

Growing and supporting the Aboriginal and Torres Strait Islander health workforce

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It was a privilege to speak on behalf of the National Health Leadership Forum (NHLF) in Alice Springs in 2018 at a landmark Indigenous Roundtable held on the eve of the Council of Australian Governments (COAG) Health Council meeting.¹

I stressed the urgent need for a dedicated and resourced strategy for growing and supporting the Aboriginal and Torres Strait Islander health workforce. Simply including us as a small focus within mainstream workforce policies was insufficient. I asked Ministers to privilege the voices and wisdom of Aboriginal and Torres Strait Islander organisations, and practise cultural respect and reciprocity in order to build trust.

They listened.

The National Aboriginal and Torres Strait Islander Health Workforce Implementation Plan is now under development, part of a refresh of the National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework 2021–2031 (NATSIHWSF).²

Why is it so critical and what will it do?

First, historical truth-telling is vital, to acknowledge the knowledges in health that Aboriginal and Torres Strait Islander peoples have developed over millennia – an amazing health system as part of our wider ecosystem – which kept us well and later not only saved the lives of arriving colonists but birthed their children.

We know that growing and strengthening the Aboriginal and Torres Strait Islander health workforce is crucial to improving the health and wellbeing of Aboriginal and Torres Strait Islander peoples. Our people have both professional and cultural knowledges, which inform our approach to health and wellbeing.

Aboriginal Community Controlled Health Organisations (ACCHOs) are known for their outstanding work, and their outstanding performance during the COVID-19 pandemic has made international headlines.^{3,4} They are a model of primary care for everyone.

Aboriginal and Torres Strait Islander peoples are more likely to use health services where they experience culturally safe and respectful care; a lack of cultural safety means they do not seek or receive quality health care. Many of our people can be reluctant to use mainstream health services due to past experiences of racism and trauma.

Over the past few decades, the absolute number of Aboriginal and Torres Strait Islander people working in health has risen, but we remain significantly under-represented. We perform critical work on the frontline but not many get to advance our careers in management, policy and academia due to a range of factors: racism, lack of management support, family and community commitments, and inflexible human resources policies.⁵

This applies equally to the Aboriginal and Torres Strait Islander health research workforce, whose professional and cultural knowledges mean we do research *for and by us*, not, as has been the case under Western paradigms, *on and about us*.

We are pleased to see the first significant inclusion of Aboriginal and Torres Strait Islander researchers in the NATSIHWSF Implementation Plan in two areas: capacity and capability. And we assert a different approach, seeing non-traditional pathways as important as Western academic journeys, allowing our communities to lead and own their own research priorities.

The process since the Alice Springs landmark meeting has led to greater hope and trust. What we need now is a commitment to fully resource the plan so that the dramatic changes we have called for over many decades can be achieved.

As a member of the NHLF, Lowitja Institute has played a role in development of the NATSIHWSF. Dr Janine Mohamed is also a member of the Partnership Reference Group (PRG) for the National Aboriginal and Torres Strait Islander Health Workforce Implementation Plan and has worked in workforce policy for 20 years.

Competing interests

Dr Janine Mohamed contributed to the National Aboriginal and Torres Strait Islander Workforce Strategic Framework and Implementation Plan.

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