2025*, and the *National Safety Quality Health Services (NSQHS) Standards* six action areas. Both of these standards relate to improving and reframing how health staff and practitioners interact with and provide care to Aboriginal and Torres Strait Islander clients and staff.

National Safety Quality Health Services Standards

In 2017, the Australian Commission on Safety and Quality in Health Care released the second edition of the NSQHS Standards that hospitals and day procedure health service organisations are required to implement. For the first time, the national safety and quality standards include Aboriginal and Torres Strait Islander specific actions. These actions are

designed to engage and improve the quality of care for Aboriginal and Torres Strait Islander peoples. The NSQHS Standards have the potential to address the systemic issues within health systems that have negatively impacted on Aboriginal and Torres Strait Islander clients by partnering with community to identify priorities and strategies for improvement.

National Registration and Accreditation Scheme

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

National Health and Medical Research Council (NHMRC) Roadmap 3: A strategic framework for improving Aboriginal and Torres Strait Islander health through research

Roadmap 3 provides NHMRC's strategic direction for Aboriginal and Torres Strait Islander health and medical research over the next ten years, highlighting research priorities driven by Aboriginal and Torres Strait Islander communities.

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

Universities Australia Indigenous Strategy 2017-2020

This strategy outlines Universities Australia's response to the United Nations Declaration of the Rights of Indigenous Peoples. It acknowledges that universities have responsibilities to Australia's Indigenous people, and to reflect the right of self-determination by working in partnership with Indigenous communities.

The Strategy aims for retention and success rates for Aboriginal and Torres Strait Islander students equal to those of domestic non Aboriginal and Torres Strait Islander students in the same fields of study by 2025, and aims to achieve equal completion rates by field of study by 2028.

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

This Framework provides a dedicated focus on Aboriginal and Torres Strait Islander social and emotional wellbeing and mental health. It sets out a comprehensive and culturally appropriate stepped care model that is equally applicable to both Indigenous specific and mainstream health services.

The Framework recognises that a highly skilled and supported workforce, operating in a clinically and culturally competent way, is required to meet the mental health needs of Aboriginal and Torres Strait Islander people

Cross-portfolio linkages with the Aboriginal and Torres Strait Islander health workforce

As with the new Health Plan, the National Workforce Plan requires cross portfolio linkages across the Australian Government, and within each state and territory.

There are links at the Australian Government level across departments, and corresponding ministries within states and territories, regarding both Aboriginal and Torres Strait Islander health and education.

Jurisdictional Aboriginal and Torres Strait Islander Health Partnership Forums

The jurisdictional Aboriginal and Torres Strait Islander Health Partnership Forums are formed by Partnership Agreements between the Commonwealth Department of Health, state and territory governments, and local Aboriginal and Torres Strait Islander health peak body organisations.

These Partnership Agreements support targets under the *National Agreement on Closing the Gap (2020)*, through information sharing, consultation, and collective efforts towards effective implementation of policies and programs.

These forums will be an important mechanism within jurisdictions to monitor the implementation of the National Workforce Plan.

Commonwealth Department of Health Workforce Strategies

Concurrent to the National Workforce Plan, the Commonwealth Department of Health is responsible for coordinating the implementation of the following workforce strategies:

- National Medical Workforce Strategy
- National Mental Health Workforce Strategy
- Aged Care Workforce Strategy
- Indigenous Aged Care Workforce Strategy
- Nursing Towards 2030

In recognition that developing the capability of the Aboriginal and Torres Strait Islander health workforce needs to be integrated across all health professions and systems, these strategies will include specific actions to build the size, capability and capacity of the Aboriginal and Torres Strait Islander health workforce. The Commonwealth is committed to continue to engage in discussions and review processes to ensure that this occurs.

Other work is also underway that aligns to the National Workforce Plan and will assist in strengthening the Aboriginal and Torres Strait Islander health workforce. The recent Royal Commissions into the aged care and disability sectors have highlighted the need for culturally safe workforces in areas of high risk and need, which the National Workforce Plan will support. In addition, the *Improvement of Access, Quality and Distribution of Allied Health Services in Regional, Rural and Remote Australia* report by the National Rural Health Commissioner states it will assist in meeting objectives of the National Workforce Plan, and makes four recommendations relevant to and aligned with the National Workforce Plan.

Further, national and jurisdictional plans and programs to address skills shortages and to increase the skills, education, employment and broader wellbeing of Aboriginal and Torres Strait Islander people should recognise the potential opportunities, prospects and broader community benefits of increasing the Aboriginal and Torres Strait Islander health workforce.

Part 1

National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework (2021-2031)

Overview

The Strategic Framework succeeds and builds upon the achievement of the 2016-2023 Strategic Framework. The Strategic Framework sets the overarching Strategic Direction for the ongoing development of the size, capability and capacity of the Aboriginal and Torres Strait Islander health workforce to meet the health needs of Aboriginal and Torres Strait Islander people across Australia's health system.

A comprehensive national Aboriginal and Torres Strait Islander health workforce plan is essential to foster an environment for Aboriginal and Torres Strait Islander people to thrive and experience equity in health and life outcomes.

Stakeholder partnerships and collaboration with Aboriginal and Torres Strait Islander health leaders and organisations are essential for the successful delivery of the vision and objectives of the National Workforce Plan. This requires better coordination of Aboriginal and Torres Strait Islander health workforce policies across jurisdictions, service settings, professional groups and the education, training, and regulation sectors, to maximise investment in the health workforce. The National Workforce Plan provides a framework to achieve this.

Context

Substantial gains have been made over recent decades in growing the Aboriginal and Torres Strait Islander health workforce, with greater numbers of Aboriginal and Torres Strait Islander doctors, nurses, dentists and allied health professionals emerging. In 2018-19, there were 6,789 full-time equivalent positions employed at Aboriginal and Torres Strait Islander Community Controlled Health Services (ACCHS), of which 54 per cent were filled by Aboriginal and Torres Strait Islander people.[8]

However, it is well reported that Aboriginal and Torres Strait Islander people are under-represented in the health workforce. The overall size of this workforce remains low, retention is poor and workforce growth in some areas is not commensurate with the size of the Aboriginal and Torres Strait Islander population.[9,10]

[8]Australian Institute of Health and Welfare 2020, Aboriginal and Torres Strait Islander-specific primary health care: results from the OSR and nKPI collections, <https://www.aihw.gov.au/reports/indigenous-australians/indigenous-primary-health-care-results-osr-nkpi/data>.

[9] Lai, GC Taylor, E Haigh, MM Thompson, S 2018, 'Factors Affecting the Retention of Indigenous Australians in the Health Workforce: A Systematic Review', *International Journal of Environmental Research and Public Health*, vol. 15, no. 5, p. 914.

[10] Taylor, VE Lalovic, A Thompson, S. 2019 'Beyond enrolments: a systematic review exploring the factors affecting the retention of Aboriginal and Torres Strait Islander health students in the tertiary education system', *International Journal for Equity in Health*, vol. 18, no. 1, p. 136.

While there has been a growth in absolute numbers, there has been no real improvement in the Aboriginal and Torres Strait Islander proportion of the total health workforce due to overall growth in the non-Indigenous health workforce. The substantial under-representation of Aboriginal and Torres Strait Islander people among the health workforce continues to exist across all health professions including nurses, midwives, and allied health practitioners.

For example, in 2019, 4,601 nurses and midwives identified as Aboriginal or Torres Strait Islander, representing 1.3 per cent of all employed nurses and midwives in Australia, and for the medical profession only 0.5 per cent of all employed medical practitioners identified as Aboriginal or Torres Strait Islander, and it is a similar result for the registered allied health professions, with an average of 1.0 per cent.[11]

Likewise, the health disparities and inequities between Aboriginal and Torres Strait Islander population and the non-Indigenous population are well known. The role and impact of racism and intergenerational trauma on health outcomes is, however, less well understood and recognised. Systemic racism is evidenced in the differences in treatment access and models of service delivery, funding inequity and cultural barriers to the use of health care services, which is evidenced by the differences in health outcomes people experience.

This is supported by the *Aboriginal and Torres Strait Islander Health Performance Framework 2017 Report*, which highlights that Aboriginal and Torres Strait Islander are discharged from hospital against medical advice at seven times the rate of non-Indigenous Australians.[12] However, the reporting system that records discharge information neither recognises or acknowledges that racism influences decisions to discharge early, thereby apportioning blame towards individuals and not the health system. If systemic racism continues to go unrecognised, it provides tacit endorsement for workplace operations and behaviour that have the impact of undermining the participation of Aboriginal and Torres Strait Islander people in both providing and receiving appropriate care, and the wellbeing that results from it.[13]

The Aboriginal and Torres Strait Islander health workforce encompasses a range of roles from clinical services, health promotion, care and system navigation, research and leadership within their communities, and will often encounter clients outside of clinical settings. This interaction within and outside of the health setting enables this workforce to

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[11] Australian Institute of Health and Welfare 2020, National Health Workforce Dataset <https://www.aihw.gov.au/about-our-data/our-data-collections/national-health-workforce-dataset>
[12] Australian Health Ministers' Advisory Council 2017, Aboriginal and Torres Strait Islander Health Performance Framework 2017 Report, AHMAC, Canberra.
[13] National Health Leadership Forum 2017, Position Statement on racism in the health system, <https://www.nhlf.org.au/wp-content/uploads/2020/08/NHLF-Position-Statement-Racism-in-the-Health-System-2017.pdf>.

build trust and provide assistance to those who need care and assistance to overcome cultural and communication barriers to accessing that care,[14] which is beyond the mainstream norm of demarcating the personal from the professional.

