



First Nations Health Workforce Development Framework

ACKNOWLEDGEMENT

The Western Queensland PHN (WQPHN) acknowledges Aboriginal and Torres Strait Islander peoples as the First Peoples of Australia, whose ancestral lands, and waters we work and live on.

We honour the wisdom and pay respect to Elders past, present and future and recognise their cultural authority as First Nations people of Australia.

We would like to thank Petraichor Partners, the Nukal Murra Alliance and our MOU Partners, RFDS (Queensland Section), Health Workforce Queensland and CheckUp for their invaluable contribution in shaping this report.



Why are work and work conditions important?

The right to work was recognised as a human right in the Universal Declaration of Human Rights in 1948.¹ While UN instruments² since then sought to progressively improve global recognition and adoption of human rights standards, the rights of Indigenous peoples were not specifically identified in these instruments.³ After more than two decades of discussion, the international community agreed⁴ to specific standards protecting the culture, human, economic, social and political rights, and life of Indigenous peoples globally. Australia ratified this important UN Declaration two years later, in 2009. These international agreements, Australia’s adoption of them and, in some cases, the subsequent statutory provisions enacted created the framework that links the right to work and Aboriginal and Torres Strait Islander peoples’ right to cultural safety.

Work and work conditions have real influence on the health and wellbeing of individuals and families. Access to work and decent working conditions can influence financial security, social status, personal development, health and wellbeing, social relations and self-esteem, and protection from physical and psychological hazards.⁵ There is a clear and strong relationship between employment and a healthier and longer life.⁶

Aboriginal and Torres Strait Islander employment and career development has been a priority of communities for generations. Lifting employment levels can, in the right context, provide real and enduring benefits, and improvements in cultural security.



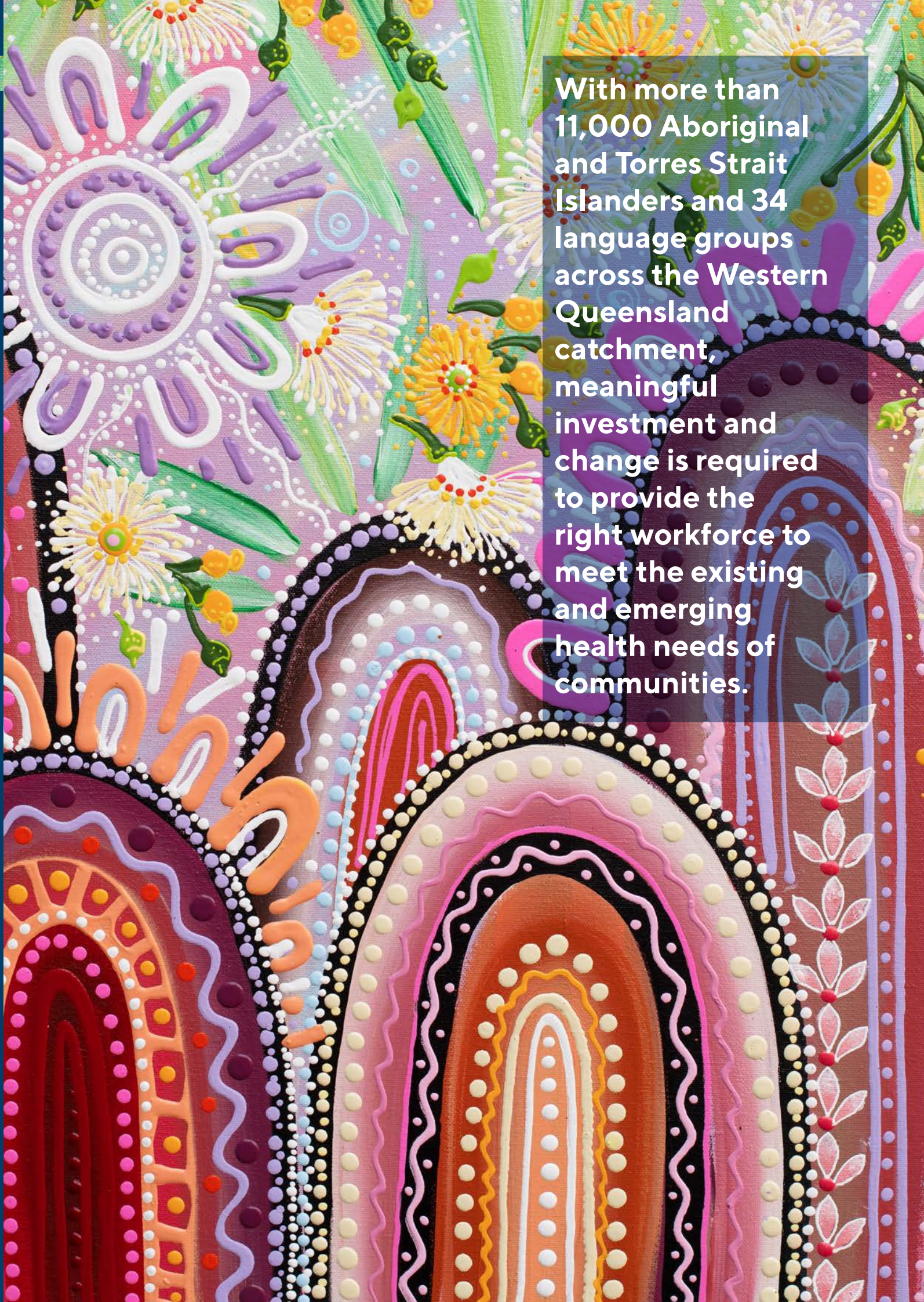
The Western Queensland Workforce Framework and accompanying Implementation Plan provides important considerations to improve employment opportunities for Aboriginal and Torres Strait Islander people. With clear strategic intent and cooperation, it has the potential to secure lasting personally and professionally rewarding careers in Western Queensland.

1 UN Universal Declaration of Human Rights, 1948
2 For example, ILO Convention 109, International Covenant on Civil and Political Rights, International Convention on Economic, Social and Cultural Rights, International Convention on the Elimination of All forms of Racial Discrimination
3 ILO Convention 109 did address in part Indigenous Peoples issues under the banner of Tribals.
4 UN Declaration on the Rights of Indigenous Peoples, 2007
5 Closing the Gap in a Generation, Final Report of the Commission on the Social Determinants of Health, WHO 2008
6 How does work affect our Health? The UK Heart Foundation, <https://www.health.org.uk/news-and-comment/charts-and-infographics/unemployment#chart1>, accessed December 2021.

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With more than 11,000 Aboriginal and Torres Strait Islanders and 34 language groups across the Western Queensland catchment, meaningful investment and change is required to provide the right workforce to meet the existing and emerging health needs of communities.



Executive summary

The Nukal Murra Alliance, led through the Western Queensland Primary Health Network (WQPHN), collaborated with partners CheckUP, Health Workforce Queensland and RFDS (Queensland) to prepare a regional response to the goals of the National and Queensland Strategic Frameworks. This framework and implementation plan aims to increase the rate of employment, professional development and engagement of the First Nations health workforce in Western Queensland.

