

Health Workforce Australia (HWA) was established in 2010 in response to the Council of Australian Government's (COAG) National Partnership Agreement on Hospital and Health Workforce Reform 2008 that acknowledged Australia needed

“a new single body working to Health Ministers that can operate across both the health and education sectors and jurisdictional responsibilities in health is critical for devising solutions that effectively integrate workforce planning, policy and reform with the necessary and complementary reforms to education and training.”<sup>1</sup>

## TEMPLATE FOR WRITTEN SUBMISSIONS

### National Health Workforce Innovation and Reform Strategic Framework for Action.

Following an intensive period of research HWA has developed a draft National Health Workforce Innovation and Reform Strategic Framework for Action (Framework) for consultation.

The Framework is intended to establish a robust and well considered direction for future workforce development and reform while not detracting from present needs and commitments. It will be a structure for thinking, planning and action that will support a sustainable health workforce in response to changing population health needs, demographics and technologies.

The development and implementation of the Framework will require partnerships across sectors, jurisdictions and professional groups to look at the Australian health workforce through the lens of major innovation and reform.

HWA seeks feedback on the Framework via a series of national consultations and a call for written submissions.

Stakeholder groups from the health and education sectors are invited to participate in these consultations. These groups include:

- higher education and training providers;
- public and non government health and aged care providers
- professional and regulatory bodies
- representative groups of consumers, carers and service providers;
- jurisdictional officials;
- health workforce policy, planning and research officers.

Stakeholder groups are asked to provide feedback via a written submission to HWA.

---

<sup>1</sup> COAG (2008) *National Partnership Agreement on Hospital and Health Workforce Reform*. Schedule B p.16



Written submissions are due by **27th May 2011**.

Please complete your submission by referring to the information on the HWA website at <http://www.hwa.gov.au/wir/strategy>

Send the printed document to HWA at:

**Health Workforce Australia**

**GPO Box 2098**

**Adelaide SA 5001**

or send a copy of your submission by email to **HWAWIR@hwa.gov.au**

**WRITTEN SUBMISSION**

to **HEALTH WORKFORCE AUSTRALIA** to provide comment on  
the **NATIONAL HEALTH WORKFORCE INNOVATION AND REFORM**  
**STRATEGIC FRAMEWORK FOR ACTION (FRAMEWORK)**

**PLEASE NOTE**

The framework has been informed by the background paper provided. The background paper provides the evidence base and rationale for the framework and is available from <http://www.hwa.gov.au/wir/strategy>.

**Please complete:**

Name of stakeholder/organisation making this submission: Australian Indigenous Doctors' Association

Contact person: Romlie Mokak

Title CEO

Telephone 02 6273 5013

Email dewi@aida.org.au

**The comments provided in this submission are from the perspective of (please double-click and select 'checkbox' for those that apply):**

- Education providers to the health workforce
- Health service managers
- Health workforce planners
- Health workforce researchers
- Indigenous health services planners and providers
- Rural and remote health services planners and providers
- A regulatory body
- A professional group/s (Please specify) Indigenous Doctors
- A consumer group
- A carer group
- Government - Commonwealth

- Government – State or Territory
- Non-government (not for profit)
- Non-government (private, for profit)
- Other (Please specify)

### **Confidentiality**

The information provided in this submission will be presented as part of a **Report** to the HWA Board and the Strategic Framework Expert Reference Group. Individual submissions will be made available to members of the HWA Board on request. HWA does not intend to publish the submissions received or the Report on the submissions.

The **Report** will consist of aggregated, de-identified information and will be used to inform the final **National Health Workforce Innovation and Reform Strategic Framework for Action**.

### **Thank you for your participation**

Health Workforce Australia thanks you/your organisation for taking the time and effort to consider the draft Framework and for providing your perspective and advice.

Further information about the work of HWA is available at [www.hwa.gov.au](http://www.hwa.gov.au)

**PLEASE PROVIDE YOUR FEEDBACK ON THE DRAFT FOR CONSULTATION BY  
RESPONDING TO THE CONSULTATION QUESTIONS BELOW.**

The consultation questions presented below refer to the Draft for Consultation - a copy of which is available from <http://www.hwa.gov.au/wir/strategy>

## **FOREWORD AND BACKGROUND**

1. Does your organisation have any comments or advice about the introductory sections of the Framework? In particular we seek your comments about the purpose of the Framework and the commitments that underpin the Framework.

The Australian Indigenous Doctors' Association (AIDA) welcomes the opportunity to comment on the National Health Workforce Innovation and Reform Strategic Framework for Action (the Framework).