There is enough evidence to assert that the Aboriginal and Torres Strait Islander health workforce delivers better health outcomes for Aboriginal and Torres Strait Islander clients. The benefits to health care provision and patient outcomes are attributed to the unique skillsets and cultural insights that Aboriginal and Torres Strait Islander people bring to their health care roles.[15,16] This is the driving factor behind this National Workforce Plan.

The National Workforce Plan attempts to create consistency in understanding of the need for and benefits of a strong Aboriginal and Torres Strait Islander health workforce, and increases the leadership of jurisdictions in health workforce development.

Most states and territories have Aboriginal and Torres Strait Islander health workforce plans and strategies to increase the skills and capacity of the Aboriginal and Torres Strait Islander health workforce to respond to local health needs. However stronger partnerships and collaboration is required, particularly within the Aboriginal and Torres Strait Islander community controlled sector, and with the Australian Government. At the heart of many of these plans is cultural safety, with a focus on providing culturally safe and responsive workplace environments for Aboriginal and Torres Strait Islander peoples to thrive. This contribution is critical to supporting the growth and retention of a national health workforce.

Rather than duplicating effort, the National Workforce Plan supplements and complements existing jurisdictional workforce plans and strategies by creating a consistent and agreed Direction for the Australian Government and the state and territory governments to remedy the structural and institutional barriers to growing the Aboriginal and Torres Strait Islander health workforce, including addressing institutional racism and discrimination.

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[14] Lai, et al. 2018.

[15] Mbuzi, V Fulbrook, P & Jessup, M 2017, 'Indigenous cardiac patients' and relatives' experiences of hospitalisation: A narrative inquiry', *Journal of Clinical Nursing*, vol. 26, no. 23-24, pp. 5052-5064.

[16] Bourke, C Lahn, J Gibbs, C & Lennard, N 2020, 'Assessing the support of health leadership for increased Indigenous participation in the health workforce', *Australian Health Review*, vol. 44, no. 4, pp. 505-511.

Intended outcomes

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

In order to achieve this, the following outcomes must be evident:

- A collaborative approach is taken to health workforce planning that involves all relevant stakeholders. Aboriginal and Torres Strait Islander people are strongly represented across all health disciplines.

- Representation of Aboriginal and Torres Strait Islander people in the health workforce is appropriate to meet the needs of Aboriginal and Torres Strait Islander people and communities.

- Workplaces attract, encourage and strengthen the talents of Aboriginal and Torres Strait Islander health professionals.

- The Aboriginal and Torres Strait Islander health workforce is supported to research, respond and adapt to changing health needs and service delivery environments.

- The Aboriginal and Torres Strait Islander health workforce is supported to lead the development of social, human, economic, intellectual and cultural capital within the health workforce.

- The non-Indigenous health workforce recognise and value the skill sets, cultural knowledge and lived experience of the Aboriginal and Torres Strait Islander workforce.

  Cultural safety, respect and wellbeing for Aboriginal and Torres Strait Islander people is embedded within all models of care.

Strategic Directions

As an implementation mechanism for the Strategic Framework, the National Workforce Plan has been structured against the Framework's six Strategic Directions, as follows:

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

2. **Strategic Direction 2:** The Aboriginal and Torres Strait Islander health workforce has the necessary skills, capacity and leadership across all health disciplines, roles, and functions.

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

4. **Strategic Direction 4:** There are appropriate numbers of Aboriginal and Torres Strait Islander students studying and completing health qualifications to meet the future health care needs of Aboriginal and Torres Strait Islander people.

5. **Strategic Direction 5:** Aboriginal and Torres Strait Islander health students have a high level of completion and graduation from their courses and are supported to transition into the workforce.

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

These Strategic Directions were developed under the previous Strategic Framework (2016-2023) and refreshed to ensure they remain as relevant today as when they were first developed. They each address the structural, systemic, organisational and personal barriers to the recruitment and retention of Aboriginal and Torres Strait Islander people across the health landscape.

Overview of Strategic Directions

Strategic Directions 1, 2 and 3

Strategic Directions 1, 2 and 3 are complementary and address the structural, systemic and organisational barriers that inhibit recruitment and retention. They relate to growing the Aboriginal and Torres Strait Islander health workforce, developing this workforce's capacity and skill, and enhancing the entire health workforce to create culturally safe and responsive health systems for staff and clients.

The implementation actions that fall under these Strategic Directions require the health sector to adopt strengths-based approaches to recruitment and retention and move away from an obligatory approach to meet diversity or minimum requirements. As outlined in a recent Lowitja Institute project strengths-based approaches are asset-based. They acknowledge, understand, and respect that Aboriginal and Torres Strait Islander both work and should be supported to work across all health disciplines, as they offer positive attributes and characteristics, and therefore significant value, to their services and professions. Strength-based approaches support a holistic orientation that privileges Aboriginal and Torres Strait Islander ways of knowing, being and doing.[17] This supports communication processes and improves the relationships and interactions when working with Aboriginal and Torres Strait Islander clients to achieve the best health outcomes. Recognition of the skills and strengths of Aboriginal and Torres Strait Islander people was also highlighted in a systematic review as an enabler to the retention of Aboriginal and Torres Strait Islander people working in health care.[18]

Certain characteristics of the work environment are fundamental predictors for retention of the Aboriginal and Torres Strait Islander health workforce. A supportive workplace is found to be a significant predictor of job satisfaction and improved retention. Effective strategies include supportive management structures, respect from colleagues, presence of Aboriginal

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[17] Fogarty, W Lovell, M, Lagenberg J, Heron, M-J 2018, 'Deficit Discourse and Strengths-based Approaches: Changing the Narrative of Aboriginal and Torres Strait Islander Health and Wellbeing', The Lowitja Institute & National Centre for Indigenous Studies, Melbourne.
[18] Lai et al 2018.

and Torres Strait Islander leadership within the workforce, culturally safe workplaces, flexible working conditions and access to professional development. Conversely, a workplace that tolerates racism, is an environment of limited support from management and peers, and lacks mentoring and professional development opportunities, is a predictor of poor satisfaction, emotional exhaustion, and high turnover.[19] Improvement in health system performance requires institutional racism to be addressed,[20] through personal and organisational action, including ensuring workplaces do not tolerate direct or indirect racism, conscious or unconscious bias and proactively undertake regular organisational assessments of policies, procedures and practices. This will contribute to the creation of culturally safe and responsive health care environments in all health care settings.

Strategic Directions 4 and 5

Strategic Directions 4 and 5 address the organisations and personal barriers to entering and completing educational programs and subsequent workforce supply. The accompanying implementation actions address systemic barriers such as racism and discrimination, and individual barriers such as financial and personal supports.[21] Combined, these strategies can assist in the creation of supportive and culturally safe learning environments that will lead to better completion rates and entry into health professions.

The process of selection and preparation for higher education, particularly at the tertiary level, is critical to student retention.[22] Hence some implementation actions target primary and secondary schooling and call for work experience and mentoring programs that enhance a young person's learning experience, goal setting, their understanding of health careers and employment expectations. Developing a highly skilled and capable health workforce starts before university, and early interventions will address some of the personal barriers identified in the research.[23]

Strategic Direction 6

Strategic Direction 6 addresses the improvements needed for effective health workforce planning and policy development. The quantitative measures of racialised health outcomes, or in this case workforce planning outcomes, can be problematic. Quantitative measures with explanations that do not prioritise or reflect Aboriginal and Torres Strait Islander peoples' knowledge or understandings usually result in Aboriginal and Torres Strait Islander

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[19] Deroy, S Schütze, H 2019, Factors supporting retention of aboriginal health and wellbeing staff in Aboriginal health services: a comprehensive review of the literature, International Journal for Equity in Health, vol. 18, no. 1, p.70.
[20] Lai et al. 2018.
[21] Ewen, S Ryan, T Platania-Phung, C 2019, A review and analysis of the Aboriginal and Torres Strait Islander health researcher workforce, The Lowitja Institute, Melbourne.
[22] Taylor et al 2019.
[23] Lai et al. 2018; Taylor et al. 2019.

people framed against a non-Indigenous norm, where they can be determined to be fundamentally unhealthy, deficient, or from a workforce perspective, lacking. This creates the view that the Aboriginal and Torres Strait Islander body or community as the location required to be changed, this is a clear example of cultural racism.[24]

A recent national project involving surveys, interviews and yarning circles with a large and representative cross-section of the Aboriginal and Torres Strait Islander health workforce identified "five pillars" for action: leadership and self-determination, cultural safety, valuing cultural strengths, investment in the workforce and workplace, and education and training. This is a critical resource for implementation of this National Workforce Plan.[25]

The National Workforce Plan is designed to improve information gathering, collecting, sharing and reporting to enable workforce planning to be undertaken strategically and with clarity across the health system. This will inform planning and investment for the Aboriginal community controlled health sector and public health systems in each of the states and territories. The sharing of information will also assist the mobility of the workforce, support education and training pathways, and is an acknowledgement of the roles each sector and their workforce play in delivering comprehensive health care.