The Western Queensland First Nations Health Workforce Framework and Implementation Plan provides a regional context to the National Framework, which was endorsed by all state and territory governments. It provides an important opportunity for healthcare and state-based workforce organisations to support the Nukal Murra Alliance, and its constituent Aboriginal Community Controlled Health Organisations, to build the capacity of their communities through an enterprising and evidence-based planning methodology and set of clear strategies.

The Framework identifies the First Nations workforce as a foundation to addressing health equity through building the capacity, cultural safety and leadership capability across Western Queensland. It explores a contemporary and innovative regional implementation methodology to create efficiencies of scale, while remaining respectful of the individual sovereignty of Aboriginal and Torres Strait Islander Community Controlled Health Services (AICCHS) and the diversity of their communities. This plan supports the three Health and Hospital Services health equity plans.

Generally, Aboriginal and Torres Strait Islanders access primary care from their AICCHS, however the degree to which this support can meet healthcare demand is directly linked with wider health partnerships. Further, these partnerships are relied upon to find new solutions to respond to urgent and challenging determinants of health and wellbeing, particularly in more remote areas.

The national agreement on Closing the Gap was signed in July 2020 by federal, state and territory governments, and the Coalition of Aboriginal and Torres Strait Islander Peak

Organisations, and focuses on four key reforms:

- Strengthening and establishing formal partnerships and shared decision-making.
- Building the Aboriginal and Torres Strait Islander community-controlled sector.
- Transforming government organisations so they work better for Aboriginal and Torres Strait Islander people.
- Improving and sharing access to data and information to enable Aboriginal and Torres Strait Islander communities to make informed decisions.

A recent Productivity Commission report⁷ highlighted that significant improvement is needed from government agencies to support shared decision-making with ACCHOs, with workforce development and leadership support being critical in these efforts. This document provides the framework to consider the essential ingredients for boosting the Aboriginal and Torres Strait Islander workforce as a legitimate intervention to reinforce performance under the Close the Gap Agreement.

While there has been considerable analysis of the importance of training and development outcomes and development of skills⁸, efforts must translate to real jobs and longer-term employment. Aboriginal and Torres Strait Islander people are under-represented in the total health workforce. Although many are highly trained, they fail to progress to meaningful employment opportunities due to lack of investment, short term grants, or poorly planned training programs that are not linked to employment outcomes.

Our value proposition involves:

1. Acknowledging the critical role AICCHS play in securing better health outcomes and strengthening capacity through supporting a multifaceted approach aligned with and informed by the National Strategy.
2. Recognising the cultural authority of the sector in developing systems, and the resources that have been proven to secure greater cultural safety and improved workforce outcomes.

3. Partnering with AICCHS to share and support new pathways to employment and professional development, leadership development, interprofessional networks and workforce planning collaboration, and progressing mutually aligned workforce development outcomes.
4. Sharing data and knowledge to align workforce with population health priorities and demand pressures across clinical and nonclinical workforce domains.

Using a proven regional decision support and collaboration methodology, the Nukal Murra Alliance aims to create a regional capability through the establishment of the Alliance Workforce Advisory Group (AWAG). The AWAG will be assigned the task of leading the higher analysis and brokerage necessary to progress the seven strategies that underpin this framework. Each strategy has been carefully examined and is supported by contemporary evidence that validates its legitimacy for inclusion in the plan.

| STRATEGIC ACTIONS - KEY RESULT AREAS | | |
|--------------------------------------|--|--|
| 1 | First nations leadership | |
| 1.1 | Executive skill development for existing and emerging leaders of AICCHS | |
| 1.2 | First Nations Leadership within in regional governance structures | |
| 1.3 | Develop Leadership competency standards to improve cultural safety | |
| 2 | Strengthening cultural safety | |
| 2.1 | Strengthen cultural safety credentials and performance | |
| 2.2 | Increase access to resources and to support cultural safety and competency development | |
| 3 | Funding and strategic investment | |
| 3.1 | Responding to Regional Workforce Priorities | |
| 3.2 | Innovation and reform for increase workforce investment in Western Queensland | |
| 3.3 | Increase philanthropic partnerships and co-investment strategies in Western Queensland | |
| 4 | Employment and professional development | |
| 4.1 | Improved retention and professional development of Workforce | |
| 4.2 | Increase capacity to support employment, training and professional development | |
| 4.3 | Pathways for career development, promotion and leadership | |
| 5 | Align workforce with population health needs | |
| 5.1 | Ensure planning for workforce alings with population health needs | |
| 5.2 | Ensure focus on team-based care configuration inclusive of Aboriginal health staff | |
| 6 | Interprofessional networks | |
| 6.1 | Support the development of interprofessional networks within AICCHS and partner networks | |
| 7 | Evidence informed workforce development | |
| 7.1 | Establish data sharing protocols, agreements and capabilities to support evidence-based approaches | |
| 7.2 | Develop standardised reporting of First Nations Workforce Outcomes | |
| 7.3 | Develop academic partnerships research using workforce data | |

Table 1. Seven Strategies and Key Result Areas (KRAs) of the Western Queensland First Nations Workforce Implementaion Plan

By any measure, there is a paucity of Aboriginal and Torres Strait Islander workforce across the catchment, and this is contributing to barriers of accessing the care that is needed to reduce an unacceptable burden of illness and disadvantage. With more than 11,000 Aboriginal and Torres Strait Islanders and 34 language groups across the Western Queensland catchment, meaningful investment and change is required to provide the right workforce to meet the existing and emerging health needs of communities.

7 <https://www.pc.gov.au/closing-the-gap-data/annual-data-report/report>
8 AIHW Clearing house



Why a Western Queensland First Nations Workforce Framework?

Since the early 1970’s, Aboriginal and Torres Strait Islander people have pursued meaningful community control of policy and services as a means of mediating the legacy of colonisation and discrimination. These efforts have centred on their own communities, on the specific circumstances of a place and the active engagement of and control by the local community. The place-based plans and approaches that emerged have advanced self-determination for Aboriginal and Torres Strait Islander peoples, and improved their health and wellbeing, employment, education, housing and justice.

From time-to-time, groups of communities who share goals, aspirations, interests, experiences and challenges, and risks have come together to tackle systemic challenges that are beyond the capability of individual communities to resolve. These regional collaborations have successfully and efficiently delivered practical benefits that respond to local needs. Building a coherent, efficient and effective regional response to remote area Aboriginal and Torres Strait Islander health workforce requires recognition of the inherent complexities of the systemic financial, training and development infrastructure, policy and other long-standing barriers that are beyond the capability of an individual⁹ organisation to resolve. It highlights the benefits of cooperation and collaboration, and of coming together with communities to unlock new solutions through place-based approaches.

The Nukal Murra Alliance and its partner organisations have committed to exploring new approaches that offer the operational scale, diversity, and experience to build and grow a strong and supported Aboriginal and Torres Strait Islander health workforce that has appropriate clinical and nonclinical skills to provide culturally safe and responsive health care.