In our view, the development of this Framework represents an important opportunity to improve the health and wellbeing of Aboriginal and Torres Strait Islander people, now and into the future. A competent health workforce is an integral factor in improving health and wellbeing outcomes. In particular, a culturally-competent health workforce is vital to ensure the health system has the capacity to provide culturally-safe services that meet the needs of Aboriginal and Torres Strait Islander people and improve their health outcomes.<sup>2</sup>

There is much at stake. The poor state of Indigenous health in this country is well known and poignantly evident in the gap in life expectancy between Indigenous and non-Indigenous people. In the Ministerial Statement on National Mental Health Reform, reference was made to Indigenous mortality rates as a form of shorthand to indicate a zero benchmark; in other words, it has become a proxy to indicate the worst health in the country<sup>3</sup>.

---

<sup>2</sup> Australian Institute of Health and Welfare 2009. *Aboriginal and Torres Strait Islander health labour force statistics and data quality assessment*. IHW 27. Canberra: AIHW

<sup>3</sup> Australian Government 2011. *National Mental Health Reform – Ministerial Statement*. [http://budget.australia.gov.au/2011-12/content/download/ms\\_health.pdf](http://budget.australia.gov.au/2011-12/content/download/ms_health.pdf) accessed 27 May 2011.

The reference to those “dying at rates second only to Indigenous Australians”<sup>4</sup>, relies on the assumption that Australian citizens are well-accustomed to Indigenous poor health, and is of great concern because it feeds into, and reinforces, notions of ‘compassion fatigue’. It is against this background that future national and jurisdictional health workforce reforms will have to prove their relevance to the Aboriginal and Torres Strait Islander people they serve.

However, there is cause for optimism, most notably in the COAG Closing the Gap targets endorsed in 2008. In making these commitments, all levels of government demonstrated recognition of the place of Aboriginal and Torres Strait Islander people and their needs as at the forefront of government business and across all programs.

The Closing the Gap targets are as follows:

- To close the life expectancy gap within a generation;
- To halve the gap in mortality rates for Indigenous children under five within a decade;
- To ensure access to early childhood education for all Indigenous four year olds in remote communities within five years;
- To halve the gap in reading, writing and numeracy achievements for children within a decade;
- To halve the gap for Indigenous students in year 12 attainment rates by 2020; and
- To halve the gap in employment outcomes between Indigenous and non-Indigenous Australians within a decade.

In terms of Government commitment to Indigenous Australia, there is also cause for optimism in related areas: for example, the Government, Opposition and most of their State and Territory counterparts, have signed up to the Close the Gap Statement of Intent, which commits to the following relevant targets:

- To ensuring primary healthcare services and health infrastructure for Aboriginal and Torres Strait Islander peoples which are capable of bridging gaps in health standards by 2018
- To respect and promote the rights of Aboriginal and Torres Strait Islander peoples, including by ensuring that health services are available, appropriate, accessible, affordable and good quality.

---

<sup>4</sup> Ibid pp 1

Original signatories to the Close the Gap Statement of Intent also include members of the Close the Gap Campaign<sup>5</sup>, including the Aboriginal and Torres Strait Islander Social Justice Commissioner, the Australian Indigenous Doctors' Association, the National Aboriginal Community Controlled Health Organisation, the Congress of Aboriginal and Torres Strait Islander Nurses and the Indigenous Dentists Association of Australia.

The Government has also endorsed the United Nations General Assembly Declaration on the Rights of Indigenous Peoples, which recognises this right:

- Article 24 (2) – 'Indigenous individuals have an equal right to the enjoyment of the highest attainable standard of physical and mental health. States shall take the necessary steps with a view to achieving progressively the full realisation of this right.'

The challenge for the Framework and Health Workforce Australia is to get it right for Indigenous Australia, and it should get it right, particularly in the context of a promising political landscape and an imperative for a new paradigm for health workforce.

In AIDA's view, the absence of any reference to COAG's Closing the Gap targets in the Framework is a serious omission which must be rectified. In its current form, the Framework fails to give primacy to the health and wellbeing of Aboriginal and Torres Strait Islander people. This is an unacceptable oversight for a document of such national significance and ambition, which aims to provide national guidance and leadership across the jurisdictions and to promote greater cohesion across government sectors, both now and into the future.