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[24] Lai, et al. 2018.
[25] Bailey, J Blignault, I Carriage, C Demasi, K Joseph, T Kelleher, K Lew Fatt, E Meyer, L Naden, P Nathan, S Newman, J Renata, P Ridoutt, L Stanford, D & Williams, M 2020, 'We Are working for our People': Growing and strengthening the Aboriginal and Torres Strait Islander health workforce, career pathways project report, The Lowitja Institute, Melbourne.

Part 2
Implementation Plan

Implementation, Monitoring and Reporting

Part 2 outlines the implementation actions to achieve the desired outcomes of the six Strategic Directions, from short-term interventions to longer-term systemic reforms. Many of the actions require the collaboration of communities, stakeholders, and governments at the local, state and territory, and federal level.

Indicators and timeframes have been developed for each of the implementation actions. This approach has been taken to align reporting systems, data development priorities and target setting with the six Strategic Directions.

Evaluation Framework

A detailed Evaluation Framework will be developed to monitor the implementation and impact of the National Workforce Plan in meeting its stated objectives. The Evaluation Framework will be based on the overarching logic model (Appendices X refers – *to be included following the online consultation*) and will assess the appropriateness, efficiency, effectiveness, sustainability and impact of the National Workforce Plan.

The Evaluation Framework will include evaluation questions that support each of the implementation actions, as well as measurement indicators, proposed data sources and data collection methods, and timeframes. In similar fashion to the National Workforce Plan, this Framework will be co-designed between Aboriginal and Torres Strait Islander health peak bodies and governments.

While the Evaluation Framework will be used to guide high-level evaluation of the National Workforce Plan, those with key responsibilities should also conduct monitoring and evaluation activities to ensure actions are efficient, effective and appropriate.

The Evaluation Framework will also incorporate an evaluation of the various programs and initiatives that have been reflected in the National Workforce Plan, which is fundamental to ensuring those programs and initiatives have contributed to achieving the key activities and outcomes of the National Workforce Plan.

Two formal evaluations will be conducted throughout the life of the National Workforce Plan – a midterm review will be conducted in 2026 and the final review in 2030.

In addition to these formal review processes, regular monitoring will be undertaken by governments, in partnership with peak workforce organisations, to allow sufficient opportunity to identify and implement any changes required to achieve the outcomes of the National Workforce Plan by 2031.

Governance

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

To achieve the desired outcomes, all parties agree to strengthen existing partnerships in order to enhance place-based workforce development and growth in response to local community needs and aspirations.

Sharing data and information will assist localised partnerships to develop workforce plans and enable performance monitoring of the National Workforce Plan through achievable

workforce targets. Timely and clearly described public reporting of workforce data will promote transparency and accountability.

[*Insert governance diagram once new arrangements are agreed*]

Accountability

The publication of regular reports regarding the implementation of the National Workforce Plan, including the growth of the Aboriginal and Torres Strait Islander workforce, will strengthen partnerships, and ensure the public monitoring of progress, which is important for dismantling institutional racism.[26]

Accountability is a shared responsibility and will be embedded through annual public reports through the [*insert name of committee when available*] website. All jurisdictions and the Aboriginal and Torres Strait Islander community controlled health sector will be involved in this process.

Resourcing

Resources to support the implementation of the National Workforce Plan will be negotiated across both Commonwealth and state and territory governments. Negotiations will be informed by both national and jurisdictional workforce planning.

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[26] Griffith, DM Mason, M Yonas, M Eng, E Jeffries, V Plihcik, S Parks, B 2007, 'Dismantling institutional racism: theory and action', *American Journal of Community Psychology*, vol. 39, no. 3, pp. 381-92.

Strategic Direction 1

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

Implementation actions to support the representation of Aboriginal and Torres Strait Islander people in all health discipline roles have been developed with consideration of the following activities and outcomes:

- Flexible, innovative, and culturally safe recruitment strategies are supported by fit for purpose, placed based education and training options for Aboriginal and Torres Strait Islander people.

- Aboriginal and Torres Strait Islander people can access entry level, micro-credentialed health workforce training delivered within their remote or regional community that is linked to employment opportunities.

- Aboriginal and Torres Strait Islander strength-based communication strategies and awareness campaigns that promote health careers, including promoting Aboriginal and Torres Strait Islander role models are implemented.

- Clear career pathways, and succession planning, along with associated resources, are in place for mainstream and targeted (identified) positions.

- Workplaces are supportive and free of racism and discrimination.

- Workplaces are supportive and free of lateral violence.

- Culturally safe and responsive mentoring programs are implemented, supportive, and effective.

- Aboriginal and Torres Strait Islander health professionals can work to their full scope of practice.

- The role and scope of work of Aboriginal and Torres Strait Islander Health Workers and Health Practitioners is understood, valued, utilised, and respected.

- The clinical and non-clinical skills, capabilities and knowledge of Aboriginal and Torres Strait Islander health professionals are supported and strengthened by ongoing professional development.

Existing Supporting Initiatives

The Australian Government recognises that there are a number of existing programs and initiatives across governments that support the intended outcomes of the National Workforce Plan. Below is a non-exhaustive list of Commonwealth and state and territory programs and initiatives that support Strategic Direction 1. For a list of all existing programs and initiatives referred to in the National Workforce Plan, see Appendix X.

- *Names of existing programs and initiatives will be included following the online consultation.*

Strategic Direction 1 – Implementation, Monitoring and Reporting Framework

Implementation Actions What actions must be completed to support the outcome?	What does this look like in practice	Timeframe for Completion Short (within 4 years), medium (within 6 years) or long term (10 plus years) action	Responsible Who is responsible for the action? (lead, partner and support)	Monitoring and Reporting How will this be measured and how frequently?
1.1. Revise, expand and nationally standardise the professional scopes of practice for Aboriginal and Torres Strait Islander Health Workers and Aboriginal and Torres Strait Islander Health Practitioners.	A partnership of key health and education stakeholders is formed to revise the scopes of practice and associated education pathways. The professional scopes of practice for Aboriginal and Torres Strait Islander Health Workers and Aboriginal and Torres Strait Islander Health Practitioners are supported nationally and provide the foundation to determine individual scopes of practice within local service models, clinical governance and legislation. Over time, more Aboriginal and Torres Strait Islander Health Workers and Aboriginal and Torres Strait Islander Health Practitioners report they are working to professional scopes of practice.	Short: Professional scopes of practice finalised by 2024.	**Leads** National Aboriginal and Torres Strait Islander Health Worker Association (NATSIHWA) **Partners** Aboriginal and Torres Strait Islander Health Practice Board of Australia (ATSIHPBA) Commonwealth Department of Health and Department of Education, Skills and Employment State and territory governments	Annual self-reported data on whether Aboriginal and Torres Strait Islander Health Workers and Aboriginal and Torres Strait Islander Health Practitioners are working to professional scopes of practice (data source: NATSIHWA). ATSIHPBA registration data.
1.2. Harmonise medicines authorities across all jurisdictions for Aboriginal and Torres Strait Islander Health Practitioners, aligned	A partnership of key health stakeholders is formed to review and define the scope of harmonising medicines authorities across all jurisdictions.	Long: Jurisdictional medicine authorities are harmonised across jurisdictions by 2030.	**Leads** Australian Government **Partners** NATSIHWA	Annual reporting on the degree of harmonisation achieved between jurisdictional medicine authorities. Annual reporting on the degree of consistency achieved in clinical

Implementation Actions What actions must be completed to support the outcome?	What does this look like in practice	Timeframe for Completion Short (within 4 years), medium (within 6 years) or long term (10 plus years) action	Responsible Who is responsible for the action? (lead, partner and support)	Monitoring and Reporting How will this be measured and how frequently?
to the defined professional scopes of practice.‡‡‡‡‡‡‡	There is competent and responsive supply and administration consistency for Aboriginal and Torres Strait Islander Health Practitioners across Australia.	Medicines authorities are implemented within consistent clinical governance arrangements by 2030.	ATSIHPBA State and territory governments NACCHO and affiliates	governance arrangements by medicines authorities.
1.3. Implement pathways to return to work across the health sector.	Provision of support and incentives for the Aboriginal and Torres Strait Islander health workforce to return to the health sector. Development of refresher and new skills development courses to encourage and support Aboriginal and Torres Strait Islander staff to return to the health workforce. Increased responsiveness to surge workforce needs to respond to natural disasters and pandemics.	Short	**Leads** State and territory governments NACCHO and affiliates Aboriginal and Torres Strait Islander health workforce peak organisations **Partners** Commonwealth Department of Education, Skills and Employment	Number and type of support and incentives delivered (data source: Jurisdictional data). Number and type of refresher and new skill development courses delivered (data source: jurisdictional data). Increase number and proportion of the Aboriginal and Torres Strait Islander workforce returning to the health sector (data source:

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

Implementation Actions What actions must be completed to support the outcome?	What does this look like in practice	Timeframe for Completion Short (within 4 years), medium (within 6 years) or long term (10 plus years) action	Responsible Who is responsible for the action? (lead, partner and support)	Monitoring and Reporting How will this be measured and how frequently?
	Delivery of tailored marketing campaigns for Aboriginal and Torres Strait Islander health workers and health practitioners to return to the health sector.		Aboriginal Registered Training Organisations (RTOs) **Support** Australian Health Practitioner Regulation Agency	NATSIHWA and ATSIHPBA registration data).
1.4. Implementation of flexible workplace and education arrangements, and place based education	A partnership of key health and education stakeholders formed to develop new ways to deliver on the job training and/or release from work to attend education and training.	Short to medium	**Leads** State and territory governments NACCHO and affiliates **Partners** Aboriginal and Torres Strait Islander health workforce peak organisations **Support** Commonwealth Department of Education, Skills and Employment Aboriginal RTOs	Number and proportion of Aboriginal and Torres Strait Islander Health Workers and Health Practitioners participating in place-based education programs and utilising flexible workplace arrangements.
1.5. Expansion and enhancement of clinical, workplace and cultural support mentoring programs.	Aboriginal and Torres Strait Islander mentoring programs are delivered in all jurisdictions.	Short	**Leads** NACCHO Affiliates	Number and type of mentoring programs being delivered. Participation rates in mentoring programs.

