



RACGP

Aboriginal and Torres Strait Islander Health

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

Overall satisfaction

	Strong Agree	Agree	Neither agree or disagree	Disagree	Strongly disagree
I am satisfied with the Workforce Plan overall		x			
The Workforce Plan meets the needs of my organisation to grow the Aboriginal and Torres Strait Islander health workforce		x			

If you would like to, please provide additional information about your responses. 2,000 character limit or roughly 250 words

RACGP members generally support the Workforce Plan (the Plan) but have concerns about some of the assumptions underpinning its approach.

The data informing the Plan does not take into account expected changes over the next 10 years, including: Aboriginal and Torres Strait Islander population, ageing, changes in morbidity and patient complexity, technology, health crises such as pandemics and climate change and increasing specialisation of the medical workforce. These issues warrant workforce realignment now to meet changing and future need. The target of 'health workforce parity' risks a scenario which focuses on the number of people in the workforce, rather than on the type of roles, eg. adequate representation at senior levels.

The plan overlooks opportunities for reform of healthcare services, based on the principles of high-quality, culturally safe primary healthcare that is valued by Aboriginal and Torres Strait Islander people. A comprehensive healthcare system, which considers these factors provides opportunities for people without formal education. Telehealth, self-management, person, family, and community focussed care are growing in demand and should be acknowledged throughout.

A stronger understanding of the reasons for workforce shortages is needed to ensure that the actions in the Plan are appropriate to address workforce recruitment and retention issues and to inform our understanding of future workforce needs.

Draft Workforce Plan - Six Strategic Directions Alignment

The following questions specifically relate to the six Strategic Directions and **their alignment to your organisation's efforts (pp. 23-26).**

	Strong Agree	Agree	Neither agree or disagree	Disagree	Strongly disagree
Strategic Direction 1: Aboriginal and Torres Strait Islander people are represented and supported across all health disciplines, roles and functions.				x	
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.				x	
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.				x	
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.					x
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.				x	
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.			x		
<p>If you would like to, please provide additional information about your responses. 2,000 character limit or roughly 250 words</p> <p>The RACGP recognises the importance of these Strategic Directions and they largely align with strategies outlined in the RACGP strategic plan 2020–22. However, we acknowledge that we have a lot to do in order to demonstrate progress in these areas, including: supporting pathways into GP training, advocacy for medical school students, university readiness for health science courses from high school, and support to increase exposure to secondary-level STEM education.</p> <p>As a medical college, the RACGP is working towards two key health workforce objectives:</p> <ul style="list-style-type: none"> to ensure that GPs and practice teams are equipped to deliver high quality, culturally responsive, patient-centred healthcare to support the growth of the Aboriginal and Torres Strait Islander GP workforce. <p>More Aboriginal and Torres Strait Islander medical graduates choose general practice than other specialties (RACGP, Health of the Nation: 2020). We have programs and support in place for Aboriginal and Torres Strait Islander GPs in training (GPiT) throughout their training program and to achieve Fellowship. Advocacy about improving the pay and conditions for GPiTs and GPs wanting to practice holistic, comprehensive, coordinated, culturally safe patient centred health care is also an important focus to attract and retain workforce.</p> <p>Joint oversight of GP training in Australia is transitioning to the RACGP from 2023. It is timely to review the current approaches to Aboriginal and Torres Strait Islander health GP training with a view to establishing a best practice framework based on Aboriginal and Torres Strait Islander leadership and partnerships. The transition of GP training, and the opportunities it presents, should be reflected through this Plan.</p>					

Draft Workforce Plan - Six Strategic Directions Relevance

The following questions specifically relate to the six Strategic Directions and their **relevance to supporting and building the Aboriginal and Torres Strait Islander Health Workforce (pp. 23–26)**.