References are made in the Framework to indicate how it will service and ultimately benefit, Aboriginal and Torres Strait Islander people and Indigenous health. However, taken in isolation, these are insufficient to meet the needs of Aboriginal and Torres Strait Islander people in a comprehensive, consistent and meaningful way. To borrow a phrase from the document, *Pathways into the Health Workforce for Aboriginal and Torres Strait Islander People: A Blueprint for Action*, 'Aboriginal and Torres Strait

---

<sup>5</sup> 'Closing the Gap' refers to Government-badged commitments to Aboriginal and Torres Strait Islander Australians; as distinct to the 'Close the Gap' campaign, which represents a coalition of Australia's leading Indigenous and non-Indigenous health and human rights organisations committed to working with governments to close the life expectancy gap between the Indigenous population and other Australians within a generation.

Islander reforms must be ‘built in’ not ‘bolted on’<sup>6</sup>.

In AIDA’s view, the Framework must make explicit its commitment to meeting the needs of Aboriginal and Torres Strait Islander people. This commitment to our nation’s First Peoples must be highly visible and clear, not obfuscated by generic terms such as ‘social and cultural diversity’.

A strong and clear commitment to Aboriginal and Torres Strait Islander people must be made up front and centre, and then interwoven into the body of the Framework – with each strategy explicitly addressing or providing guidance to jurisdictions on how Indigenous people stand to benefit from the implementation of the Framework. This will ensure the primacy of Indigenous health within the Framework and provide clear and consistent direction in terms of implementing the Framework to meet the needs of Aboriginal and Torres Strait Islander people. Only in this way, will the Framework adequately respond to COAG’s agreed agenda.

If the Framework does not explicitly state its commitment to Indigenous Australia, then it risks being consigned to joining a long list of national strategies that have not served Aboriginal and Torres Strait Islander people well, if at all.

#### Institutional responsibility for Indigenous business

AIDA’s experience with stakeholders across the medical education and training continuum highlights the importance of individual organisations embedding formalised agreements, structures and processes to ensure the needs of Aboriginal and Torres Strait Islander people are properly serviced:

*AIDA’s work with Medical Schools:* AIDA’s formal ‘collaboration agreement’ with the Medical Deans Australia and New Zealand is a joint commitment to work together to realise the potential of Aboriginal and Torres Strait Islander medical students and to strengthen non-Indigenous medical graduates’ capacity to practise with cultural competence and confidence in Indigenous health settings. This ‘collaboration agreement’ has been operationalised within the two organisations, and is based on mutual respect and a commitment to joint-decision making, priority setting and constant learning and reflection. This ‘collaboration agreement’ is often highlighted as evidence of how the priority issues to Close the Gap in Indigenous health can be progressed in

---

<sup>6</sup> National Aboriginal and Torres Strait Islander Health Council, *Pathways into the Health Workforce for Aboriginal and Torres Strait Islander People: A Blueprint For Action*, 2008

real partnership.<sup>7</sup>

*AIDA's work with pre-vocational Medical Education and Training Providers:* The NSW Clinical Education and Training Institute ensures Aboriginal and Torres Strait Islander medical graduates are given their priority intern place, which recognises the importance of strengthening transitions and pathways for Indigenous junior doctors.

*AIDA's work with medical specialist colleges:* The efforts of individual medical specialist colleges to contribute towards Closing the Gap are represented in different ways. For example, the Royal Australian College of General Practitioners has established a National Faculty of Aboriginal and Torres Strait Islander Health. Other medical colleges, notably the Royal Australasian College of Surgeons, the Royal Australasian College of Physicians and the Royal Australian and New Zealand College of Psychiatrists have also established internal committees to advise them on Indigenous health issues.

The examples provided above highlight a number of potential 'exemplars' to guide Government efforts. In these, and other efforts, mechanisms must be in place to ensure Indigenous voices are heard, for example, through:

- Proper, respectful partnership
- High level, cross-institutional committees
- Indigenous people on decision making forums, e.g. Boards, Councils etc

We note HWA's commitment to a new Aboriginal and Torres Strait Islander Standing Committee reporting directly to its Board. We congratulate HWA for this and urge HWA to consider appointing an Indigenous co-chair to the committee.

## **FUTURE AND INTERMEDIATE OUTCOMES**

1. Do the **future** outcomes focus on the most important health workforce issues from your perspective?
2. Do the **intermediate** outcomes focus on the most important health workforce issues from your perspective?

As argued above, both the future and intermediate outcomes must focus on, and explicitly state, how Aboriginal and Torres Strait Islander people are set to benefit from the implementation of the Framework.