Implementation Actions What actions must be completed to support the outcome?	What does this look like in practice	Timeframe for Completion Short (within 4 years), medium (within 6 years) or long term (10 plus years) action	Responsible Who is responsible for the action? (lead, partner and support)	Monitoring and Reporting How will this be measured and how frequently?
			Aboriginal and Torres Strait Islander health workforce peak organisations Lowitja Institute State and territory governments **Support** Commonwealth Department of Education, Skills and Employment	
1.6. Establish Aboriginal and Torres Strait Islander health peer support networks.	Aboriginal and Torres Strait Islander health workforce peer support networks are established in all jurisdictions. Formal mechanisms established within and across professions and organisations.	Short	**Leads** State and territory governments NACCHO Affiliates Aboriginal and Torres Strait Islander health workforce peak organisations Lowitja Institute **Support** Australian Government	Number and type of peer support networks operational. Participation rates in peer support networks. Increased number, type and participation rate in peer support networks over the life of the plan.
1.7. Optimise utilisation and reinvestment of Medicare Benefits Schedule (MBS) revenue to increase the	Health services with a Direction under subsection 19(2) of the *Health Insurance Act, 1973* work to increase MBS revenue, with income	Ongoing	**Lead**	MBS revenue from health services with a 19(2) Direction (data source: Commonwealth Department of Health).

Implementation Actions What actions must be completed to support the outcome?	What does this look like in practice	Timeframe for Completion Short (within 4 years), medium (within 6 years) or long term (10 plus years) action	Responsible Who is responsible for the action? (lead, partner and support)	Monitoring and Reporting How will this be measured and how frequently?
employment of Aboriginal and Torres Strait Islander health workforce.	to be reinvested back into the delivery of comprehensive primary health care and in the recruitment of Aboriginal and Torres Strait Islander staff.		Health Services with access to MBS billing under a 19(2) Direction	
1.8. Implement recommendations from the Aboriginal Torres Strait Islander Reference Group under the MBS Taskforce Review.	Aboriginal Torres Strait Islander health professions identified in the Report are able to access the MBS to enable working to their full scope of practice.	Short	**Lead** Commonwealth Department of Health	MBS revenue from health services with a 19(2) Direction (data source: Commonwealth Department of Health.
1.9. National recognition of Aboriginal and Torres Strait Islander social and emotional wellbeing and mental health professions across all health settings.	National implementation of the National Strategic Framework for Aboriginal and Torres Strait Islander Mental Health and Social and Emotional Wellbeing 2017 – 2023 Culturally and clinically appropriate specialist mental health care is available according to need. Ngangkari's (Traditional and Cultural Healers) are recognised and utilised across the health sector as key providers of health care.	Medium	**Leads** State and Territory Departments of Health Commonwealth Department of Health **Partner** Primary Health Networks	Monitored using the 5th National Mental Health and Suicide Prevention Plan, Implementation Plan as the MHSEWB Framework and the Gayaa Dhuwi (Proud Spirit) Declaration.

Implementation Actions What actions must be completed to support the outcome?	What does this look like in practice	Timeframe for Completion Short (within 4 years), medium (within 6 years) or long term (10 plus years) action	Responsible Who is responsible for the action? (lead, partner and support)	Monitoring and Reporting How will this be measured and how frequently?
1.10. Expansion of the Aboriginal Mental Health Worker Training Program	Increased enrolments and graduates in mental health emerging workforces and professions.	Short	**Leads** State and Territory Departments of Education Higher Education Sector Professional Associations **Partners** Charles Sturt University Other Universities and VET Sector	Monitored using the 5th National Mental Health and Suicide Prevention Plan, Implementation Plan as the MHSEWB Framework and the Gayaa Dhuwi (Proud Spirit) Declaration
1.11. Grow and support the Aboriginal and Torres Strait Islander environmental health workforce and rangers	Increased number of Aboriginal and Torres Strait Islander people studying and graduating with qualifications in Environmental Health, such as Environmental Health Practitioners and rangers. Environmental Health Practitioners and rangers are employed across all jurisdictions. The environmental health workforce and ranges are recognised as a critical component for improving health outcomes for Aboriginal and Torres Strait Islander people.	Medium	**Leads** National Indigenous Australians Agency (NIAA) Department of Education Skills and Employment **Partners** State and territory health and education departments Expert Reference Panel on Aboriginal and Torres Strait Islander Environmental Health	Jurisdictional data is used to monitor the following: • Increased number of Aboriginal and Torres Strait Islander people studying and graduating with qualification in Environmental Health. • Environmental Health Practitioners are employed across all jurisdictions in numbers adequate to meet need.

Implementation Actions What actions must be completed to support the outcome?	What does this look like in practice	Timeframe for Completion Short (within 4 years), medium (within 6 years) or long term (10 plus years) action	Responsible Who is responsible for the action? (lead, partner and support)	Monitoring and Reporting How will this be measured and how frequently?
	Environmental health is addressed through multi-sectoral and/or multi-jurisdictional action to prevent and manage related health conditions.		Environmental Health Australia **Support** Vocational Education and Training (VET) sector Regional Training Organisations Universities Industry Skills Council Local government associations State and territory Departments of Housing and of Environment	

Strategic Direction 2

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

In recognition of the cultural value the Aboriginal and Torres Strait Islander health workforce provides across all health disciplines, implementation actions to support skill development and capacity building are developed with consideration of the following activities and outcomes:

- Clinical and cultural supervision is available, appropriate, and free of racism and discrimination.

- Professional development opportunities for Aboriginal and Torres Strait Islander health staff are in place, tailored to their needs and support inter-professional collaboration and networks.

- Aboriginal and Torres Strait Islander health staff have opportunities to develop leadership capability at all levels, from entry level to leadership positions, including access to ongoing training and work-based experience.

- Professional development of clinical and non-clinical skills is provided and resourced.

- Employers support and enable Aboriginal and Torres Strait Islander people to meaningfully participate in planning, management, decision making and governance activities.

Existing Supporting Initiatives

The Australian Government recognises that there are a number of existing programs and initiatives across governments that support the intended outcomes of the National Workforce Plan. Below is a non-exhaustive list of Commonwealth and state and territory programs and initiatives that support Strategic Direction 2. For a list of all existing programs and initiatives referred to in the National Workforce Plan, see Appendix X.

- *Names of existing programs and initiatives will be included following the online consultation*

Strategic Direction 2 – Implementation, Monitoring and Reporting Framework

Implementation Actions What actions must be completed to support the outcome?	What does this look like in practice	Timeframe for Completion Short (within 4 years), medium (within 6 years) or long term (10 plus years) action	Responsible Who is responsible for the action?	Monitoring and Reporting How will this be measured and how frequently?
2.1. Develop and deliver jurisdictional Aboriginal and Torres Strait Islander health workforce plans and initiatives.	All jurisdictional Aboriginal and Torres Strait Islander workforce plans and initiatives include measurable key performance indicators to track progress and outcomes. Jurisdictional Aboriginal and Torres Strait Islander workforce plans are stand-alone documents co-designed in partnership with the Aboriginal and Torres Strait Islander community controlled health sector.	Short: All jurisdictions have Aboriginal and Torres Strait Islander stand-alone health workforce plans and initiatives by 2024.	**Leads** State and territory governments NACCHO and its state and territory affiliates Commonwealth Department of Health and contracted bodies, such as Rural Health Workforce Agencies; Rural Health Multidisciplinary Training (RHMT) funded bodies; Primary Health Networks (PHNs) **Partners** NHLF	Number and type of jurisdictional Aboriginal and Torres Strait Islander health workforce plans and initiatives (disaggregated by state and territory governments, Commonwealth Department of Health and the Aboriginal and Torres Strait Islander community controlled health sector) Annual reporting against key performance indicators (KPIs) within jurisdictional Aboriginal and Torres Strait Islander health workforce plans and initiatives.
2.2. Establish formal partnerships and shared decision making processes to co-design Aboriginal and Torres Strait Islander health workforce	Models are developed to support Aboriginal and Torres Strait Islander health workforce planning at national, state and local levels to address workforce needs.	Short	**Partners** State and territory governments NACCHO and its state and territory affiliates	Number and type of formal partnerships and shared decision-making processes established.