	Strong Agree	Agree	Neither agree or disagree	Disagree	Strongly disagree
Strategic Direction 1: Aboriginal and Torres Strait Islander people are represented and supported across all health disciplines, roles, and functions.		x			
Strategic Direction 2: The Aboriginal and Torres Strait Islander health workforce has sufficient skills, capacity and leadership across all health disciplines, roles, and functions.		x			
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.		x			
Strategic Direction 4: There are sufficient Aboriginal and Torres Strait Islander students studying for and completing qualifications in health to meet the future healthcare needs of Aboriginal and Torres Strait Islander people.		x			
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.		x			
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		x			
<p>If you would like to, please provide additional information about your responses. 2,000 character limit or roughly 250 words</p> <p>The Strategic Directions point to a workforce modelled on the current non-Indigenous health workforce without necessarily considering specific Aboriginal and Torres Strait Islander health priorities. Significant reform of the workforce to meet the needs of Aboriginal and Torres Strait Islander people must to be better addressed.</p> <p>The Plan would benefit from a comprehensive perspective that takes in a life course approach and considers individuals in the context of their families and communities. Though not necessarily the focus of this Plan, it is important to acknowledge early childhood development, school attendance and attainment from primary school to Year 10 and the role of families and communities in supporting individuals in their academic development and provide the best chance to succeed in structured education. This perspective aligns with the priorities in the Closing the Gap agenda.</p> <p>Note that care needs to be taken where there is limited data or small numbers so as not to misinterpret or unintentionally mislead through the data collected.</p>					

1. Implementation Actions (Agree/Disagree)

Strategic Direction 1: Aboriginal and Torres Strait Islander people are represented and supported across all health disciplines, roles, and functions (pp. 30-37). **Do you agree or disagree with the implementation actions under this Strategic Direction?**

	Strong Agree	Agree	Neither agree or disagree	Disagree	Strongly disagree
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.		×			
1.2 Harmonise medicines authorities across all jurisdictions for Aboriginal and Torres Strait Islander Health Practitioners, aligned to the defined professional scopes of practice.		×			
1.3 Implement pathways to return to work across the health sector.		×			
1.4 Implementation of flexible workplace and education arrangements, and place based education.		×			
1.5 Expansion and enhancement of clinical, workplace and cultural support mentoring programs.		×			
1.6 Establish Aboriginal and Torres Strait Islander health peer support networks.		×			
1.7 Optimise utilisation and reinvestment of Medicare Benefits Schedule (MBS) revenue to increase the employment of Aboriginal and Torres Strait Islander health workforce.	×				
1.8 Implement recommendations from the Aboriginal Torres Strait Islander Reference Group under the MBS Taskforce Review.		×			
1.9 National recognition of Aboriginal and Torres Strait Islander social and emotional wellbeing and mental health professions across all health settings.	×				
1.10 Expansion of the Aboriginal Mental Health Worker Training Program.	×				
1.11 Grow and support the Aboriginal and Torres Strait Islander Environmental Health Workforce and rangers.	×				
If you would like to, please provide additional information about your responses. 2,000 character limit or roughly 250 words <p>The role of Aboriginal and Torres Strait Islander Health Workers/Practitioners (AHW/P) must be given greater recognition in the Plan. An increase in the number of Aboriginal and Torres Strait Islander health professionals does not negate the need for AHW/P given their unique cultural and clinical skills and understanding of the health system. It must be a priority to ensure national consistency and recognition of these roles in primary care settings.</p> <p>Many Aboriginal and Torres Strait Islander people leave school young and return to education and professional careers in later life, which has financial, social, and emotional implications. The Plan could be strengthened through a life course approach to education and training in the caring professions (inclusive of medicine, allied health, social work, nursing etc), with a focus on opportunities from primary and secondary school onwards to further post-school training and job readiness.</p> <p>The RACGP considers a broad range of skills are needed to deliver culturally responsive healthcare, for example, engagement with communities, inclusive and diverse employment, non-discriminatory governance and building relationships and trust with patients. Access to cultural training is also important,</p>					

however, health providers should not be limited to training only, as this has shown to be insufficient in ensuring cultural safety (Durey, A. 2010; McDermott, D. 2012).

Funding for comprehensive, high-quality primary care requires a mix of MBS and non-MBS mechanisms, which is consistent with the recommendations in the Final Report of the MBS Taskforce. The RACGP supports further research that is properly funded and led by Aboriginal and Torres Strait Islander researchers, to investigate diverse options to fund GPs and other healthcare providers. The need to consider alternate mechanisms for funding primary healthcare, inclusive of workforce, is put forward in the [Vision for General Practice and a Sustainable Healthcare System](#).

