

## Aboriginal and Torres Strait Islander Community-Controlled Health Workforce in Queensland

### Background

*The World Health Organisation has recognised a global health workforce shortage and calls for countries to actively strengthen their health workforce through adequate investment into health sector education and training, deployment of health workers into rural, remote and underserved areas, and better planning to meet community health needs (World Health Organisation, 2022).*

**Shortages are present in Australia's health workforce, with a projected deficit of 109,500 nurses and 2,700 doctors by 2025, with additional workforce shortages across many other health professions, particularly in regional and remote areas (Health Workforce Australia, 2012). Additionally, Aboriginal and Torres Strait Islander people are significantly under-represented in the health workforce, specifically in Queensland.**

Only 1.53 per cent of registered health professionals identify as Aboriginal and/or Torres Strait Islander even though 4.7 per cent of the Queensland population identifies as such (Australian Institute of Health and Welfare, 2020; Australian Bureau of Statistics, 2022). This under-representation contributes to reduced access to mainstream health services for the broader Indigenous Australian population.

All these factors means Aboriginal and Torres Strait Islander Community-Controlled Health Organisations (ATSI-CCHOs) are especially vulnerable to health worker shortages. This is within a current context of the *National Agreement on Closing the Gap* stating that

ATSI-CCHOs are best placed to meet the healthcare needs of Aboriginal and Torres Strait Islander people by agreeing to implement priority reform two, *building capacity of the community controlled sector* (Australian Government, 2020). Additionally, ATSI-CCHOs are a significant employer of Aboriginal and Torres Strait Islander people, with over half of their employees identifying as Aboriginal and Torres Strait Islander (Australian Institute of Health and Welfare, 2018). This employment provides economic independence and higher levels of education for Aboriginal and Torres Strait Islanders, addressing key socioeconomic issues.

*The National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework and Implementation Plan 2021-2031* (National Workforce Plan) aims to increase Aboriginal and Torres Strait Islander representation in the health workforce proportional to the population (e.g. 3.43 per cent nation-wide) by 2031 (Australian Government, 2022). Following the release of the National Workforce Plan, the Queensland Aboriginal and Islander Health Council (QAIHC) and the Queensland Department of Health have developed an Options Paper to inform the *Queensland First Nations Health Workforce Strategy for Action* (the Strategy). The Strategy aims to build on existing Aboriginal and Torres Strait Islander health workforce policies, including the

National Workforce Plan (Australian Government, 2022), to increase employment of Aboriginal and Torres Strait Islander people across the health system in Queensland, including in ATSI CCHOs, to create a more culturally safe healthcare environment.

In building the workforce for the ATSI CCHO sector in Queensland, the following key issues have been identified:

- Disparity in funding and capacity to provide competitive packaging in a competitive employment environment.
- Recognising that in addition to frontline health clinical staff, there is a need to implement development strategies to build the entire workforce required to operate ATSI CCHOs.
- Recognise that a significant number of ATSI CCHOs also deliver programs that provide a holistic approach and deliver against a number of program areas (e.g. NDIS, Aged Care, SEWB, Family Support).
- Need to change the current competitive approach and implement a partnership approach across health providers for the employment, and training, of key health staff within rural and remote locations.
- The small number of Registered Training Operators within Queensland for the delivery of key health training for Aboriginal and Torres Strait Islander Health Workers and Practitioners.
- Maintain an ongoing focus on building education pathways within schools.

## QAIHC Position

- Make sure workforce strategies include plans to increase not just clinical staff, but also other types of health workers. This will be necessary to provide the full range of services offered by ATSI CCHOs and to address the various factors that affect health. For example, strategies should also consider hiring Social and Emotional Wellbeing workers, disability workers, aged care workers, receptionists, practice managers, human resource staff, and information technology staff. This will help to address the shortage of workers in these areas.
- QAIHC would support a partnership approach with other health providers in rural and remote locations to support better recruitment and retainment for key positions in these locations. This is to also include joint mechanisms for ongoing training and support for these staff, including joint placements.

- That all levels of government ensure there are increased opportunities for school-based training and employment for Aboriginal and Torres Strait Islander people to start a career in health, including placements within ATSI CCHOs.
- That all levels of government look at models for increasing access to Registered Training Organisations for delivery of key training for Aboriginal and Torres Strait Islander Health Workers and practitioners.
- QAIHC supports the ongoing partnership with Queensland Health in developing the *Queensland First Nations Health Workforce Strategy for Action*, with the aim of improving Aboriginal and Torres Strait Islander peoples' representation across the health workforce, including in leadership positions.

## Recommendations

### Recommendation 1:

That Commonwealth and Queensland governments provide additional flexible funding to ATSI CCHOs to address pay parity and training opportunities for their staff in a way that suits the unique needs of their organisation, and to support and strengthen community-controlled health services, consistent with priority reform two of the National Agreement on Closing the Gap.

### Recommendation 2:

That Queensland Health fund the full implementation of the *First Nations Workforce Strategy for Action*, which includes actions relating to addressing pay parity and training to attract and retain a skilled health workforce across both mainstream and ATSI CCHO services in Queensland.

### Recommendation 3:

That Commonwealth and Queensland governments develop options to increase training opportunities for Aboriginal and Torres Strait Islander people in health, including access to suitable Registered Training Organisations and school-based trainees.

### Recommendation 4:

That Commonwealth and Queensland governments support joint recruitment and retainment strategies with ATSI CCHOs in rural and remote locations.

## References

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