Implementation Actions What actions must be completed to support the outcome?	What does this look like in practice	Timeframe for Completion Short (within 4 years), medium (within 6 years) or long term (10 plus years) action	Responsible Who is responsible for the action?	Monitoring and Reporting How will this be measured and how frequently?
plans and initiatives at state, regional and local levels.	Leverage existing partnership arrangements to involve Aboriginal and Torres Strait Islander communities, health service providers and education and research institutes in the design of Aboriginal and Torres Strait Islander health workforce plans and initiatives.		Universities and RTOs **Support** NHLF Commonwealth Department of Health	
2.3. Establish a Leaders in Indigenous Allied Health Education and Training Network (LIAHTEN).	Contribute to the streamlining of pathways into allied health courses for Aboriginal and Torres Strait Islander Australians. Contribute to the comprehensive implementation of the National Aboriginal and Torres Strait Islander Health Curriculum Framework. Contribute to the embedding of micro-credentialing as a mechanism of professional development within the health workforce. Contribute to an increase in the recruitment of Aboriginal and Torres Strait Islander Health academics.	Short	**Leads** Indigenous Allied Health Australia (IAHA) Higher Education Sector **Partners** Commonwealth Department of Health Commonwealth Department of Education Skills and Employment Australian Rural Health Education Network Australian Council of Deans of Health Sciences VET Sector	Evaluation undertaken after four years to evaluate completion, graduation rates into professions, and changes made to improve pathways.

Implementation Actions What actions must be completed to support the outcome?	What does this look like in practice	Timeframe for Completion Short (within 4 years), medium (within 6 years) or long term (10 plus years) action	Responsible Who is responsible for the action?	Monitoring and Reporting How will this be measured and how frequently?
2.4. Enhance and expand investment in the Leaders in Indigenous Medical Education (LIME) Network and Leaders in Indigenous Nursing and Midwifery Education Network (LINMEN).	Contribute to the streamlining of pathways into health courses for Aboriginal and Torres Strait Islander peoples. Contribute to the comprehensive implementation of the National Aboriginal and Torres Strait Islander Health Curriculum Framework. Contribute to the embedding of micro-credentialing as a mechanism of professional development within the health workforce. Contribute to an increase in the recruitment and retention of Aboriginal and Torres Strait Islander Health academics.	Medium	**Leads** Higher Education Sector Australian Indigenous Doctors' Association (AIDA) CATSINaM **Partners** Medical Deans Australia and New Zealand Nursing and Midwifery Deans of Australia and New Zealand Commonwealth Department of Health VET Sector Ahpra	Data to be provided by CATSINaM and AIDA on completion, graduation rates into professions, and changes made to improve pathways. Monitoring of professional registration retention rates (Ahpra data).
2.5. Enhance and strengthen the capacity and capability of Aboriginal and Torres Strait Islander Health Workforce Peak Organisations (ATSIHWPOs)	Provide support to the Aboriginal and Torres Strait Islander health workforce to improve retention and career progression. Develop and support health career pathway programs with Aboriginal and Torres Strait Islander communities.		**Leads** Commonwealth Department of Health National Aboriginal and Torres Strait Islander health workforce peak Organisations	Level and extent of support (financial and non-financial) provided to ATSIHWPOs and outcomes achieved Annual jurisdictional reporting

Implementation Actions What actions must be completed to support the outcome?	What does this look like in practice	Timeframe for Completion Short (within 4 years), medium (within 6 years) or long term (10 plus years) action	Responsible Who is responsible for the action?	Monitoring and Reporting How will this be measured and how frequently?
	Improve the recruitment of Aboriginal and Torres Strait Islander health workforce. Provide long term funding to ATSIHWPOs. States and Territories strengthen and/or establish partnerships with ATSIHWPOs.		**Partners** State and territory governments **Support** VET Sector Australian Universities	

Strategic Direction 3

Aboriginal and Torres Strait Islander people are employed in culturally safe and responsive workplace environments that are free of racism across health and all related sectors.

Implementation actions to ensure Aboriginal and Torres Strait Islander people in the health workforce are employed in culturally safe and responsive workplace environments that are free from racism and discrimination, have been developed with consideration of the following activities and outcomes:

- All health service and related sector staff at all levels are trained in cultural safety and the completion of cultural safety training is embedded in performance management and/or professional development requirements.

- Non-Indigenous health professionals and the Aboriginal and Torres Strait Islander health workforce have access to and undertake appropriate cultural mentoring, supports and supervision as required.

- Both Aboriginal and Torres Strait Islander and non-Indigenous students have clinical placements and supports in Aboriginal community controlled health services, Aboriginal and Torres Strait Islander communities and appropriate mainstream public and private health and related settings.

- The Aboriginal and Torres Strait Islander Health Curriculum Framework is embedded into higher education health courses in partnership with Aboriginal and Torres Strait Islander people.

- Health organisations employ and value cultural professionals (cultural brokers/navigators, liaison officers) to assist all staff to develop and enhance their understanding, knowledge, beliefs, and practices of Aboriginal and Torres Strait Islander peoples in the service area, and this knowledge is valued and recognised by the health system.

- Local Aboriginal and Torres Strait Islander communities co-design and co-deliver workforce programs, initiatives and supports including clinical supervision and work placements.

- Organisations develop and implement effective policies and strategies to reduce interpersonal and institutional racism.

Existing Supporting Initiatives

The Australian Government recognises that there are a number of existing programs and initiatives across governments that support the intended outcomes of the National Workforce Plan. Below is a non-exhaustive list of Commonwealth and state and territory programs and initiatives that support Strategic Direction 3. For a list of all existing programs and initiatives referred to in the National Workforce Plan, see Appendix X.

- *Names of existing programs and initiatives will be included following the online consultation*

Strategic Direction 3 – Implementation, Monitoring and Reporting Framework

Implementation Actions What actions must be completed to support the outcome?	What does this look like in practice	Timeframe for Completion Short (within 4 years), medium (within 6 years) or long term (10 plus years) action	Responsible Who is responsible for the action?	Monitoring and Reporting How will this be measured and how frequently?
3.1. Undertake cultural safety reviews and assessments to address the legacy of institutional racism in the health, education and training sectors.	Policies, procedures, and practices assessed to identify decisions and actions that cultivate institutionalised racism. Involvement of Aboriginal and Torres Strait Islander staff and community members in the design and implementation of cultural safety reviews and assessments	Short to medium	**Leads** Australian Government State and territory governments	Measurable improvements from Aboriginal and Torres Strait Islander health staff surveys. Measurable improvements from Aboriginal and Torres Strait Islander client surveys. Number and proportion of complaints and breach data. Number and type of cultural safety reviews and assessments conducted. Measurable improvements over time from cultural safety reviews and assessments.
3.2. Development of an Aboriginal and Torres Strait Islander Accreditation Assessors workforce.	Build and grow the Aboriginal and Torres Strait Islander accreditation assessors' workforce. Experienced and qualified Aboriginal and Torres Strait Islander accreditation assessors on all health and education accreditation assessment panels. All health settings and education providers are only assessed by	Medium	**Leads** National boards and accreditation bodies, including the Australian Commission of Safety and Quality in Health Care **Partner** Ahpra	Biennial tracking of accreditation assessors, including qualifications, number of jobs provided, and the number of audits completed with Aboriginal and Torres Strait Islander staff.

Implementation Actions What actions must be completed to support the outcome?	What does this look like in practice	Timeframe for Completion Short (within 4 years), medium (within 6 years) or long term (10 plus years) action	Responsible Who is responsible for the action?	Monitoring and Reporting How will this be measured and how frequently?
	Assessors who are qualified to assess Aboriginal and Torres Strait Islander standards. Cultural safety training is embedded in performance management and/or professional development requirements across all health roles. Increased accountability within mainstream (public and private sector) services regarding the provision of culturally safe services and within all health professions.		**Support** NHLF NACCHO affiliates Universities Australia	
3.3. Develop a national Aboriginal and Torres Strait Islander cultural safety website.	Creation of an online hub of information and resources to support health providers across the health system, to complement face to face training and contribute to building culturally safe workplaces, learning environments and health services.	Short	**Lead** NHLF **Partners** Australian Commission of Safety and Quality in Health Care Ahpra **Support** Accreditation bodies Commonwealth Department of Health	Results from user feedback surveys. Formal review after three years. User (participation) numbers. Results from Aboriginal and Torres Strait Islander health workforce experience surveys. Aboriginal and Torres Strait Islander health workforce people report improvements in the cultural safety of their workplace.