This framework and accompanying implementation plan explores a range of strategic actions that are aligned with contemporary national and state frameworks, including the Queensland Health Equity Legislation¹⁰, which recognises the critical role that the Aboriginal and Torres Strait Islander workforce plays in securing greater cultural safety, community empowerment and addressing barriers associated with racism.

The Western Queensland First Nations Health Workforce Framework and Implementation Plan explores a range of strategic actions that have proven to build organisational capacity to deliver professionally and personally rewarding and valued careers in the health sector. It lays out the connection between the workforce potential in the Nukal Murra Alliance catchments, as well as recognising the aspirations of Aboriginal and Torres Strait Islander communities to secure well supported and meaningful careers within and across the Alliance and its partner organisations.

‘While there has been considerable analysis of the importance of training and development outcomes and development of skills, efforts must translate to real jobs and longer-term employment.’

⁹ Footnote missing
¹⁰ <https://www.health.qld.gov.au/public-health/groups/atsihealth/making-tracks-together-queenslands-atsi-health-equity-framework>



BACKGROUND AND CONTEXT

Background and context

A culturally safe and productive workforce with the right skills, attitudes and behaviours is an essential building block for strong and effective health systems and services. In remote areas, the ability to attract and retain a skilled health workforce is both a significant challenge and an enduring feature of workforce dynamics. It is demanding new innovative and collaborative approaches to find solutions.

Exacerbating these difficulties, people in rural and remote areas of Australia have poorer health outcomes than those in major and metropolitan areas. Furthermore, of the people in rural and remote areas, Aboriginal and Torres Strait Islander people encounter the greatest health need. National and state-based strategies have sought to advance solutions to these difficulties, paying particular attention to the workforce needs of people in remote and very remote areas. In 2016 the National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework drew specific attention to the workforce needs of the Aboriginal health sector. This plan was superseded in March 2022 with a refreshed strategic framework and implementation plan combined into one document.¹¹

In 2021, the Western Queensland Primary Health Network (WQPHN) and the four AICCHOs (Gidgee Healing, Cunnamulla Aboriginal Community Health (CACH), Charleville and Western Area Aboriginal and Torres Strait Islander Community Health (CWAATSICH) and Goondir Health Services), along with NGO partner organisations the RFDS (SE), CheckUp, and Health Workforce Queensland (HWQ), jointly committed to investigate how to progress a more ambitious Aboriginal and Torres Strait Islander workforce plan for Western Queensland.

The Nukal Murra Alliance and NGO partner organisations commissioned Petraichor Partners in August 2021 to undertake a literature review and facilitate a roundtable event to inform the development of an implementation plan, incorporating key agreed domains and strategies endorsed by all parties. This consortium group acknowledged the AHMAC endorsed National Strategy

as providing the planning architecture to guide work in Western Queensland and recognised various state and regional jurisdictions that also developed respective plans and strategies.

During 2022 the three Hospital and Health Services (HHS) within the Western Queensland catchment commenced the development of their Health Equity Strategies. This was in response to the legislative requirements flowing from the report into institutional racism within Queensland Health facilities.¹² These Strategies were developed in close collaboration with key First Nations stakeholders, including the AICCHS sector. They place a significant emphasis on several action areas, which correspond strongly with this Implementation Plan, in particular strengthening cultural safety and more ambitious workforce development outcomes.

This document provides a framework of evidence-based strategies designed to harness the co-operative partnership commitment of the Nukal Murra Alliance and other key primary health care organisations in Western Queensland and equip them to better respond to critical workforce priorities through increasing health system capacity and cultural safety.

It provides an historic opportunity to strengthen and grow the capacity of the Aboriginal Community Controlled Health Sector in Western Queensland, to support its collective leadership in finding new solutions to building a workforce that suits the unique geographic and cultural diversity of the region, and to profoundly influence the change through partnerships across partner organisations and communities.

¹¹ National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework and Implementation Plan 2021 – 2031
¹² Marrie, Henrietta (2014). A matrix for identifying, measuring and monitoring institutional racism within public hospitals and health services. CQUniversity. Report. <https://hdl.handle.net/10018/1254540>

Linkage to the National Strategy (2021-2031)

This plan was co-designed by WQPHN together with the Nukal Nurra Alliance and other key strategic partners in response to the national strategy. The plan provides overarching guidance for executing a wide range of actions across the health system to attract, recruit and retain First Nations people over the next decade.

The plan is guided by six overarching strategic directions. These directions support the ongoing development of the size, capability, and capacity of the Aboriginal and Torres Strait Islander health workforce. The strategic directions are:

- 1. Aboriginal and Torres Strait Islander people are represented and supported across all health disciplines, roles, and functions.**
- 2. The Aboriginal and Torres Strait Islander health workforce has the necessary skills, capacity and leadership across all health disciplines, roles, and functions.**
- 3. Aboriginal and Torres Strait Islander people are employed in culturally safe and responsive workplace environments that are free of racism across health and all related sectors.**
- 4. There are enough Aboriginal and Torres Strait Islander students studying and completing health qualifications to meet the future health care needs of Aboriginal and Torres Strait Islander people.**
- 5. Aboriginal and Torres Strait Islander health students have successful transitions into the workforce and access clear career pathway options.**
- 6. Information and data are provided and shared across systems to assist health workforce planning, policy development, monitoring and evaluation, and continuous quality improvement.**

Five key principles have been identified that guide the co-design, implementation, engagement, and evaluation of the national workforce and are essential to success. These are:

- **The centrality of culture**
- **Health systems effectiveness**
- **Partnership and collaboration**
- **Leadership and accountability**
- **Evidence and data**

The implementation plan comprises also comprises these key principles to guide the approach and build sustainable First Nations workforce solutions and greater cultural safety within primary health care settings in Western Queensland. Implementation strategies are framed within the unique context of Western Queensland, addressing not only the well reported challenges, but more importantly the cooperative partnerships, cultural diversity and inimitable strengths of Western Queenslanders and the communities, which must be the focus for advancement in this First Nations workforce plan.

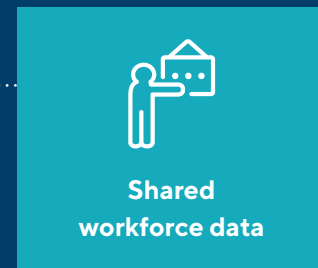
The Nukal Murra Alliance and its partner NGO organisations are well placed and experienced to consider the contemporary issues impacting on workforce needs and the challenges that need to be traversed. More importantly, this consortium will provide leadership to build momentum through wider partnerships, investment and enterprise, to not only better secure the workforce needs of AICCHS, but also the wider primary health and social care sector.

Interdependence across the domains and strategies is a key element in a systems approach because it underscores the ways in which various components interact with each other.