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 (pp. 38-42). **Do you agree or disagree with the implementation actions under this Strategic Direction?**

	Strong Agree	Agree	Neither agree or disagree	Disagree	Strongly disagree
2.1 Develop and deliver jurisdictional Aboriginal and Torres Strait Islander health workforce plans and initiatives.		x			
2.2 Establish formal partnerships and shared decision making processes to co-design Aboriginal and Torres Strait Islander health workforce plans and initiatives at state, regional and local levels.	x				
2.3 Establish a Leaders in Indigenous Allied Health Education and Training Network (LIAHTEN).	x				
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).	x				
2.5 Enhance and strengthen the capacity and capability of Aboriginal and Torres Strait Islander Health Workforce Peak Organisations (ATSIHWPOs)	x				

If you would like to, please provide additional information about your responses. 2,000 character limit or roughly 250 words

There is strong support for the actions under this strategic direction. To enhance implementation of action 2.4, we suggest peak training organisations, such as the RACGP, to be involved with all of these networks where appropriate, for example through collaborations with LIME and to advocate for LINMEN And LIAHTEN (when established). Note though that while we support the need for jurisdictional plans and initiatives, it may be useful to develop overarching guidelines for consistency and to ensure equity.

In addition to the activities outlined, greater recognition of AHW/P and Cultural Educators and Cultural Mentors (CE&CM) is needed. A significant strength of the current Aboriginal and Torres Strait Islander health GP training model is the inclusion of CE&CM, who play a crucial role in supporting high quality, culturally safe Aboriginal and Torres Strait Islander health GP training posts. They provide unique cultural insights for GPs in training and work closely with medical educators. This structure is not currently available in other training environments. The CE&CM Network is highly valued and would benefit from broader recognition and financial support through this strategic direction within the Plan.

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 (pp. 43-48). **Do you agree or disagree with the implementation actions under this Strategic Direction?**

	Strong Agree	Agree	Neither agree or disagree	Disagree	Strongly disagree
3.1 Undertake cultural safety reviews and assessments to address the legacy of institutional racism in the health, education and training sectors.	x				
3.2 Development of an Aboriginal and Torres Strait Islander Accreditation Assessors workforce.	x				
3.3 Develop a national Aboriginal and Torres Strait Islander cultural safety website.		x			
3.4 Establish mandated national standards for cultural safety in higher education.	x				
3.5. Implement the Aboriginal and Torres Strait Islander Health Curriculum Framework.	x				
3.6 Embed culturally safe practice into continuing professional development.	x				
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 Strait Islander clients and their communities.			x		

If you would like to, please provide additional information about your responses. 2,000 character limit or roughly 250 words

Action 3.1 is welcome but could be expanded to a more comprehensive assessment of institutional cultural competency. Strong Aboriginal and Torres Strait Islander leadership and input from peak organisations is needed to develop the review content and process for implementation. Additionally, accountabilities must be built into the process to ensure actions/changes are taken as an outcome of the audit, which is the responsibility of institutional leaders.

While action 3.2 is much needed (for practice accreditation), there is a risk this approach may result in a reduced sense of responsibility from non-Indigenous Assessors in certain contexts. All Assessors must be appropriately trained, as part of team that is inclusive of Aboriginal and Torres Strait Islander peoples. In addition to ensuring personnel are appropriately trained, accreditation processes and requirements should be regularly reviewed to ensure they are culturally safe and inclusive.

Establishing a national cultural safety digital clearing house is positive, however it is important the resource recognise and demonstrate the localised context for cultural safety. There is strong support for action 3.5, with Aboriginal and Torres Strait Islander values and input into the design.

The RACGP strongly recommends further consultation on action 3.7 before implementation to explore how expertise is defined and understood and to avoid unintended consequences for individual health professionals.

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 (pp. 49-54). **Do you agree or disagree with the implementation actions under this Strategic Direction?**