Implementation Actions	What does this look like in practice	Timeframe for Completion	Responsible	Monitoring and Reporting
What actions must be completed to support the outcome?		Short (within 4 years), medium (within 6 years) or long term (10 plus years) action	Who is responsible for the action?	How will this be measured and how frequently?
3.4. Establish mandated national standards for cultural safety in higher education.	RTOs, Vocational Education and Training (VET) and higher education providers deliver a consistent learning content with mandated outcomes. Educators undertake cultural safety training. The development of cultural standards needs to be led and written by Aboriginal and Torres Strait Islander industry experts.	Medium	**Leads** Lowitja Institute NATSHIWA **Partners** Training and education bodies Commonwealth Department of Education Skills and Employment Curriculum accreditors	Development of standards. Formal review after three years.
3.5. Implement the Aboriginal and Torres Strait Islander Health Curriculum Framework.	Embed the Aboriginal and Torres Strait Islander Health Curriculum Framework across all health curricula. Aboriginal and Torres Strait Islander strengths, cultures, and knowledge is embedded in all health education and training programs. Involvement of Aboriginal and Torres Strait Islander Elders and community leaders in the planning,	Long	**Leads** Universities and VET providers Aboriginal RTOs **Partners** Aboriginal and Torres Strait Islander education networks State and territory governments	Data provided by relevant accreditation authorities.

Implementation Actions What actions must be completed to support the outcome?	What does this look like in practice	Timeframe for Completion Short (within 4 years), medium (within 6 years) or long term (10 plus years) action	Responsible Who is responsible for the action?	Monitoring and Reporting How will this be measured and how frequently?
	development and delivery of curriculum and content design.		Commonwealth Department of Education, Skills and Employment **Support** National Aboriginal and Torres Strait Islander health workforce peak organisations NACCHO and affiliates Lowitja Institute	
3.6. Embed culturally safe practice into continuing professional development.	Cultural safety is a Continuing Professional Development requirement in all health professions.	Short to medium	**Leads** National boards and accreditation bodies Professional associations State and territory governments Aboriginal Community Controlled Health Organisations (ACCHOs)	
3.7. Recognise and remunerate Aboriginal and Torres Strait Islander staff, reflecting the value of their contribution to improved care and outcomes for Aboriginal and Torres	Aboriginal and Torres Strait Islander health workforce within the non-government sector, such as ACCHOs, across all disciplines, roles	Short	**Leads** Employers of Aboriginal and Torres Strait Islander health workforce	ACCHO workforce data.

Implementation Actions What actions must be completed to support the outcome?	What does this look like in practice	Timeframe for Completion Short (within 4 years), medium (within 6 years) or long term (10 plus years) action	Responsible Who is responsible for the action?	Monitoring and Reporting How will this be measured and how frequently?
Strait Islander clients and their communities.	and functions, receive a parity of wage and remuneration.			

Strategic Direction 4

There are appropriate numbers of Aboriginal and Torres Strait Islander students studying and completing health qualifications to meet the future health care needs of Aboriginal and Torres Strait Islander people.

Implementation actions to ensure the required number of Aboriginal and Torres Strait Islander students studying and completing health qualifications, have been developed with consideration of the following suggested activities and outcomes:

- Aboriginal and Torres Strait Islander primary and secondary schools are fully aware of the diversity of health career opportunities and are provided with opportunities and supportive pathways to complete schooling and transition to further training, higher education and employment.

- Students entering higher education (both at the tertiary and vocational education and training levels) are well prepared by extended learning opportunities, supports and mentorship.

- Work experience and work readiness skills programs in the health and wider sector settings are implemented to promote the holistic approach to health and wellbeing.

- Scholarships, cadetships, graduate programs, traineeships and internships are appropriately resourced to respond to workforce demand across the diversity of roles and disciplines.

- Aboriginal and Torres Strait Islander organisations at local, regional, national, and international levels are partners in planning and implementation activities to increase the number of Aboriginal and Torres Strait Islander students studying for and completing qualifications in health.

Existing Supporting Initiatives

The Australian Government recognises that there are a number of existing programs and initiatives across governments that support the intended outcomes of the National Workforce Plan. Below is a non-exhaustive list of Commonwealth and state and territory programs and initiatives that support Strategic Direction 4. For a list of all existing programs and initiatives referred to in the National Workforce Plan, see Appendix X.

- *Names of existing programs and initiatives will be included following the online consultation.*

Strategic Direction 4 – Implementation, Monitoring and Reporting Framework

Implementation Actions What actions must be completed to support the outcome?	What does this look like in practice	Timeframe for Completion Short (within 4 years), medium (within 6 years) or long term (10 plus years) action	Responsible Who is responsible for the action?	Monitoring and Reporting How will this be measured and how frequently?
4.1. Expansion and enhancement of existing school-based traineeship programs to focus on Aboriginal and Torres Strait Islander designed and led initiatives.[28]	Better promotion of health as a career. Increase in school leavers being employed. Provision of mentoring and role models to students.	Short	**Leads** State and territory governments **Partners** Commonwealth Department of Health National Aboriginal and Torres Strait Islander peak workforce organisations ACCHOs Rural Health Workforce Agencies	Evaluation of existing programs. Increased enrolments. Community experiences. Feedback from student experiences.
4.2. Enhance and expand Aboriginal and Torres Strait Islander workforce traineeship programs.	Increased number of Aboriginal and Torres Strait Islander people studying nationally recognised health qualifications.	Short	**Lead** VET Sector	Evaluation during the first two years of operation. Increase in the availability of paid traineeships, cadetships, and scholarships, targeting both the

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[28] As identified in the National Rural Health Commissioners report.

Implementation Actions	What does this look like in practice	Timeframe for Completion	Responsible	Monitoring and Reporting
What actions must be completed to support the outcome?		Short (within 4 years), medium (within 6 years) or long term (10 plus years) action	Who is responsible for the action?	How will this be measured and how frequently?
	Traineeship programs include a systematic recognition of prior learning for entry to education and training programs, and ensure flexibility in program design and course delivery.		**Partners** Australian Government: Department of Health, NIAA, Department of Education, Skills and Employment National Aboriginal and Torres Strait Islander peak workforce organisations State and territory government **Support** NACCHO Affiliates	existing workforce and new entrants in government and the Aboriginal and Torres Strait Islander community controlled health sectors.
4.3. Enhance existing scholarship programs, such as the Puggy Hunter Memorial Scholarship Scheme and Lowitja Institute scholarships, to prioritise emerging health roles based on health needs.	Increased funding for the Puggy Hunter Memorial Scholarship Scheme and Lowitja Institute scholarships. Increased number of students studying for qualifications to meet emerging health need, such as: • Geriatricians • Disability and Aged Care support workers • Mental health workers, including Genetic Counsellors	Short	**Leads** Commonwealth Department of Health Australian College of Nursing	Number and proportion of scholarships commenced and completed.

Implementation Actions What actions must be completed to support the outcome?	What does this look like in practice	Timeframe for Completion Short (within 4 years), medium (within 6 years) or long term (10 plus years) action	Responsible Who is responsible for the action?	Monitoring and Reporting How will this be measured and how frequently?
	• Specialist professions to address the contributors to burden of disease.			
4.4. Assess and align eligibility criteria for incentivised programs such as traineeships, scholarships, cadetships and fellowships, to support continuous progression within and across education to employment pathways.	Students have access to financial and other incentives throughout the continuum of their education pathway.	Short	**Leads** Commonwealth Department of Education, Skills and Employment **Partners** State and territory governments National Aboriginal and Torres Strait Islander peak workforce organisations NACCHO Affiliates Lowitja Institute	Feedback from student surveys. Feedback from coordinator services. Number and proportion of program applications, acceptances, cancellations and completions. Number and type of programs delivered by States and territories.
4.5. Development of an Indigenous Health Research Workforce.	Scholarships that grow the research workforce such as: • Population Health • Primary Health • Geneticists • Medical Science • Clinical Practice	Medium	**Leads** Commonwealth Department of Education, Skills and Employment Lowitja Institute **Partners**	Monitoring the number of scholarships commenced and completed. Evaluation based on following the career path of scholarship recipients.

Implementation Actions What actions must be completed to support the outcome?	What does this look like in practice	Timeframe for Completion Short (within 4 years), medium (within 6 years) or long term (10 plus years) action	Responsible Who is responsible for the action?	Monitoring and Reporting How will this be measured and how frequently?
	• Biologists • Epidemiologists • Statisticians • Knowledge Translation Universities develop Aboriginal and Torres Strait Islander research strategies within their business planning processes. Strategies include increasing the number of Aboriginal and Torres Strait Islander academics with completed higher degrees by research and the use of ethical research practices when undertaking research involving Aboriginal and Torres Strait Islander communities. Community based researchers and pathways are developed with the ACCHOs as a site of workforce attraction/development and retention. Reform of research funding models to enable more emphasis on participatory action research that can be drawn back into sections on monitoring/data for decision making.		State and territory governments **Support** Higher education sector National Aboriginal and Torres Strait Islander peak workforce organisations National Health and Medical Research Council	

Implementation Actions What actions must be completed to support the outcome?	What does this look like in practice	Timeframe for Completion Short (within 4 years), medium (within 6 years) or long term (10 plus years) action	Responsible Who is responsible for the action?	Monitoring and Reporting How will this be measured and how frequently?
4.6. Implement a national campaign to promote health careers to Aboriginal and Torres Strait Islander people	Campaign may include place based solutions, promotional videos, social media promotions and brochures targeting the health and education sector. Aboriginal and Torres Strait Islander students in senior secondary education will aspire to a career in health, supported by peer and family networks. Aboriginal and Torres Strait Islander people of mature age and/or seeking a career change have access to educational opportunities to start a new career in the health sector. Increased number of enrolments in health-related courses.	Short	**Leads** Commonwealth Department of Health **Partners** **NHLF** NATSIHWA AIDA CATSINaM IAHA Lowitja Institute NACCHO	Increased enrolments. Proportion of Aboriginal and Torres Strait Islander people who complete qualifications and transition successfully to the workforce.