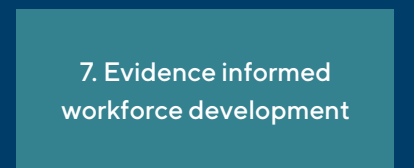
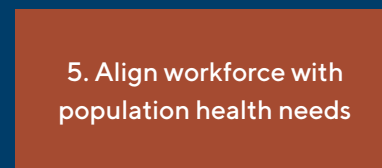


Alignment with 2021-2031 National Strategic Framework and Implementation Plan

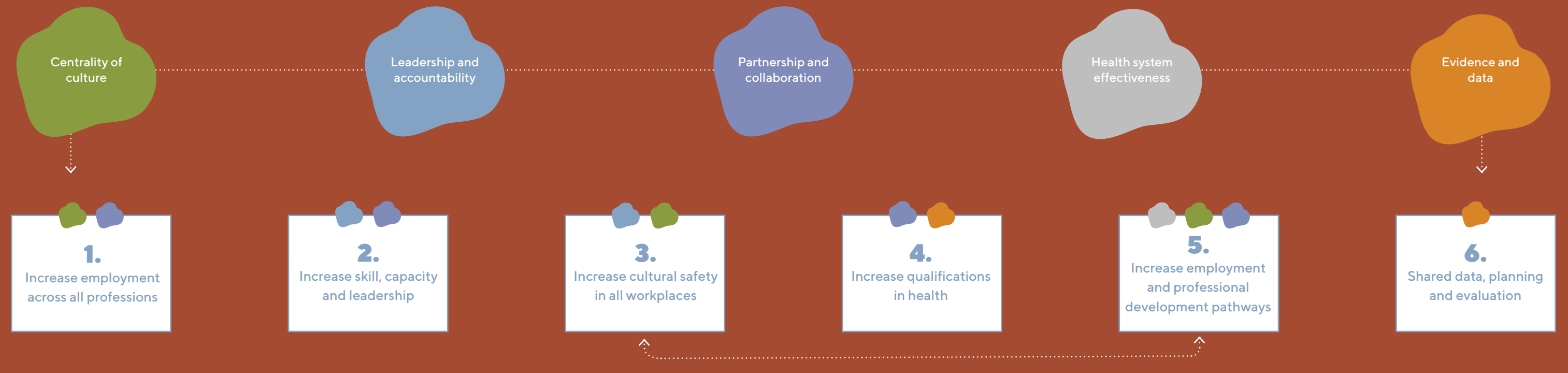
FOUR DOMAINS



SEVEN STRATEGIC ACTION AREAS



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



Integrating health equity for Western Queensland First Nations communities

It is widely acknowledged that improving the scale, capacity and scope of First Nations employment and professional development across the clinical and nonclinical primary health care workforce diaspora directly responds to improving access to culturally safe care and reducing health inequity.

The Hospital and Health Boards (Health Equity Strategies) Amendment Regulation 2021¹³ has created a unique opportunity for collaboration with Nukal Murra partners in Western Queensland. The North West HHS, Central West HHS and South West HHS have developed their respective Health Equity Strategy 2022-2025^{14 15 16} and an analysis of these highlights strong congruence with the framework and implementation plan.

| WQFNHWIP STRATEGIC ACTIONS | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
|----------------------------|------------------------|---------------------|----------------------------------|---|--|-----------------------------|--|
| | Leadership development | Cultural safety | Funding and strategic investment | Pathways to employment & professional development | Workforce aligns with population health priorities | Inter-professional networks | Evidence, data and knowledge translation |
| NWHHS | 5.3 | 2.2.1, 2.2.2, 3.1.1 | 4.4.1, 5.4.2, 3.1.2, 6.1.3 | 1.2.1, 1.4.1, 1.3.2, 3.4.2, 4.1.2, 5.1-5.3 | 1.2.1, 4.1.2 | 1.3.1 | |
| CWHHS | 4.2 | 2.1, 2.4, 2.5 | | 1.2, 5.2, 6.3 | 1.3, 4.1 | | |
| SWHHS | | 1.5, 4.6, 4.7, 6.2 | | 6.4, 6.5 | | 3.1 | 4.3 |

Table 2. Data reference from HHS Health Equity (Draft) Implementation Plans 2022-2025 against WIFNHWIP Strategies

AICCHS are essential organisations, uniquely placed to improve access to care and, more importantly, are important partners in eliminating racism as a determinant of poor health outcomes.¹⁷ In Western Queensland, most Aboriginal and Torres Strait Islander people will rely on an AICCHS to meet their primary health and wellbeing needs, however the human capacity to respond to the population health burden of illness and promote health seeking behaviours and self-management is very challenging.

The three Hospital and Health Services (HHS) have a unique opportunity to explore the mutual benefits

This alignment highlights the value proposition of collaboration and shared investment, particularly in the case of the NWHHS and SWHHS. The current Health Equity Strategies have been undertaken as a co-design process that recognises the unique role AICCHS play in securing the relative effectiveness of these historic plans. While there is no dedicated AICCHS in the Central West HHS, many communities do have access to programs provided through the Alliance partners and there are significant opportunities to share collateral and align to an AICCHS Model of Care and partnership approaches under the Health Equity strategic actions.

that will be accrued through supporting the Nukal Murra Alliance, both collectively and within respective jurisdictions. As indicated in Table 2 above and further visualised in Figure 2 below, there is a strong alignment across the Health Equity actions and the seven strategic actions of this framework, particularly in relation to cultural safety, employment pathways, professional development and strategic investment opportunities.

Health Equity Strategy Legislation is historic and recognises the important benefits that amass through collaboration across the HHS and AICCHS jurisdictions.

Congruence of Health and Hospital Services healthy equity plans against Western Queensland workforce implementation strategies