---

<sup>7</sup> See for example, Close the Gap Campaign Steering Committee. *Shadow Report on the Australian Government's progress towards closing the gap in life expectancy between Indigenous and non-Indigenous Australians*, Feb 2010, pp 25

**DOMAIN Health Workforce reform for more effective and accessible service delivery.**

**Reforming health workforce roles for more effective and accessible service delivery models to better address health promotion, prevention, population and demographic needs and improve productivity.**

AIDA supports, in principle, the expansion of generalist workforce roles and scopes of practice, as a basis for this Domain, with a view to improving the health of Aboriginal and Torres Strait Islander people now and into the future.

Aboriginal and Torres Strait Islander doctors working in Indigenous health

The National Indigenous Health Equality Council (NIHEC), a group of 15 Aboriginal and Torres Strait Islander Health stakeholders<sup>8</sup> established to advise the Government on pathways forward to Close The Gap in Indigenous Health outcomes, recently released a report recommending focused efforts and specific targets to increase the Indigenous health workforce, based on the following rationale<sup>9</sup>:

- The health sector has become the fastest growing and largest employer of Australians;
- There is a stream of young Indigenous people potentially available to enter the workforce, in particular, the health workforce, helped by the fact that the Indigenous population is growing faster than the national average, and that this is a largely untapped labour force.
- There are clear benefits in Indigenous health outcomes in having an Indigenous health workforce working in Indigenous health

The report, *Part 1: Indigenous Health Workforce of the NIHEC Health Workforce Target: Analysis and Recommendations*, aims to reduce the gap in health workforce participation between Indigenous and non-Indigenous Australians by 20 per cent in the priority areas of medicine, nursing and allied health within 10 years and by 50 per cent within 20 years, as these are the occupations with the largest gap between Indigenous and non-Indigenous Australians<sup>10</sup>.

---

<sup>8</sup> AIDA is a member of NIHEC. AIDA CEO, Mr Romlie Mokak, also serves in an individual capacity.

<sup>9</sup> National Indigenous Health Equality Council. *Part 1: Indigenous Health Workforce of the NIHEC Health Workforce Target: Analysis and Recommendations*. Canberra 2010

<sup>10</sup> Ibid, pp12

At present, there are 153 Aboriginal and Torres Strait Islander doctors and 161 medical students spread across the country.<sup>11</sup> From 1996 to 2006, there has been a clear trend for Indigenous doctors to work as 'generalist medical practitioners'<sup>12</sup>. Of these, a sizeable proportion of Aboriginal and Torres Strait Islander doctors choose to work in Indigenous health settings. The prospect of staying in, or returning to family and community is often viewed very positively, and can often be used as an enticement and reason for completing medical training. For many of our doctors, the statement "I am an Aboriginal or Torres Strait Islander doctor, not a doctor who is Aboriginal or Torres Strait Islander," holds true.

This sentiment, speaking as it does to the primacy of Indigenous identity as a source of strength to individuals in their practice of medicine, is not always understood by non-Indigenous medical authorities, as illustrated by the experience of Dr Kali Hayward, an Adelaide-based general practitioner and AIDA Board member:

*Quite early on [medical school], one person told us that we should leave our culture at the door. We thought, 'Well how can we do that? That's who we are, we can't separate that'<sup>13</sup>.*

Professor Helen Milroy, now Director and Winthrop Professor at the Centre for Aboriginal Medical and Dental Health, University of Western Australia, and former AIDA President, captures the essence of why we need more Aboriginal and Torres Strait Islander doctors working in the health system:

*Part of the reason why Indigenous doctors are so important is because they can walk in both worlds, bridging an Indigenous knowledge base with a Western one. There is increasing focus on needing more than just an 'evidence' base for best practice. Including other knowledge systems and experiences to develop a system of 'wise' practice is required in order to close the gap. We are translators, and without translation, we have confusion<sup>14</sup>.*

The reasons for increasing the numbers of Aboriginal and Torres Strait Islander doctors also include, though are not limited to, the following:

---

<sup>11</sup> Aboriginal and Torres Strait Islander Doctors and Students, AIDA website, <http://www.aida.org.au/pdf/Numbersofdoctors.pdf>

<sup>12</sup> National Indigenous Health Equality Council. *Part 1: Indigenous Health Workforce of the NIHEC Health Workforce Target: Analysis and Recommendations*. Canberra 2010, Table 1, pp 10

<sup>13</sup> Case study, MJA Careers in Indigenous Health issue, *Medical Journal of Australia*, volume 194 number 10, 16 May 2011

<sup>14</sup> O'Mara, P. Our doctors making a difference: Aboriginal and Torres Strait Islander doctors walking in both worlds for the benefit of all Australians, in Indigenous Health issue, *Medical Journal of Australia*, volume 194 number 10, 16 May 2011

- Indigenous doctors have very often experienced the health system in the same way that their patients have and therefore have an understanding of, and are the recipients of, their Indigenous patients' trust;
- Indigenous doctors bring a holistic approach to health - particularly through their shared spiritual, cultural, emotional and physical understanding of health - that is, that health is not only about fixing physical ailments but about restoration, regaining balance and being able to thrive<sup>15</sup>;
- Indigenous doctors can advocate for change within the health system in order to make it more accessible for Indigenous Australians.