	Strong Agree	Agree	Neither agree or disagree	Disagree	Strongly disagree
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4.1 Expansion and enhancement of existing school-based traineeship programs to focus on Aboriginal and Torres Strait Islander designed and led initiatives.		x			
4.2 Enhance and expand Aboriginal and Torres Strait Islander workforce traineeship programs.		x			
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.		x			
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.		x			
4.5 Development of an Indigenous Health Research Workforce.		x			
<p>If you would like to, please provide additional information about your responses. 2,000 character limit or roughly 250 words</p> <p>Pathways into training need to be flexible and accommodate different levels of prior education and experience. Though in general the RACGP supports these actions, there are several issues that should be considered to enhance implementation, for example</p> <ul style="list-style-type: none"> • Aboriginal and Torres Strait Islander people have poorer access to STEM education, especially in rural and remote locations • Delivery of traineeships in isolation is unlikely to achieve the anticipated outcomes • Multiple experiential learning opportunities in the same organisations may bring greater benefits; individuals will be able to access a peer support network. <p>A stronger focus on cultural support and mentoring from secondary school level is needed to encourage a career in health (inclusive of a range of professions needed in primary care). Increased awareness of the opportunities available (courses and financial support) will help to ensure factors such as finances and accommodation do not compel students to drop out once they reach university. Consideration of the effects of scholarships/monetary supplements for access to student allowance and ABSTUDY payments is also needed.</p> <p>Navigating higher education entry requirements, financial support options and understanding academic expectations at universities are all challenges. Personalised professional and personal support is needed, alongside greater transparency and communications to students. This is particularly important for regional and remote students to facilitate future growth and development of skills in these locations. For more information, refer to: Thomas, Kym. ‘You don’t know what you don’t know’. Med J Aust 2016; 205 (11): 513-514.</p> <p>Processes and entry requirements should all be reviewed through a cultural safety lens, beginning in high school settings, and extending into university. Trainers and supervisors all need cultural safety training and to seek ongoing learning opportunities. Additional resources are needed to support this approach.</p>					

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 (pp. 55-58). **Do you agree or disagree with the implementation actions under this Strategic Direction?**

	Strong Agree	Agree	Neither agree or disagree	Disagree	Strongly disagree
5.1 Establishment of Aboriginal and Torres Strait Islander student support networks.		x			

5.2 Enhancement of Aboriginal and Torres Strait Islander Education Units to strengthen linkages with Aboriginal and Torres Strait Islander communities controlled health sector and other health employers.		x			
5.3 Enhance the support and assistance provided to Aboriginal and Torres Strait Islander health students from regional, rural and remote areas.	x				
<p>If you would like to, please provide additional information about your responses. 2,000 character limit or roughly 250 words</p> <p>Like our health, workforce support needs to be holistic, culturally safe, and person-centred. To maximise success in this context, the actions under this Strategic Direction must reflect the diverse backgrounds, lived experiences and personal motivations for choosing a career in health. Both educational and cultural support are critical for Aboriginal and Torres Strait Islander students living away from home. Unique pressures must be suitably addressed to ensure long term success and support through training, such as being a first-time educational role model in the family, personal and family experiences with ill health and the experience of an inequitable health system.</p> <p>Stronger collaboration with ACCHOs could be embedded throughout the Plan, with an acknowledgement that ACCHOs require additional resources and capacity building to deliver training, including the establishment of additional accredited services. Placements need to be made available to students of all professions to build the workforce interest and to raise awareness of diverse opportunities within the health sector. As such, linkages between universities and ACCHOs should extend beyond Aboriginal and Torres Strait Islander Education Units and should be tailored to ACCHO need.</p> <p>The Plan could be expanded to incorporate opportunities for vocational training and stronger collaboration with ACCHO peak organisations and health services. While vocational training is common in medicine, other health professionals have fewer opportunities and support for training placements within ACCHOs. There is also a role for the professional colleges in guaranteeing policies on recruitment, retention and support and placement in ACCHOs through their respective training programs.</p>					

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 (pages 59-61). **Do you agree or disagree with the implementation actions under this Strategic Direction?**

	Strong Agree	Agree	Neither agree or disagree	Disagree	Strongly disagree
6.1 Reform and improve the collection and use of Aboriginal and Torres Strait Islander health workforce data.		x			
6.2 Expansion of the National Health Workforce Dataset and the Health Demand and Supply Utilisation Patterns Planning (HeaDS UPP) Tool.		x			
6.3 Targeted Burden of Disease research at the jurisdictional and regional level.		x			
<p>If you would like to, please provide additional information about your responses. 2,000 character limit or roughly 250 words</p> <p>As outlined earlier, a better understanding of workforce constraints would improve the solutions delivered through this Plan, for example distribution of workforce, mapping workforce against population need and identifying rational/reason for workforce shortages.</p>					

Data collection and analysis are complex, with a range of cultural safety, trust, privacy concerns and reporting burdens that need to be addressed. Importantly, the benefits to the patient, healthcare provider and the quality of service delivery must remain key considerations in the collection of any dataset. Aboriginal and Torres Strait Islander data governance and decision-making authority must be prioritised in the delivery of these actions.