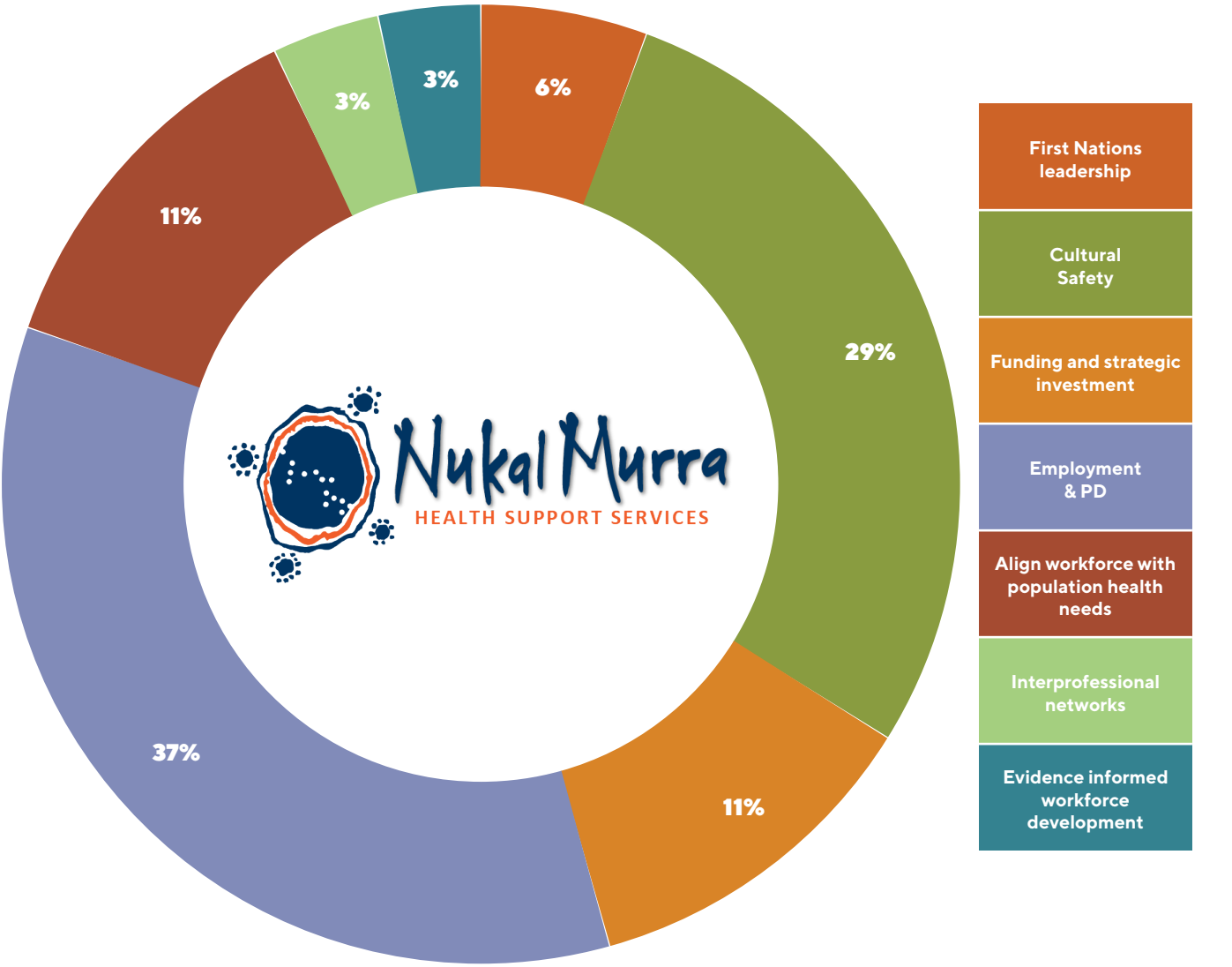


Figure 2. Visualisation of the strong alignment of key actions within the three HHS health Equity Implementation Plans with the seven Strategic Actions of the Western Queensland First Nations Health Workforce Implementation Plan (WQFNHWIP)

Whilst this plan seeks to boost the capacity and leadership of AICCHS, it is clear these strategies are analogous with key aspirations expressed in respective Health Equity Strategies and highlight collaboration opportunities using this nationally aligned evidence-based approach.

13 <https://www.legislation.qld.gov.au/view/html/asmade/si-2021-0034>
14 <https://www.northwest.health.qld.gov.au/opportunities/nwhhs-health-equity-implementation-plan-2022-2023>
15 https://www.centralwest.health.qld.gov.au/_media/about-us/publications-and-reporting/central-west-first-nations-health-equity-strategy-2022-2025.pdf
16 https://www.southwest.health.qld.gov.au/_media/about-us/corporate-publications-and-reporting/South-West-HHS-First-Nations-Health-Equity-Strategy-2022-2025.pdf
17 Socha, Anna. "Addressing Institutional Racism Against Aboriginal and Torres Strait Islanders of Australia in Mainstream Health Services: Insights From Aboriginal Community Controlled Health Services." International Journal of Indigenous Health (2020): n. pag.

Proposed governance structure

It is a widely accepted saying in Western Queensland that “improving Aboriginal health is everyone’s business”. However, it is unlikely the much-needed gains will be made in the absence of a coherent and strategic commitment that leverages from the cultural authority of the Nukal Murra Alliance and its member ACCHOs, and provides the investment and infrastructure needed to advance workforce development outcomes.

Securing more transformative First Nations workforce outcomes will require a combination of effective governance and influential stewardship. Governance involves creating a shared set of processes, customs, policy directives, laws and conventions affecting the way an organisation is directed, administered, or controlled.¹⁸ Providing effective governance through leveraging from the Alliance members will aggregate needs and opportunities across a catchment of approximately 50% of Queensland. This will establish scale and other efficiencies that in remote and very remote areas often stymy reform and progress.

Establishing the internal governance arrangements within and across Nukal Murra Alliance members will draw on the experience of the Alliance over recent years. The current collaboration structure that has been instrumental in developing a common understanding and analysis of issues impacting on Aboriginal and Torres Strait Islander Health Workforce will be extended to include representation from the three HHS.

The role of this partnership forum is to provide the necessary resources and authority to support an implementation capacity through the establishment of an Alliance Workforce Advisory Group (AWAG) that includes membership from the Alliance and covers key stakeholder interests, including education and training, cultural and industry training, and skills development agencies. The AWAG will provide the necessary regional structure and authority needed to support implementation efforts (see Figure 3).

The Framework aims to disrupt the status quo of often fragmented and opportunistic workforce training, development and investment. It will create new approaches that both strengthen the AICCHS

workforce priorities and nurture and enable linkage and alignment with other primary care, training and academic organisations that support the Plan.

Nukal Murra Alliance will provide the strategic stewardship and chair the AWAG. Investment will be needed from all partners to meet the structural and operational functions of the AWAG, as well as joint advocacy to attract new investment as a legitimate regional response to secure effectiveness and localisation of the National 10-year Workforce Strategic Plan and other state-based workforce initiatives.

The activities of the AWAG will be reported through the quarterly Nukal Murra Alliance meetings and other regional, state and national forums.

The AWAG will develop a clear Terms of Reference aligned with the implementation needs of this plan, including membership drawn from NMA and partner organisations. Among other things, the AWAG will consider the following:

- Define membership and secure commitments
- Review the Framework and suggested approaches under each of the strategies
- Solicit support and socialise the Framework with key stakeholder interests
- Consider assignment of actions over five years and assign priorities and critical milestones
- Secure data sharing and joint planning agreements
- Strengthen existing and promote new partnerships and collaborative arrangements
- Measure and monitor the effectiveness of implementation efforts
- Secure new investment in areas of mutual priority
- Promote, advocate and support NMA members individually and collectively to advance the needs of their respective organisation
- Provide universality and leverage the structural efficiency through the Alliance, while ensuring respect for the sovereignty of organisations and observing all related protocols.

Stewardship through the AWAG will reflect the strategic intent of organisations committed to improve First

Nations workforce in Western Queensland and provide the leadership necessary to ensure workforce objectives are supported and actioned by organisations and sectors outside the direct control of the Nukal Murra Alliance.

Foremost, priorities for the AWAG will be to respond to the critical workforce needs of the AICCHS, create greater visibility of what is working well, provide a touchpoint for new partnerships and investment, respond to critical gaps, promote the exchange of ideas and collateral, and stimulate academic partnerships. The challenges that exist in remote and very remote settings are universal across the Western Queensland catchment and the AWAG will seek to leverage from the collective experience of organisations that have operated in these unique environments for many years.