In general terms, the factors above are also evident in Indigenous people working across the different health professions<sup>16</sup>.

### The importance of cultural competence

Increasing the numbers of Aboriginal and Torres Strait Islander doctors is a key priority in AIDA's work, as evidenced by a number of our strategic documents<sup>17</sup>. However, we know that the current poor state of Indigenous health cannot be serviced by Indigenous doctors alone, nor should it. For this, we turn to our non-Indigenous colleagues to collectively undertake the task with us, for it is evident that the entire health workforce, Indigenous and non-Indigenous alike, must work together in order to serve the health needs of Aboriginal and Torres Strait Islander people.

AIDA supports the development of a culturally-competent health workforce to service the needs of Aboriginal and Torres Strait Islander people, and recognises the need for a national approach, which may include development of a cultural competence package and guidelines and national requirements and indicators to monitor cultural competence.<sup>18</sup>

A useful definition of cultural competence is:

---

<sup>15</sup> Mackean, T. A healed and healthy country: understanding healing for Indigenous Australians: Indigenous and non-Indigenous Australians need to work together to restore balance, in Indigenous Health issue, *Medical Journal of Australia*, volume 190 number 10, 18 May 2009

<sup>16</sup> National Indigenous Health Equality Council. *Part 1: Indigenous Health Workforce of the NIHEC Health Workforce Target: Analysis and Recommendations*. Canberra 2010, pp 12

<sup>17</sup> See for example, AIDA Strategic Plan 2011 to 2015, <http://www.aida.org.au/strategicplan.aspx>

<sup>18</sup> National Indigenous Health Equality Council, *Indigenous Health Workforce Forum Report*, Canberra: November 2010, pp 4

“A set of congruent behaviours, attitudes and policies that come together in a system, agency or among professionals and enable that system, agency or those professionals to work effectively in cross cultural situations”.<sup>19</sup>

Furthermore, AIDA supports the development of tailored approaches to support preparation for working in different Indigenous contexts and communities<sup>20</sup>, as well as the need for greater sophistication of content and delivery of training, commensurate with ongoing professional development requirements.

### Indigenous health as a career

In AIDA's view, the option of working in Indigenous health is not given the prominence or status it deserves as a rewarding medical career in its own right. This perspective was also raised as a key theme of the inaugural NIHEC Indigenous health workforce forum held last year, which brought together a range of key stakeholders involved in health workforce development<sup>21</sup>. Yet, to quote the rationale underlying this Domain, there may be 'productivity gains' to be made in fully scoping out the development of specific pathways or programs leading to a career in Indigenous health. This is evidenced by current limited awareness and uptake of health careers among young Indigenous people,<sup>22</sup> which points to the need for “concerted awareness raising and promotion of Indigenous health careers at local, regional, state and national levels and across schools, Vocational Education and Training sector, and universities.”<sup>23</sup> To our knowledge, there are programs to attract health practitioners to work in Indigenous health, however these are generally incorporated within a broader rural generalist framework, which do not cater for Indigenous settings in urban areas.

AIDA notes the current work progressed by the Federal Department of Health and Ageing in rolling out a public relations campaign to encourage health professionals, both Indigenous and non-Indigenous, to work in Indigenous health. This is a step in the right direction, which may go some way towards changing any negative perceptions or inhibitions about working in Indigenous health, for example, anxiety about navigating language barriers. A public relations campaign that clearly outlined the advantages of working in Indigenous health would also be of benefit, for example, working in Indigenous health provides the opportunity for:

---

<sup>19</sup> National Indigenous Health Equality Council, *Indigenous Health Workforce Forum Report*, Canberra: November 2010, pp9

<sup>20</sup> *ibid* pp12

<sup>21</sup> *ibid* pp 4

<sup>22</sup> *ibid* pp10

<sup>23</sup> *ibid* pp10

- clinical upskilling
- engaging in cultural activities
- engaging with communities
- learning about Indigenous ways and benefiting from Indigenous wisdom

Yet, efforts to promote Indigenous health as a career must also be accompanied by consistent efforts throughout the entire medical education and training continuum to provide meaningful, not merely tokenistic, opportunities to experience the full extent of Indigenous health care settings, in urban, regional and rural and remote environments. And for this to occur, we need the appropriate infrastructure, including teaching and learning resources in place to provide the necessary support for those undertaking the training and for those providing the training.