It is important to be mindful of 'burden of disease' narratives, which can lead to a focus on deficit discourse, without counter-balancing work towards health promotion and strengths-based narratives. We welcome the regional and jurisdictional focus, so that outcomes are more targeted to community conditions and encourage comprehensive research that looks at a spectrum of prevention, health promotion and acute needs.

2. Implementation Actions Ranking

Strategic Direction 1: Aboriginal and Torres Strait Islander people are represented and supported across all health disciplines, roles and functions. **Which implementation actions are most important in your State or Territory?**

1	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.
2	1.5 Expansion and enhancement of clinical, workplace and cultural support mentoring programs.
3	1.6 Establish Aboriginal and Torres Strait Islander health peer support networks.
4	1.3 Implement pathways to return to work across the health sector.
5	1.4 Implementation of flexible workplace and education arrangements, and place based education.
6	1.10 Expansion of the Aboriginal Mental Health Worker Training Program.
7	1.11 Grow and support the Aboriginal and Torres Strait Islander Environmental Health Workforce and rangers.
8	1.2 Harmonise medicines authorities across all jurisdictions for Aboriginal and Torres Strait Islander Health Practitioners, aligned to the defined professional scopes of practice.
9	1.9 National recognition of Aboriginal and Torres Strait Islander social and emotional wellbeing and mental health professions across all health settings.
10	1.7 Optimise utilisation and reinvestment of Medicare Benefits Schedule (MBS) revenue to increase the employment of Aboriginal and Torres Strait Islander health workforce.
11	1.8 Implement recommendations from the Aboriginal Torres Strait Islander Reference Group under the MBS Taskforce Review.
If you would like to, please provide additional information about your responses. 4,000 character limit or roughly 500 words	

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. **Which implementation actions are most important in your State or Territory?**

1	2.1 Develop and deliver jurisdictional Aboriginal and Torres Strait Islander health workforce plans and initiatives.
2	2.2 Establish formal partnerships and shared decision making processes to co-design Aboriginal and Torres Strait Islander health workforce plans and initiatives at state, regional and local levels.
3	2.5 Enhance and strengthen the capacity and capability of Aboriginal and Torres Strait Islander Health Workforce Peak Organisations (ATSIHWPOs)
4	2.3 Establish a Leaders in Indigenous Allied Health Education and Training Network (LIAHTEN).

5	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).
If you would like to, please provide additional information about your responses. 4,000 character limit or roughly 500 words	

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. **Which implementation actions are most important in your State or Territory?**

1	3.1 Undertake cultural safety reviews and assessments to address the legacy of institutional racism in the health, education and training sectors.
2	3.5 Implement the Aboriginal and Torres Strait Islander Health Curriculum Framework.
3	3.3 Develop a national Aboriginal and Torres Strait Islander cultural safety website.
4	3.4 Establish mandated national standards for cultural safety in higher education.
5	3.6 Embed culturally safe practice into continuing professional development.
6	3.2 Development of an Aboriginal and Torres Strait Islander Accreditation Assessors workforce.
7	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 Strait Islander clients and their communities Provided by the Department of Health at a later date.
If you would like to, please provide additional information about your responses. 4,000 character limit or roughly 500 words	

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. **Which implementation actions are most important in your State or Territory?**

1	4.1 Expansion and enhancement of existing school-based traineeship programs to focus on Aboriginal and Torres Strait Islander designed and led initiatives.
2	4.2 Enhance and expand Aboriginal and Torres Strait Islander workforce traineeship programs.
3	4.5 Development of an Indigenous Health Research Workforce.
4	4.6 Implement a national campaign to promote health careers to Aboriginal and Torres Strait Islander people.
5	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.
6	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.
If you would like to, please provide additional information about your responses. 4,000 character limit or roughly 500 words	

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. **Which implementation actions are most important in your State or Territory?**

1	5.3 Enhance the support and assistance provided to Aboriginal and Torres Strait Islander health students from regional, rural and remote areas.
2	5.1 Establishment of Aboriginal and Torres Strait Islander student support networks.
3	5.2 Enhancement of Aboriginal and Torres Strait Islander Education Units to strengthen linkages with Aboriginal and Torres Strait Islander communities controlled health sector and other health employers.
If you would like to, please provide additional information about your responses. 4,000 character limit or roughly 500 words	