Expanding education and training and improving Aboriginal and Torres Strait Islander employment will secure improved cultural safety but will require new levels of co-operation across stakeholders. The AWAG will commit to an authentic and culturally informed codesign approach as a key platform for implementation. This will bring Alliance members, cultural leadership, providers, and funders together in a shared process supporting the objectives of the WQFNHWIP.

The AWAG will develop, support and monitor annual action plans that establish and deliver, in an integrated manner, the employment, development and cultural safety outcomes the Alliance requires. While the AWAG will aim to ensure the Framework is regionally organised to leverage structural efficiency and scale, it will hold no authority over sovereign organisational decision-making. Adopting a partnership approach, AWAG will capitalise on the strengths of AICCHS and promote innovation through place-based approaches designed to advance and test strategic priorities, translate knowledge, and build supportive evidence for investment.

The establishment and function of the AWAG will be challenging and ambitious, but it is an important first step in disrupting the often piecemeal approach to leadership development, patchy cultural safety, and poor training and underemployment outcomes, through a commitment to AICCHS led innovation.

Governance of implementation plan

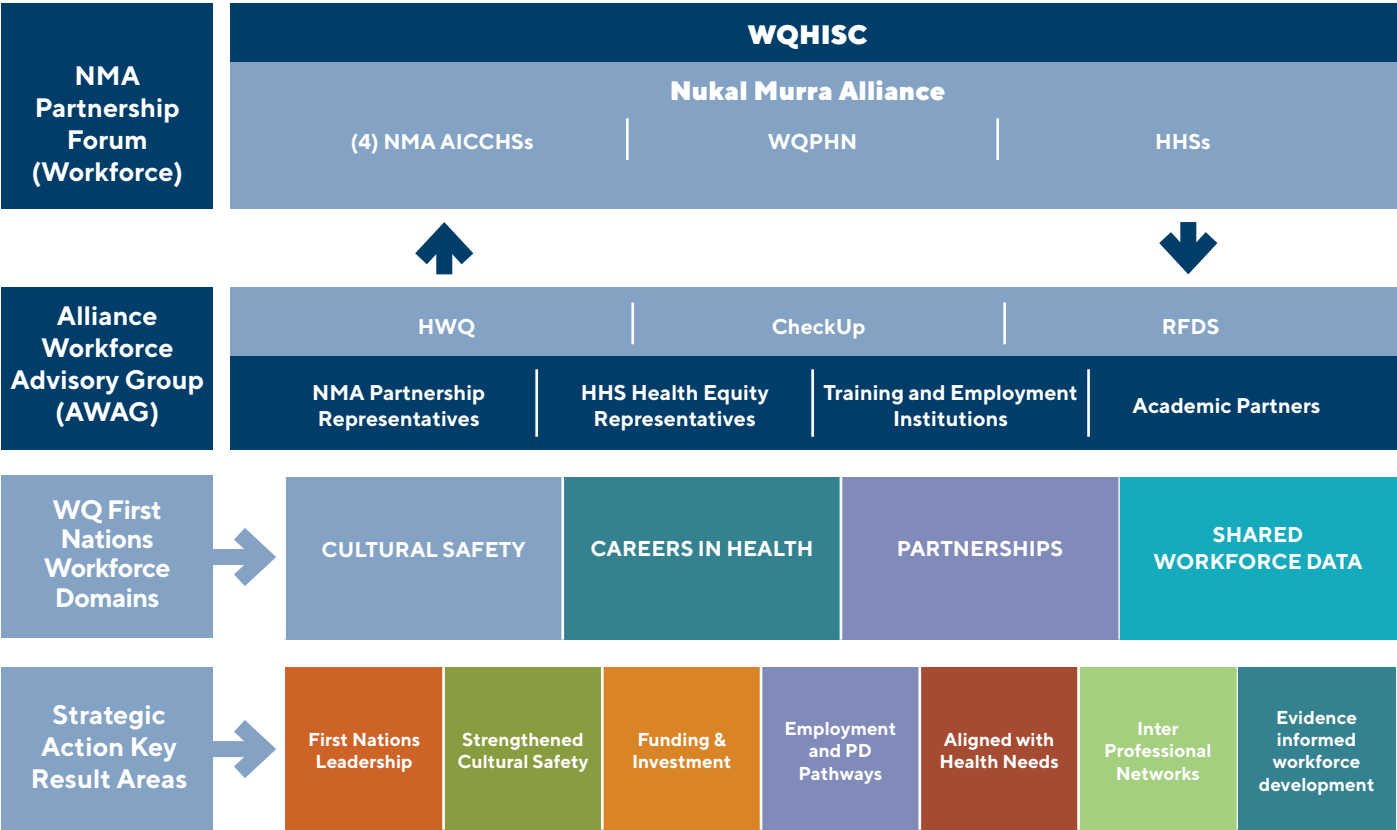


Figure 3. Nukal Murra Alliance Workforce Advisory Group Planning implementation structures and relationships

18 Governance Arrangements for Quality and Safety in Health Service Organisations, Australian Commission on Quality and Safety in Health Care, <https://www.safetyandquality.gov.au/sites/default/files/migrated/NSQHS-Standards-Fact-Sheet-Standard-1.pdf>, accessed December 2021



HEALTH WORKFORCE IMPLEMENTATION PLAN DOMAINS

Health workforce implementation plan domains

For First Nations people worldwide, the ability to access and contribute to the design and delivery of primary health care services responsive to local sociocultural needs is challenging, with institutions contributing to health inequities, and jurisdictional and policy barriers impacting on First Nations patients, providers, and decision-makers.

Four implementation domains provide the overarching intentions of the plan. These are delivered both within and across the seven areas of action identified later in the Plan. They align with core contemporary design enablers within the National Workforce Plan, as well as highlighting the system features for improving the capacity and influence needed to boost the Aboriginal and Torres Strait Islander workforce, while also positively influencing health outcomes and reducing pressure on the existing workforce.

Transformative learning and development outcomes are possible by reforming the way in which workforce initiatives are planned and implemented, such as through:

- approaches to instructional design and adapting these competencies to rapidly changing local health conditions.
- Drawing on regional assets, programs and resources.
- Promoting interprofessional and transprofessional education and leadership networks that break down professional silos, while enhancing collaborative and non-hierarchical relationships and more effective teams.
- Utilising the power of information technology to create learning collateral and provide more flexible learning options and experiences.
- Strengthening educational resources, with special emphasis on faculty development.
- Promoting a new professionalism that places cultural safety at the heart of health professional and organisational capability.
- A willingness to develop a common set of values around social accountability.

- Greater emphasis on competency-driven



Figure 4. Foundational Domains that Guide the WQ First Nations Workforce Implementation Strategies

19 Henderson R, Montesanti S, Crowshoe L, Leduc C. Advancing Indigenous primary health care policy in Alberta, Canada. Health Policy. 2018 Jun;122(6):638-644. doi: 10.1016/j.health-pol.2018.04.014. Epub 2018 May 7. PMID: 29751973.