We need all key stakeholders involved in medical education and training to work together to facilitate access to meaningful training opportunities in Indigenous health, and likewise, to help remove the barriers. For example, the 'rural generalist' program in Queensland provides a useful model of what can happen with the necessary commitment and resourcing.

Likewise, but on an individual level, AIDA founding member and 2010 Queenslander of the Year, Associate Professor Noel Hayman has also achieved great success in getting key stakeholders across the medical education and training continuum involved in the process. His health centre in Inala, Brisbane provides university medical rotations, accredited training posts for medical colleges, and by mentoring Indigenous medical students based at the University of Queensland, he has also recruited them upon graduation.

### Indigenous medical specialists

As stated earlier, AIDA supports greater attention being paid to innovation reform leading to generalist workforce roles. However, attention and commitment must also be given to increasing the numbers of Aboriginal and Torres Strait Islander medical specialists. Outside of general practice, Indigenous medical specialists number in the single digits and are not adequately represented across the different medical specialties.

**DOMAIN Workforce capacity and skills development.**

**Develop an adaptable health workforce – equipped with the requisite competencies and support that provide team-based and collaborative models of care.**

AIDA supports the need for national reform across both the health and education sectors, as a basis for this Domain, with a view to improving the Indigenous health workforce capacity and skills, now and into the future.

AIDA supports the ‘life course’ approach to health workforce development forwarded by the National Indigenous Health Equality Council in its report, *Part 1: Indigenous Health Workforce of the NIHEC Health Workforce Target: Analysis and Recommendations*. According to this approach, there should be a ‘pipeline’ leading into the health workforce, with multiple entry and exit points, involving initiatives spanning across early childhood, to school, to Vocational Education and Training and higher education<sup>24</sup>.

Critically, the report highlights opportunities and gaps along the ‘life course’, backed by relevant data and research, to identify where education and health policies can have the greatest impact. Perhaps not surprisingly, the report presents data to illustrate how the gaps in education appear in early childhood, only to increase with age.<sup>25</sup> Of great use are the accompanying projections to track progress against relevant COAG Closing the Gap targets, which by and large show the gap between Indigenous and non-Indigenous literacy and numeracy, and tertiary education enrolments is set to widen, not close, while Year 12 retention rates would improve, but the gap would remain.

In AIDA’s view, increasing the numbers of Aboriginal and Torres Strait Islander people in the health workforce represents ideal cross-sectoral investment for government, as it has multiple benefits across the spectrum of building blocks identified by government itself as priorities<sup>26</sup>. The benefits of improving Indigenous engagement in the health workforce include, though are not limited to the following:

- Improved educational outcomes, leading to a greater pool of Aboriginal and Torres

---

<sup>24</sup> National Indigenous Health Equality Council. *Part 1: Indigenous Health Workforce of the NIHEC Health Workforce Target: Analysis and Recommendations*. Canberra 2010

<sup>25</sup> *ibid*

<sup>26</sup> The seven building blocks identified under COAG processes were early childhood development, education and school attendance, economic participation, primary health care, healthy homes, safety and freedom from violence and leadership and governance.

Strait Islander people with the education needed to enter health or any other industry;

- More people working in the growth area of health care, with transferable skills and good job prospects;
- Direct health improvements for the Aboriginal and Torres Strait Islander people with jobs in health care, as their knowledge of health and improved incomes benefits themselves and their families;
- Intermediate effects in health improvements for the communities in which Aboriginal and Torres Strait Islander health care workers are employed, as we know that increasing the proportion of Aboriginal and Torres Strait Islander health care workers increases the accessibility of the service for all Aboriginal and Torres Strait Islander people;
- Employment in the health workforce can often offer the opportunity for people to stay, or return to, family and community;
- Downstream health and well-being effects - Indigenous health professionals provide role models, inspiration and leadership in their families, communities and for all Aboriginal and Torres Strait Islander people.

For some years now, AIDA has recognised the need for better cohesion between the health and education sectors in order to more effectively address Aboriginal and Torres Strait Islander health workforce issues; not just for Aboriginal and Torres Strait Islander doctors, but across the Indigenous health professions. Our involvement with the *Pathways into the Health Workforce for Aboriginal and Torres Strait Islander People: A Blueprint for Action* (or *Pathways* paper), published in 2008, is an example of this.