Strategic Direction 5

Aboriginal and Torres Strait Islander health students have a high level of completion and graduation from their courses and are supported to transition into the workforce.

Implementation actions to support a high level of completion and graduation for Aboriginal and Torres Strait Islander health students, have been developed with consideration of the following activities and outcomes:

- Mentoring programs are in place to support students at secondary school, at the commencement of health studies and various pathway programs, through to successful completion with a focus on points of transition.

- Scholarship programs are responsive to health workforce demand, fair, and allocated across disciplines based on need.

- Career pathways are implemented and articulated with tailored supports.

- Health services work with education providers at the local level to match training to employer needs and available jobs.

- Local Aboriginal and Torres Strait Islander communities co-design and co-deliver workforce programs and supports.

- Relevant and appropriate place-based workforce models meet the needs of Aboriginal and Torres Strait Islander people.

- Prioritising quality of teaching by supporting well-trained, skilled, and culturally responsive teachers who effectively engage with students to improve student outcomes.

Existing Support Initiatives

The Australian Government recognises that there are a number of existing programs and initiatives across governments that support the intended outcomes of the National Workforce Plan. Below is a non-exhaustive list of Commonwealth and state and territory programs and initiatives that support Strategic Direction 5. For a list of all existing programs and initiatives referred to in the National Workforce Plan, see Appendix X.

- *Names of existing programs and initiatives will be included following the online consultation*.

Strategic Direction 5 – Implementation, Monitoring and Reporting Framework

| Implementation Actions

What actions must be completed to support the outcome? | What does this look like in practice | Timeframe for Completion

Short (within 4 years), medium (within 6 years) or long term (10 plus years) action | Responsible

Who is responsible for the action? | Monitoring and Reporting

How will this be measured and how frequently? |
|---|---|---|---|---|
| 5.1. Establishment of Aboriginal and Torres Strait Islander student support networks. | Aboriginal and Torres Strait Islander Student Support Networks are formed and resourced in all educational institutions.

Workplaces and education institutions provide professional development opportunities for Aboriginal and Torres Strait Islander health students to build inter-professional collaboration.

Workplace-based support networks are provided for staff studying at all levels of qualifications.

Aboriginal and Torres Strait Islander people of mature age and/or seeking a career change have access to information about the transition and pathways to higher education. | Short | **Leads**

Educational Institutes

Support

State and territory governments

National Aboriginal and Torres Strait Islander peak workforce organisations

Commonwealth Health | User feedback surveys.

Student completion rates. |
| 5.2. Enhancement of Aboriginal and Torres Strait Islander Education Units to strengthen linkages with Aboriginal and Torres Strait Islander communities, | Universities develop and implement a range of strategies to:

• Improve the cultural understanding and awareness of staff, students, and researchers within their | Short | **Leads**

Higher Education Sector | Relevant data provided by accreditation authorities.

Student satisfaction surveys. |

Implementation Actions What actions must be completed to support the outcome?	What does this look like in practice	Timeframe for Completion Short (within 4 years), medium (within 6 years) or long term (10 plus years) action	Responsible Who is responsible for the action?	Monitoring and Reporting How will this be measured and how frequently?
community controlled health sector and other health employers.	institution, including the provision of cultural safety training. • Increase the number of Aboriginal and Torres Strait Islander people in senior management positions. • Increase the number of Aboriginal and Torres Strait Islander people represented in the highest-level governance structures. • Increase accountability of faculty leaders and senior management for achieving parity targets and improved outcomes. • Advocate to include cultural safety and considerations into clinical placements for Aboriginal and Torres Strait Islander students. .		**Support** Commonwealth Department of Education, Skills and Employment State and territory governments	
5.3. Enhance the support and assistance provided to Aboriginal and Torres Strait Islander health students	Increased focus on support for health students studying in remote and regional areas. Communities are part of the co-design of programs and supports to	Medium	**Leads** Higher education sector led by Deans Council and VET equivalent.	Monitoring take-up of university places by Aboriginal and Torres Strait Islander students from regional, rural and remote areas (increased %).

Implementation Actions	What does this look like in practice	Timeframe for Completion	Responsible	Monitoring and Reporting
What actions must be completed to support the outcome?		Short (within 4 years), medium (within 6 years) or long term (10 plus years) action	Who is responsible for the action?	How will this be measured and how frequently?
from regional, rural and remote areas.	capturing these unique needs of Aboriginal and Torres Strait Islander students. Ensure that certificate-level qualifications and opportunities to undertake VET courses and clinical placements for health are available. Professions linked to employment opportunities are widely available and promoted. Use of reliable virtual networks and other technology-based solutions to provide greater access to universities and health course providers by remote and regional students. Options to provide additional and affordable housing specifically for Aboriginal and Torres Strait Islander people relocating away from their families.		**Partners** National Aboriginal and Torres Strait Islander peak workforce organisations NACCHO Affiliates **Support** State and territory governments Australian Government	Monitoring enrolments in VET qualifications by Aboriginal and Torrs Strait Islander students from regional, rural and remote areas. This information should also be used as evidence of preferred pathways (i.e. offering qualifications at the undergraduate level), delivery methods (e.g. block release), etc. for universities to provide pathways which support Aboriginal and Torres Strait Islander people into higher education.

Strategic Direction 6

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

Implementation activities and actions to support the development and sharing of information and data across health systems have been developed with consideration of the following activities and outcomes:

- A systematic approach with best-practice guidelines is implemented to support the establishment, collection, recording, usage, definitions, and interpretation of Aboriginal and Torres Strait Islander health workforce data.

- Data collection capacity and mandated performance indicators are in place to ensure that cultural safety and service delivery targets are achieved.

- Aboriginal and Torres Strait Islander health professionals collaborate in the development, maintenance, and refinement of best-practice guidelines.

- The perspectives, aspirations and needs of the Aboriginal and Torres Strait Islander health workforce are embedded in the guidelines and reflected in their usage.

- Aboriginal and Torres Strait Islander organisations co-design and lead community-driven workforce models and policy initiatives.

- Workforce development is linked to retention, practice decisions, service impacts and health outcomes among Aboriginal and Torres Strait islander people.

- Data is clearly reported and shared publicly in Aboriginal and Torres Strait islander and mainstream (public and private sector) organisations to enable transparency and accountability.

Existing Support Initiatives

The Australian Government recognises that there are a number of existing programs and initiatives across governments that support the intended outcomes of the National Workforce Plan. Below is a non-exhaustive list of Commonwealth and state and territory programs and initiatives that support Strategic Direction 6. For a list of all existing programs and initiatives referred to in the National Workforce Plan, see Appendix X.

- *Names of existing programs and initiatives will be included following the online consultation.*

Strategic Direction 6 – Implementation, Monitoring and Reporting Framework

Implementation Actions What actions must be completed to support the outcome?	What does this look like in practice	Timeframe for Completion Short (within 4 years), medium (within 6 years) or long term (10 plus years) action	Responsible Who is responsible for the action?	Monitoring and Reporting How will this be measured and how frequently?
6.1. Reform and improve the collection and use of Aboriginal and Torres Strait Islander health workforce data.	Scoping activity undertaken to identify data collection activities across governments about Aboriginal and Torres Strait Islander health workforce. Data improvements introduced across national and jurisdictional Aboriginal and Torres Strait Islander health workforce data sets. Consistency of data across all jurisdictional health workforce strategies.	Ongoing	**Leads** Commonwealth Department of Health Australian Institute of Health and Welfare ABS **Partners** State and territory governments Primary Health Networks National Indigenous Australians Agency NHLF	Increased usage of Aboriginal and Torres Strait Islander health workforce data in government reports and publications.
6.2. Expansion of the National Health Workforce Dataset and the Health Demand and Supply Utilisation Patterns Planning (HeaDS UPP) Tool	Further development of data sharing arrangements between the Australian Government, state and territory governments, service commissioners, service providers, and health workforce peaks. Prioritisation of work to fill gaps. Health organisations can easily access the National Health	Medium	**Lead** Commonwealth Department of Health **Partners** Primary Health Networks State and territory governments	Expansion of the Health Workforce Dataset and HeaDS UPP Tool to capture additional health professions, location, scope, and population need. Increased number and type of professions captured in the Health Workforce Dataset.