20 Lai, G. Taylor, E. Haigh, M. Thompson, S. (2018) Factor Affecting the Retention of Indigenous Australians in Health Workforce: A Systematic review. Int J Environ Res Public Health v.15(5); <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5981953/>



DOMAIN 1 | Cultural safety

Culture is central to how Aboriginal and Torres Strait Islander people view individual, family, community health and wellbeing,¹ and evidence indicates their health improves when Aboriginal and Torres Strait Islander people are part of the health team.² Australia has a history of racism, and this discrimination is borne out in racist beliefs and unconscious bias within staff and systems of organisations, large and small. The effects of this are experienced in poor access to health care and powerful determinants linked to higher rates of unemployment, lower levels of education attainment, high rates of imprisonment, lower incomes and a much higher burden of illness and poor social and emotional well-being.

Increasing Aboriginal and Torres Strait Islander workforce across all areas of healthcare is a proven mechanism to improving health outcomes. Having policies, securing a culturally safe workplace and valuing cultural knowledge as a critical aspect of team credentials and leadership, all lay the foundation for improving employment and retention outcomes.^{3,4}

By virtue of being community controlled and with a higher percentage of Aboriginal and Torres Strait Islander workforce in all aspects of clinical and nonclinical operations, AICCHSs have proven cultural safety credentials. However cultural safety initiatives need to be multifaceted and go beyond the induction of health professions, while also contributing to embedding a cultural stance on systems, policies and organisational culture.⁵

Given the cultural diversity of the Western Queensland catchment and the often-high turn-over of key staff and contractors, health organisations need a continual assessment of what cultural tools and programs are available. This includes further consultation with Aboriginal and Torres Strait Islander communities across the region to maintain cultural safety standard and protocols unique to communities. The development

cultural safety within the context of advancing health equity is most effective when it includes consideration of personal and professional perspectives, sustained embedding of a cultural learning, knowledge and experience, and the reforming of policy and systems supporting leadership and organisational culture.

Building greater capacity within the Aboriginal and Torres Strait Islander workforce of AICCHSs through strengthening professional skills, interprofessional networks, and increased employment and professional development opportunities, will safeguard supportive and culturally safe workplaces. Additionally, strengthening workforce outcomes in AICCHSs also creates a strong value proposition to enhance the cultural safety of other primary care organisations and health professionals through partnerships.

This plan places culture at the heart of a successful workforce strategy. Family and community, country and place, cultural identity and self-determination are cultural determinants that must be well understood by individuals and organisations to secure positive impacts on existing and new workforces, and to improve the health and wellbeing for Western Queensland's Aboriginal and Torres Strait Islander communities.

1 First Nations Leadership

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|-----|---|
| 1.1 | Executive skill development for existing and emerging leaders of AICCHS |
| 1.2 | First Nations leadership within regional governance structures |
| 1.3 | Develop leadership competency standards to improve cultural safety |

2 strengthening cultural safety

- | | |
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| 2.1 | Strengthen cultural safety credentials and performance |
| 2.2 | Increase access to resources and support cultural safety and competency development |

6 interprofessional networks

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|-----|--|
| 6.1 | Support the development of interprofessional networks within AICCHS and partner networks |
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1 AHMAC. Cultural Respect Framework 2016 – 2026 For Aboriginal and Torres Strait Islander Health https://nacchocommunique.files.wordpress.com/2016/12/cultural_respect_framework_1december2016_1.pdf

2 Australian Government, Department of Health 2014, Aboriginal and Torres Strait Islander Health Curriculum Framework, Canberra: Commonwealth of Australia <https://www.health.gov.au/sites/default/files/documents/2020/12/aboriginal-and-torres-strait-islander-health-curriculum-framework.pdf>

3 Deroy, S., Schütze, H. (2019) Factors supporting retention of aboriginal health and wellbeing staff in Aboriginal health services: a comprehensive review of the literature. Int J Equity Health 18, 70 (2019). <https://doi.org/10.1186/s12939-019-0968-4>

4 Gwynne Kylie, Lincoln Michelle (2016) Developing the rural health workforce to improve Australian Aboriginal and Torres Strait Islander health outcomes: a systematic review. Australian Health Review 41, 234–238. <https://doi.org/10.1071/AH1524117>

5 Curtis, E., Jones, R., Tipene-Leach, D. et al. Why cultural safety rather than cultural competency is required to achieve health equity: a literature review and recommended definition. Int J Equity Health 18, 174 (2019). <https://doi.org/10.1186/s12939-019-1082-3>





DOMAIN 2 | Careers in health

Efforts to build and retain a regional health workforce must ensure that the sector can deliver careers within the region that are both professionally and personally rewarding. Well planned and coordinated training and professional development opportunities need to harness human assets in the sector, strengthen mentoring and supervision capacity, and foster integrated pipeline and career pathways that are accessible, easy to navigate, connected across organisations and primary care settings, and culturally safe and affordable.⁶

One of the significant challenges this plan must confront is the availability of a co-ordinated package of locally available career-focused education, training and development opportunities that meets local workforce needs. A co-ordinated package must consider development needs at all stages of career, including at:

- Exploration stage.
- Establishment.
- Mid-career stage.
- Late career.
- Decline stage.

This will require reform that strengthens infrastructure and digital technology, skills and collateral, and forges new program partnerships with and between education providers and industry skills development resources across the region.

Earlier work identified problems relating to both the capacity and cultural safety of training providers, the paucity of academic/TAFE partnerships to boost professional development of existing staff, burdensome administration linked to pathways –and financing – for training and development, and a frustration with having to have a sufficient cohort to justify training investment and customisation.^{7,8}

However Aboriginal community definitions of health highlight the importance of building capability beyond limited traditional medical workforce considerations. Social, emotional, cultural considerations are fundamental to Aboriginal thinking about health, and therefore, its workforce.

Addressing disparities across working conditions such as remuneration, power imbalance and job security, as well as greater interprofessional support between organisations, have also been identified as important in bolstering professional development and career pathways.⁹

Securing tertiary qualifications will also require similar considerations regarding cultural safety, integrating effectively into local pipelines, increasing community engagement and family support, and providing placement flexibility and access to financial assistance/ incentives.^{10,11}

| 3 funding and strategic investment | |
|------------------------------------|--|
| 3.1 | Responding to Regional Workforce Priorities |
| 3.2 | Innovation and reform for increased workforce investment in Western Queensland |
| 3.3 | Increase philanthropic partnerships and co-investment strategies in Western Queensland |

| 4 employment and professional development | |
|---|--|
| 4.1 | Improved retention and professional development of workforce |
| 4.2 | Increase capacity to support employment, training and professional development |
| 4.3 | Pathways for career development, promotion and leadership |



6 McCalman, J., Campbell, S., Jongen, C. et al. (2019) Working well: a systematic scoping review of the Indigenous primary healthcare workforce development literature. BMC Health Serv Res 19, 767 <https://doi.org/10.1186/s12913-019-4580-5>