The *Pathways* paper, developed by AIDA for the National Aboriginal and Torres Strait Islander Health Council, discusses the strong links between educational pathways, workforce participation and improved life outcomes for Aboriginal and Torres Strait Islander people. The document also examines workforce retention and capacity building issues by addressing ongoing support and career development needs for Aboriginal and Torres Strait Islander people. Furthermore, the *Pathways* paper recognises that equity of health, education and employment outcomes for Aboriginal and Torres Strait Islander people is a moral and human rights issue.

Responding to the recommendations of the *Pathways* paper has been included as a workforce priority within the Commonwealth Implementation Plan under the National Partnership Agreement, Closing the Gap in Indigenous Health Outcomes.

AIDA has also worked to bridge the gap between the health and education sectors in our own field of immediate influence; that is, in representing the interests of Aboriginal and Torres Strait Islander doctors and medical students in this country. This is highlighted by AIDA's work across the medical education and training continuum:

- *For school-age children:* we work with the Department of Employment, Education and Workplace Relations (DEEWR); we build relationships with schools as part of our community engagement strategy; and in 2010, we developed a website for Indigenous children, the first of its kind to specifically target and spark the interest of budding young Aboriginal and Torres Strait Islander doctors<sup>27</sup>.
- *For medical students:* we work with Medical Deans Australia and New Zealand to support our Indigenous students by increasing the recruitment, support, retention and graduation of Aboriginal and Torres Strait Islander medical students;
- *For medical graduates:* we work with the Confederation of Postgraduate Medical Councils (CPMEC) around support for Indigenous medical graduates in their pre-vocational training years;
- *For registrars and fellows:* we work with the College of Presidents of Medical Colleges (CPMC) and individual specialist medical colleges to increase the number of Aboriginal and Torres Strait Islander specialists in the medical workforce.

AIDA has also developed two publications of relevance to our work across the medical education and training continuum, which have served as useful promotional tools to inspire budding young doctors:

- *Healthy Futures – Defining best practice in the recruitment and retention of Indigenous medical students – 2005.*<sup>28</sup> This report outlines best practice in recruiting and supporting Indigenous medical students, highlighting the role of educational institutions in promoting personal contact and community engagement; university and school visits; Indigenous health support units; Indigenous staff mentoring; curriculum; and ensuring cultural safety as critical to the success in graduating Indigenous students. We believe that this document can be modelled as best practice for the recruitment and retention of Indigenous students across all streams of higher education and vocational training.

---

<sup>27</sup> AIDA Kids Space website is available at <http://www.aida.org.au/kids/>

<sup>28</sup> Available on the AIDA website <http://www.aida.org.au/viewpublications.aspx?id=6>

- *Journeys into Medicine – 2009*<sup>29</sup> which profiles the pathways into medicine for 15 Aboriginal and Torres Strait Islander medical graduates and five medical students. The Journeys publication illustrates the diversity of career paths into medicine for Aboriginal and Torres Strait Islander people, with many inspirational stories highlighting the need to believe in yourself and follow your dreams.

In recent years, we have added to our work across the medical education and training continuum (i.e. the health sector) by developing stronger engagement with the education sector, namely the Department of Employment, Education and Workplace Relations (DEEWR). At present, we have ongoing engagement with DEEWR to encourage better pathways between education and work in the health sector.

In AIDA's view, better cohesion between the health and education sectors will lead to positive flow-on benefits for Indigenous people in the form of full and equitable participation in economic life, with access to the benefits which that participation gives to the individual, the community and the nation.

In turn, full and equitable participation in economic life is of significant importance for the health and wellbeing of Aboriginal and Torres Strait Islander people. For example, the Marmot review found that children with low socio-economic status and high cognitive scores during early development (22 months) performed less well in subsequent development tests than children with low initial scores, but with parents of high socio-economic status.<sup>30</sup>

In this sense, health, education and employment are interdependent, as encapsulated by the following statement:

*Education improves health, while health improves learning potential. Education and health complement, enhance and support each other; together, they serve as the foundation for a better world*<sup>31</sup>

---

<sup>29</sup> Available on the AIDA website <http://www.aida.org.au/viewpublications.aspx?id=4>

<sup>30</sup> Marmot, cited in National Indigenous Health Equality Council. *Part 1: Indigenous Health Workforce of the NIHEC Health Workforce Target: Analysis and Recommendations*. Canberra 2010, pp30