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. **Which implementation actions are most important in your State or Territory?**

1	6.3 Targeted Burden of Disease research at the jurisdictional and regional level.
2	6.1 Reform and improve the collection and use of Aboriginal and Torres Strait Islander health workforce data.
3	6.2 Expansion of the National Health Workforce Dataset and the Health Demand and Supply Utilisation Patterns Planning (HeaDS UPP) Tool.
If you would like to, please provide additional information about your responses. 4,000 character limit or roughly 500 words	

3. Draft Workforce Plan - Implementation Actions

Do the implementation actions in the draft Workforce Plan sufficiently address barriers (as identified by your organisation) to employment, education and training?	<input type="radio"/> Yes	<input checked="" type="radio"/> No
<p>If no, please include details below. If you would like to, please provide additional information about your responses. 4,000 character limit or roughly 500 words</p> <p>RACGP members were tentative on the ability of the plan to address barriers to employment, training and education, with most responses non-committal. The major barrier to success for Aboriginal and Torres Strait Islander students is the need for better connections between policies and program responses across the education cycle from early childhood, through schooling and post-school education. These need serious discussion, recommendations, and immediate actions.</p>		

Are there any Timeframes, Responsibilities or Monitoring and Reporting elements that require additions or amendments (pp.)? If you would like to, please provide additional information about your responses. 4,000 character limit or roughly 500 words

Greater clarity is needed regarding to whom we are reporting and how this can modify and improve performance.

4. Existing Initiatives - Employment, Training and Education

The following questions aim to identify existing or needed support initiatives, not outlined in the draft Workforce Plan, which could support or enhance its intended outcomes.

Employment - If you would like to, please provide additional information about your responses. 4,000 character limit or roughly 500 words	
OPPORTUNITIES: Are there additional existing initiatives that are relevant and successful that would further improve the draft Workforce Plan?	N/A
<p>SUPPORT: Actions supporting efforts to attract more Aboriginal and Torres Strait Islander people to careers in the health sector, are included in the draft Workforce Plan.</p> <p>What additional, if anything, do you think should be done to make health a more attractive career?</p>	<p>Support for school excursions to universities and health service providers training and working facilities to expand understanding of career opportunities.</p> <p>Online learning modules linked to school research projects.</p> <p>Health careers expos introducing Aboriginal and Torres Strait Islander health professionals in a variety of fields to ensure visibility to students through the schooling year.</p> <p>University engagement programs for Aboriginal and Torres Strait Islander children and youth to get exposure to the university learning environments (for example, the Charles Darwin university ASPIRE program to improve access to university for underprivileged students from all ethnic backgrounds).</p> <p>Connecting students with student mentors from universities.</p> <p>Specific discipline engagement programs to keep connected to students who show an interest in a training pathway.</p>
Training - If you would like to, please provide additional information about your responses. 4,000 character limit or roughly 500 words	
<p>The Draft Workforce Plan includes actions to increase training opportunities for Aboriginal and Torres Strait Islander people.</p> <p>Do you have any other suggestions?</p>	<p>The RACGP will take on joint responsibility for the delivery of GP training from 2023. The structure and delivery of Aboriginal and Torres Strait Islander health GP training Australia is well established in terms of partnerships with ACCHOs and Aboriginal Medical Services, communities, and individuals.</p> <p>ACCHOs currently face significant constraints in providing training placements. The Plan could be revised to look at actions which support the sector, (resources, infrastructure, funding for example) to take on a greater number of trainees in all professions, which benefits the health services and the sustainability of the health professions within the sector.</p>