7 Workforce Roundtable 15 July 2021 – Nukal Murra Alliance participant Survey

8 Workforce Roundtable 15th July 2021 – Workforce organisation participant survey Workforce Roundtable 15th July 2021 – Workforce organisation participant survey

9 IAHA Workforce Development Strategy 2018-2020. <https://iaha.com.au/workforce-support/workforce-development-strategy/>

10 Jongen, C., McCalman, J., Campbell, S. et al. (2019). Working well: strategies to strengthen the workforce of the Indigenous primary healthcare sector. BMC Health Serv Res 19, 910 <https://doi.org/10.1186/s12913-019-4750-5>

11 Curtis, E., Wikaire, E., Stokes, K., & Reid, P. (2012). Addressing indigenous health workforce inequities: a literature review exploring 'best' practice for recruitment into tertiary health programs. International journal for equity in health, 11, 13. <https://doi.org/10.1186/1475-9276-11-13>



DOMAIN 3 | Partnerships

The National Framework emphasises the critical role Aboriginal and Torres Strait Islander organisations play in advocating for and delivering care that responds to the priorities of Aboriginal and Torres Strait Islander communities. They must lead partnerships with mainstream health services to make the health system accountable and responsive to the diverse needs of Aboriginal and Torres Strait Islander peoples across their regions and communities.

Authentic collaboration and leadership across industry and organisations is fundamental in driving change and enabling more transformational outcomes linked to improved health outcomes and is a consistent theme across national, state and regional workforce strategies. In Western Queensland, the collaboration is high, and commitments are strong, however these need to be translated into practice and used to find new solutions to workforce development and capacity building.

A commitment to jointly develop and adopt an implementation plan aligned with National and State Frameworks lays a solid foundation to fully embed Aboriginal and Torres Strait Islander leadership. Furthermore, authentic partnerships to leverage collective impact and acknowledge cultural authority of AICCHSs will improve cultural safety, boost employment opportunities, foster equal power-sharing, and demonstrate a commitment to drive change, and shared accountability for achieving results.

Building authentic partnerships requires a:

- Acknowledgement that culture is a key determinant of improving health
- Shared vision for transformational workforce outcomes
- Sustained commitment, investment and effort across the partners
- Mutual benefit for partners aligned with collective impacts.

Partnerships established by this Framework support an innovative and iterative approach based on evidence of what works and harnessing the benefits of strategic alignment with initiatives such as the HES and Close the Gap outcome measures. An innovative project is one that aims at “identifying and experimenting with new ideas and approaches that create entirely new market segments, technologies, products, services, and approaches”.¹² Ensuring partnerships build capabilities that empower transformation will require the development of internal organisational capability as well as linkage level (interorganisational) capabilities. Open communication, dedicated measures of success, and actions that builds trust and transparency underpin the links between partnerships, capability, and transformation.

In the health workforce, more innovative approaches to interprofessional education will be required given the significant funding pressures and critical health needs of the population. Silos in the workforce can be counterproductive and serious attention is required to shift the paradigm towards an interprofessional model. Such transformations will require effective partnerships.¹³

Although there are many strengths and positive workforce indications within Western Queensland, the primary care sector faces significant challenges in building and maintaining a strong, stable, and culturally safe workplaces. The capacity to produce more transformative health outcomes, in the most part, relies on the scalability of initiatives that directly contribute to drastically increased First Nations workforce across all areas of primary health care in Western Queensland.

| 6 interprofessional networks | |
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| 6.1 | Support the development of interprofessional networks within AICCHS and partner networks |

| 7 evidence informed workforce development | |
|---|--|
| 7.1 | Establish data sharing protocols, agreements and capabilities to support evidence-based approaches |
| 7.2 | Develop standardised reporting of First Nations workforce outcomes |
| 7.3 | Develop academic partnerships research using workforce data |



¹² Interactive Learning and Capability Building in Critical Projects, Hanlin R & Mongare Okemwa J, in Building Innovation Capabilities for Sustainable Industrialisation, Lema R, et al (Eds), Routledge, 2021
¹³ Towards a system where workforce planning and interprofessional practice and education are designed around patients and populations not professions, Fraher E & Brandt B, Journal of Interprofessional Care, 33:4,389-397, 2019 OI: 10.1080/13561820.2018.1564252



DOMAIN 4 | Shared workforce data

Meaningful use of standardised, validated, and real-time data and health intelligence is needed to monitor performance, identify gaps in workforce supply, and improve responsiveness of workforce configuration and investment. Moreover, sharing locally relevant data and intelligence can strengthen the capability and knowledge within the regional jurisdictions and enable the tailoring of design approaches to reflect the unique characteristics and diversity of Western Queensland.

To be effective, the Framework and agreed actions must consider population health needs and integrate validated qualitative and quantitative workforce data. Determining universally accepted measures of performance, including recruitment and retention, professional development and leadership, as well as contemporary measures of cultural safety, will be essential to monitor the efficacy of current investments.

The Framework will seek to translate knowledge, through analysis of workforce data, to consider the staffing ratios needed to achieve more meaningful outcomes for critical health priorities, including child and maternal health, mental health and SEWB, chronic disease, disabilities, and ageing.

Use of data and intelligence to improve workforce design and investment should also consider incorporation of Aboriginal and Torres Strait Islander patient reported experience, as this has been proven as critical in understanding barriers and improving cultural safety and quality of care.³⁴ Critically, data helps to consider health system effectiveness and inform cross-sector health planning and investment to build long term sustainable growth in employment and professional development opportunities in Western Queensland.

Information exchange and meaningful use of data must safeguard Indigenous Data Sovereignty and ensure appropriate data governance and privacy. Analysis and visualisation of data across the WQPHN catchment will foster regional and localised partnerships and innovation in workforce planning and allow regional solutions to be locally implemented. A commitment to real-time reporting of performance against agreed workforce outcomes will promote awareness and knowledge and is proven to provide the transparency needed to disrupt existing structures and investment patterns, while strengthening cultural safety through a more deliberate outcome focus.³⁵

| 5 Align workforce with population health needs | |
|--|---|
| 5.1 | Ensure planning for workforce aligns with population health needs |
| 5.2 | Ensure focus on team-based care configuration |

| 7 evidence informed workforce development | |
|---|--|
| 7.1 | Establish data sharing protocols, agreements and capabilities to support evidence-based approaches |
| 7.2 | Develop standardised reporting of First Nations workforce outcomes |
| 7.3 | Develop academic partnerships research using workforce data |

34 Shreya K et al. Effect of Community Health Worker Support on Clinical Outcomes of Low-Income Patients Across Primary Care Facilities A Randomized Clinical Trial. JAMA Intern Med. 2018;178(12):1635-1643. doi:10.1001/jamainternmed.2018.4630 Downloaded From: <https://jamanetwork.com/> on 05/06/2023

35 DM Griffith, M Mason, M Yonas, E Eng, V Jeffries, S Plihcik, B Parks, 'Dismantling institutional racism: theory and action', American Journal of Community Psychology, 2007, 39(3-4):381-92.



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