Implementation Actions What actions must be completed to support the outcome?	What does this look like in practice	Timeframe for Completion Short (within 4 years), medium (within 6 years) or long term (10 plus years) action	Responsible Who is responsible for the action?	Monitoring and Reporting How will this be measured and how frequently?
	Workforce Dataset and HeaDS UPP Tool to support workforce planning. The National Health Workforce Dataset and HeaDS UPP Tool is expanded, utilising data from health workforce peaks. Data quality of Aboriginal and Torres Strait Islander identifiers in the National Health Workforce Dataset is reliable, consistent and culturally safe for Aboriginal and Torres Strait Islander people to choose to identify.		National Aboriginal and Torres Strait Islander peak workforce organisations NACCHO Ahpra	Improved accessibility of Health Workforce Dataset.
6.3. Targeted Burden of Disease research at the jurisdictional and regional level	Data is available on Aboriginal and Torres Strait Islander workforce distribution and local health needs. Planning is informed by this data.	Short	**Leads** State and Territory Departments of Health **Support** Australian Institute of Health and Welfare	

Appendices

Appendix 1: Glossary and Definitions

Appendix 2: Higher Education

Appendix 3: National Agreement on Closing the Gap Targets

Appendix 4: Relevant National Safety Quality Health Service Standards

Appendix 5: List of Existing Support Initiatives [to be completed]

Appendix 6: References

Appendix 7: Bibliography

Appendix 1: Glossary and Definitions

Aboriginal and Torres Strait Islander Health Practitioner	An Aboriginal and/or Torres Strait Islander primary health care professional who is registered with the Australian Health Practitioner Regulation Agency.
Aboriginal and Torres Strait Islander Health Worker	An Aboriginal or Torres Strait Islander person who holds the relevant qualifications in Aboriginal and/or Torres Strait Islander primary health care.
Accreditation Bodies	Professional-based bodies responsible for the accreditation of health and education courses e.g. Australian Medical Council
Clinical Roles	Clinicians who are allowed by law, regulation, professional requirements, and facility policy to perform or assist in the diagnosis and treatment of people in a health care setting.
Continuing Professional Development (CPD)	Continuing Professional Development that includes a wide range of planned activities that broaden and strengthen the skills and knowledge related to an area of work. CPD is often is a formal requirement and includes activities like attending conferences, doing a short course, acquiring some new skills on-the-job, acting in other roles to build your leadership experience and skills, or being mentored by a colleague.
Health Demand and Supply Utilisation Patterns Planning (HeaDS UPP) Tool	The HeaDS UPP Tool is a new integrated source of health workforce and services data that informs workforce planning and analysis. HeaDS UPP brings health data together to visually highlight how the community uses and accesses health services and the health workforce. It provides a single access point for workforce data from a number of data sets such as the Medicare Benefits Schedule, Australian General Practitioner Training, Royal Flying Doctor Service Program, National Health Workforce data set, National Health Service Directory, and others.
Higher Education	Education beyond the secondary level including education provided by a college or university including vocational education and training.
Health Related Sectors	Health, Aged Care, Disability and Community Services and inclusive of HR roles in these sectors.
Institutional Racism (also known as systemic racism)	Institutional racism occurs when institutions such as governments, legal, medical and education systems and businesses, discriminate against groups of people through their policies, processes, and protocols. Often unintentional, such racism occurs when the apparently non-discriminatory actions of the dominant culture have the effect of excluding or marginalising people from minority cultures. Institutional racism reinforces individual prejudices and is in turn reinforced by them
Jurisdictions	All states, territories, and the Commonwealth.
National Aboriginal Community Controlled Health Organisation (NACCHO)	NACCHO is the national peak body representing 143 Aboriginal Community Controlled Health Services across Australia.

NACCHO Affiliates	The state or territory Aboriginal and Torres Strait Islander community controlled peak bodies for Aboriginal Community Controlled Health Organisations that are members of NACCHO.
National Approach	An approach where each state and territory, the Australian Government, the Aboriginal and Torres Strait Islander community controlled health sector and other stakeholders undertake various co-ordinated tasks collectively and individually in the pursuit of a common purpose.
National Health Workforce Data Set (NHWDS)	The NHWDS is a combination of registration and survey data collected through the registration renewal process for registered health practitioners.
Non-Clinical Roles	Includes all staff that do not provide any direct clinical care.
Scope of Practice	The authorised scope of professional for a profession that is harmonised across all jurisdictions.
Registered Training Organisation (RTO)	A registered training organisation (RTO) is a training provider registered by the Australian Skills Quality Authority (or a state regulator) to deliver VET services.
Responsible	Responsible is used within the Workforce Plan to describe the entity that is responsible for planning, developing, organising, and delivering the specific outcome required in the related implementation action. Lead, partner and support responsibilities have been identified wherever possible.
Tertiary Education	Education provided by Universities and Colleges.
Vocational Education and Training (VET)	VET sector providers can include: • technical and further education (TAFE) institutes • adult and community education providers • agricultural colleges • private providers • community organisations • industry skill centres • commercial and enterprise training providers • Some universities and secondary schools also provide VET

Appendix 2: Higher Education

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

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

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

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

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

In December 2015, the Aboriginal and Torres Strait Islander Higher Education Advisory Council released its recommendations to progress priority areas in Aboriginal and Torres Strait Islander higher education. The Council identified the need for better connections between policies and program responses across the education cycle from early childhood, through schooling and post-school education, which clearly places higher education as a fitting post-school destination for Aboriginal and Torres Strait Islander people. It also noted the need for better connections between higher education and other Indigenous policy priorities; for example, higher education is the critical component for Aboriginal and Torres

Strait Islander economic development and governance but is not highly visible in a policy agenda centred on training and employment.

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

The Health Curriculum Framework evolved from recommendation 23 of Health Workforce Australia's Aboriginal and Torres Strait Islander Health Worker Project, final report *Growing Our Future*, December 2011:

> *Embed mandatory cultural competency curricula, including an understanding of the role of the Aboriginal and Torres Strait Islander Health Worker, in vocational and tertiary education for health professionals.*

The Health Curriculum Framework has been developed specifically for the tertiary sector. Further work will need to be undertaken to adapt the Health Curriculum Framework for use within the vocational education and training sector utilising the learnings and recommendations from the various reviews and reports outlined above.

Appendix 3: National Agreement on Closing the Gap Targets

In July 2020, a National Agreement on Closing the Gap was developed, between the Coalition of Aboriginal and Torres Strait Islander Peak Organisations, and all Australian Governments. The National Agreement sets out 16 ambitious targets and four new priority reforms to change the way governments work to improve life outcomes for Aboriginal and Torres Strait Islander. The targets are outlined below:

#	Target
1	Close the Gap in life expectancy within a generation, by 2031.
2	By 2031, increase the proportion of Aboriginal and Torres Strait Islander babies with a healthy birthweight to 91 per cent.
3	By 2025, increase the proportion of Aboriginal and Torres Strait Islander children enrolled in Year Before Fulltime Schooling (YBFS) early childhood education to 95 per cent.
4	By 2031, increase the proportion of Aboriginal and Torres Strait Islander children assessed as developmentally on track in all five domains of the Australian Early Development Census (AEDC) to 55 per cent.
5	By 2031, increase the proportion of Aboriginal and Torres Strait Islander people (age 20-24) attaining year 12 or equivalent qualification to 96 per cent.
6	By 2031, increase the proportion of Aboriginal and Torres Strait Islander people aged 25-34 years who have completed a tertiary qualification (Certificate III and above) to 70 per cent.
7	By 2031, increase the proportion of Aboriginal and Torres Strait Islander youth (15-24 years) who are in employment, education, or training to 67 percent.
8	By 2031, increase the proportion of Aboriginal and Torres Strait Islander people aged 25-64 who are employed to 62 per cent.
9	By 2031, increase the proportion of Aboriginal and Torres Strait Islander people living in appropriately sized (not overcrowded) housing to 88 per cent.
10	By 2031, reduce the rate of Aboriginal and Torres Strait Islander adults held in incarceration by at least 15 per cent.
11	By 2031, reduce the rate of Aboriginal and Torres Strait Islander young people (10-17 years) in detention by at least 30 per cent.
12	By 2031, reduce the rate of over-representation of Aboriginal and Torres Strait Islander children in out-of-home care by 45 per cent.
13	A significant and sustained reduction in violence and abuse against Aboriginal and Torres Strait Islander women and children towards zero.

14	Significant and sustained reduction in suicide of Aboriginal and Torres Strait Islander people towards zero.
15a	By 2030, a 15 per cent increase in Australia's landmass subject to Aboriginal and Torres Strait Islander people's legal rights or interests.
15b	By 2030, a 15 per cent increase in areas covered by Aboriginal and Torres Strait Islander people's legal rights or interests in the sea.
16	By 2031, there is a sustained increase in number and strength of Aboriginal and Torres Strait Islander languages being spoken.

Further information can be found at: https://www.niaa.gov.au/indigenous-affairs/closing-gap

Appendix 4: Relevant National Safety Quality Health Service Standards

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

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

Further information can be found at: https://www.safetyandquality.gov.au/topic/user-guide-aboriginal-and-torres-strait-islander-health

Appendix 5: List of Existing Support Initiatives

The Australian Government recognises and acknowledges the existing programs and initiatives across governments that support the National Workforce Plan, and contribute to achieving the activities and outcomes of its Strategic Directions. This appendix is not exhaustive, and is intended to provide an overview of some of the Commonwealth and state and territory programs and initiatives that are currently available to grow the skills and capacity of the Aboriginal and Torres Strait Islander health workforce.

The Australian Government also acknowledges the dedication, commitment and tireless efforts undertaken by the Aboriginal community controlled health sector, to grow and strengthen this workforce, so better health outcomes for Aboriginal and Torres Strait Islander peoples and communities can be achieved.

[*To be completed following the online consultation*]

Appendix 6: Bibliography

The following resources were used to inform the development of the National Workforce Plan. These resources were identified through a literature review and noted by stakeholders throughout the consultation process:

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