	<p>Innovative solutions, such as remote supervision, and supervision teams, with suitable funding to increase the capacity of ACCHOs and AMSs to take on GP trainees need to be considered.</p> <p>The RACGP has opportunity to influence in this context, through the GP training transition.</p>
Education - If you would like to, please provide additional information about your responses. 4,000 character limit or roughly 500 words	
<p>OPPORTUNITIES: The draft Workforce Plan includes actions to create new education and training pathways for Aboriginal and Torres Strait Islander people interested in a career in the health sector.</p> <p>Are there additional actions you think important to include in the Plan?</p>	<p>Growing the medical workforce must be complemented by an increase in the number of Aboriginal and Torres Strait Islander people employed and trained across the education cycle from early childhood, through schooling and post-school education.</p> <p>This will better ensure that Aboriginal and Torres Strait Islander students get the education they deserve and are equipped with the right information and qualifications to succeed beyond secondary school.</p>
<p>SUPPORT: The draft Workforce Plan includes actions that will support the development of Aboriginal and Torres Strait Islander people throughout the different stages of their career in health (from school, through to higher education and into the workforce).</p> <p>Are there additional actions you think are important to include in the Plan?</p>	<p>More educational support at primary and secondary school; early mentoring at school and careers advice with relevant information and support.</p> <p>Identified post-education employment pathways inclusive of options for employment outside Aboriginal and Torres Strait Islander settings.</p> <p>Address the lack of community-based STEM secondary education experiences, where students are often forced to leave family, culture, kinship, community, and country to access these subjects in other settings.</p>

5. Draft Workforce Plan - Gaps and Strengths

The draft Workforce Plan includes specific actions to address institutional racism and cultural safety in the health sector. What additional, if anything, do you think should be done in these areas? If you would like to, please provide additional information about your responses. 4,000 character limit or roughly 500 words

This is a strong section of the plan, but could be further improved by the following considerations:

- broadening the conceptualisation of the health sector to include other sectors where racism negatively impacts health
- more accredited cultural awareness and safety training
- facilitate inclusive and diverse employee population to encourage greater collaboration amongst Aboriginal, Torres Strait Islander and non-Indigenous employees leading to improved capacity for all providers to work within different cultural settings with knowledge and confidence and provide opportunities to showcase diverse cultures and belief systems to the wider workplace community
- stronger accountabilities for frontline healthcare sector leaders and organisations; encourage regular review of performances for those in roles of responsibility.
- professional organisations, eg. medical colleges encouraged to demonstrate stronger commitment to cultural safety, diverse employment, review and reform of HR and other organisational policies for bias.

The draft Workforce Plan prioritises six high level Strategic Directions. Could any of the Strategic Directions be strengthened? If you would like to, please provide additional information about your responses. 4,000 character limit or roughly 500 words

Greater consideration of non-professionals, including patients, as primary carers and providers of healthcare. The Plan needs to ensure that it is clear who is responsible for delivery of the various actions and ensure the right partnerships are in place to achieve implementation. There is a need for regular review and reflection to assess their ongoing value and implementation success.

What do you believe are the strengths of the draft Workforce Plan? If you would like to, please provide additional information about your responses. 4,000 character limit or roughly 500 words

The Plan supports empowerment via increasing implementation in a variety of proposed areas. Areas of focus that are strengths include developing good leadership, based on skills, character, and ability to communicate at all levels and good access to services and consideration of regional, local, state success leading to national solutions.

Is there anything else you would like to say about the strengths or weaknesses of the draft Workforce Plan? If you would like to, please provide additional information about your responses. 4,000 character limit or roughly 500 words

Many of the actions are ambiguous and need refining as they could have a different meaning depending on the sector, for example action 3.2.

Re-formatting the implementation plan by responsible agency would facilitate implementation. Healthcare providers should be able to quickly extract actions required of them, however in the current format, this is made complex by the length of the document. Sections not yet written such as case studies may enhance readability.

The Executive Summary should provide a summary of key points of the Strategic and Implementation Plans – nothing should be in the Executive Summary that is not in the main plan.

6. Additional Written Submission

If you would like to provide further information for consideration in the finalisation of the Workforce Plan, you are welcome to include a two page submission here (maximum 1500 words).

The RACGP is responding to a range of broader workforce pressures to maintaining the GP workforce, which include:

- Increased specialisation of the medical workforce and reduction in the number of medical graduates choosing to enter GP training each year
- the nature of the GP workforce and workload is changing, such that a larger FTE workforce will be needed in the future.

The RACGP has outlined how these issues could be addressed through the National Medical Workforce Strategy (NMWS). The NMWS considers the Aboriginal and Torres Strait Islander medical workforce 'a vital component of the wider health workforce and a priority'. Ensuring consistency in purpose and resourcing for both the strategy and this plan are important, as there is significant crossover. The Workforce Plan has not outlined those intersections and how they will be addressed via the Workforce Plan or the broader Strategy.