<sup>31</sup> Improving Maternal Health Through Education; Safe Motherhood Is a Necessity, Rita Luthra  
[www.who.int/entity/pmnch/topics/mdgs/2008unchronicle\\_rluthra.pdf](http://www.who.int/entity/pmnch/topics/mdgs/2008unchronicle_rluthra.pdf) accessed May 2011

## **DOMAIN Health workforce leadership for sustainable change.**

### **Develop leadership capacity to support and lead health workforce innovation and reform.**

AIDA supports the recognition of leadership as a crucial factor in successful innovation and reform – the underlying rationale for this Domain – with a view to increasing the leadership capacity of emerging Indigenous leaders within the health system.

The *Pathways into the Health Workforce for Aboriginal and Torres Strait Islander People: A Blueprint for Action* (or *Pathways* paper), dedicates a significant portion of its report towards increasing the leadership capacity of future Aboriginal and Torres Strait Islander health leaders and the institutions that support them. It also makes a specific recommendation for COAG to ‘work with industry, communities, and professional and philanthropic groups to develop strategies to address the continuing professional development needs, and build the leadership capacity, of Aboriginal and Torres Strait Islander health personnel’.

A significant amount of AIDA’s work is also dedicated towards fostering the leadership capabilities of our Aboriginal and Torres Strait Islander doctors and medical students, as evidenced in our strategic work priorities. For example, we have a formalised structure within the organisation, the Student Representative Committee, which facilitates the effective communication and student input into AIDA’s work, via the position of Student Director, who chairs the student committee and also occupies a designated spot on the AIDA Board. There is frequently a flow-on effect, where former student representative committee members take up positions on the Board later in their careers. Equipped with leadership and policy development experience, many of our doctors have gone on to become champions for reform and innovation within their own professional settings, most notably within the medical education and training context, but also in their various fields of expertise.

AIDA’s focus on promoting leadership reflects the reality of our doctors, most of whom are relatively junior in their professional lives, taking up policy, advocacy, representational and community leadership roles. Furthermore, this often occurs within the context of their own

communities and families living under stress and with extremely poor health.

In recognition of the greater demands placed on Aboriginal and Torres Strait Islander health leaders, which also include navigating a congested and changing policy landscape while servicing their own clinical and professional development requirements, AIDA urges the Board of Health Workforce Australia to consider embedding within the Framework, the need for Aboriginal and Torres Strait Islander health professionals to have greater access to employer-sponsored leadership programs. Furthermore, we recommend the increased investment in developing Indigenous-specific leadership programs, consistent with one of the priority action areas called for by the Indigenous Health Workforce forum.<sup>32</sup>

In AIDA's view, leadership is also about providing accountability to Aboriginal and Torres Strait Islander people. In the context of the Framework, this would involve embedding accountability and performance measures to operate at every level, and a mechanism to hold the various government, non-government, academic and educational and training institutions accountable to the Aboriginal and Torres Strait Islander people they serve.

Furthermore, in funding agreements or work outsourced to third parties, HWA must ensure that specific consideration to how Aboriginal and Torres Strait Islander people are to be served are addressed within the selection criteria.

---

<sup>32</sup> National Indigenous Health Equality Council, *Indigenous Health Workforce Forum Report*, Canberra: November 2010, pp 18

**DOMAIN Health workforce policy and regulation advice.**

**Develop policy, regulation, funding and employment arrangements that are supportive of health workforce reform.**

In AIDA's view, the specific reference to 'inequity in health outcomes for Aboriginal and Torres Strait Islander people in rural and remote areas...' in the introductory paragraph of the 'Context' is problematic. It does not take into account the majority of Aboriginal and Torres Strait Islander people live outside of rural and remote areas, and inequities are spread across the board.

**MONITORING AND EVALUATION**

1. Do you have any comments about monitoring and evaluating the success of the Framework?

We draw HWA's attention to the human rights based approach of monitoring and evaluation, as outlined in the 2006 Aboriginal and Torres Strait Islander Social Justice Commissioner Social Justice Report, which points to the need for transparent and accountable frameworks, and outlines key elements including specific, time-bound and verifiable benchmarks and indicators to ensure the enjoyment of rights can be measured and there is improvement over time<sup>33</sup>.

**Other comments**

We look forward to continuing discussions about the content of this Submission with Health Workforce Australia.

---

<sup>33</sup> Human Rights and Equal Opportunity Commission. Aboriginal and Torres Strait Islander Social Justice Commissioner Social Justice Report 2006. Sydney. Pp13