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HOW TO ATTRACT, RETAIN AND GROW THE ABORIGINAL AND TORRES STRAIT ISLANDER HEALTH WORKFORCE IN AUSTRALIA: A SELF-DETERMINED APPROACH

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ABSTRACT

Racism in the healthcare system results in harm experienced by Aboriginal and Torres Strait Islander Peoples. Countering racism and achieving culturally safe healthcare will not be possible without self-determination, meaning Aboriginal and Torres Strait Islander voices must drive the design and delivery of services and policy. The Australian Health Practitioner Regulation Agency (Ahpra) facilitated a webinar series that brought together Indigenous health sector leaders to discuss factors affecting the Aboriginal and Torres Strait Islander health workforce and identify policy actions needed to support positive change. Four key areas – Accept, Educate, Support, and Invest – were identified through the series, providing a roadmap for both Indigenous and non-Indigenous health system stakeholders to grow an accessible and sustainable Aboriginal and Torres Strait Islander health workforce.

KEYWORDS

Aboriginal and Torres Strait Islander, Indigenous, health workforce, self-determination, workforce retention

INTRODUCTION

Racism within the Australian health system is pervasive, with destructive consequences for the health, wellbeing and livelihood of Aboriginal and Torres Strait Islander Peoples. Racism can manifest systemically, institutionally, and interpersonally, which collectively contributes to unacceptable harm and death experienced by Aboriginal and Torres Strait Islander health practitioners and patients [1-4]. The costs of this harm to systems and people, and the implications for quality of care in Australia, are substantial [2, 5].

Addressing these issues requires a multifaceted approach grounded in self-determination. Self-determination is a fundamental right of Aboriginal and Torres Strait Islander Peoples and recognized as essential for social, cultural, and economic development [6, 7]. In the context of healthcare, self-determination means that Aboriginal and Torres Strait Islander Peoples must have control over the design and delivery of health services and policy, leading to culturally safe and effective care [8]. Self-determination rightly empowers Indigenous communities and helps to dismantle the systemic barriers that perpetuate health inequities.

Important work is underway within the health sector to develop and activate policy that incorporates and centres Aboriginal and Torres Strait Islander ways of knowing, being,

and doing. In 2022, the Australian Government released a national health workforce plan co-designed with Aboriginal and Torres Strait Islander Peoples, the first of its kind [9].

The Australian Health Practitioner Regulation Agency (Ahpra), together with Accreditation Authorities and the National Boards, regulates Australian practitioners in sixteen regulated professions. Conscious of the pressing need for anti-racist policy, Ahpra released the National Scheme Aboriginal and Torres Strait Islander health strategy statement of intent in 2018 [10]. The statement aims for health equity by 2031 and was developed in close partnership with Aboriginal and Torres Strait Islander organisations and experts. This was complemented by the National Scheme Aboriginal and Torres Strait Islander Health and Cultural Safety Strategy 2020-2025 (the Strategy), which aims to make cultural safety the norm for Aboriginal and Torres Strait Islander patients [11]. These policies are critical for creating a health system that is not only inclusive but also capable of delivering equitable health outcomes for Aboriginal and Torres Strait Islander Peoples. The Strategy has built a strong foundation for change however, there is much more work to be done, and Indigenous voices must be privileged in this work.

This paper documents the process and findings of a workforce series facilitated by Ahpra that brought together key stakeholders to discuss factors affecting the Aboriginal and Torres Strait Islander health workforce, and identify actions needed to best support them.

DEFINITIONS

Terminology used throughout this paper is defined in Table 1.

TABLE 1: KEY DEFINITIONS

Term	Definition
Aboriginal and Torres Strait Islander Peoples	The first peoples of Australia, comprising hundreds of groups with their own distinct languages, cultural traditions and histories [1]. A widely used definition by the Australian government defines an Aboriginal and Torres Strait Islander person as someone of "Aboriginal and Torres Strait Islander descent who identifies as Aboriginal or Torres Strait Islander and is accepted as such by the community in which he or she lives" [2].
Aboriginal and Torres Strait Islander Health Practitioner/s	The capitalised title refers to registered practitioners of the Aboriginal and Torres Strait Islander Health Practice profession [12].
Aboriginal and Torres Strait Islander health practitioners	The uncapitalised title refers to Indigenous practitioners working in any of the other fifteen registered health professions regulated by National Scheme [12].
Cultural safety	According to the Strategy, cultural safety is "determined by Aboriginal and Torres Strait Islander individuals, families and communities. Culturally safe practice is the ongoing critical reflection of health practitioner knowledge, skills, attitudes, practising behaviours and power differentials in delivering safe, accessible and responsive healthcare free of racism" [1]).

ABORIGINAL AND TORRES STRAIT ISLANDER HEALTH WORKFORCE SERIES

One of the actions of the Strategy [11] was to work on an Aboriginal and Torres Strait Islander workforce summit. For numerous reasons, including accessibility during the Covid-19 pandemic, this action morphed into three webinars facilitated by Indigenous health sector leaders in August and September 2022, attended by approximately 300 participants. Key stakeholders discussed important factors affecting the Aboriginal and Torres Strait Islander health workforce and identified actions needed to empower and support Indigenous practitioners. Creating a safe space for Indigenous practitioners to share their experiences and critically reflect on their own practices, the webinars identified four overarching actions to attract, retain and

grow the Aboriginal and Torres Strait Islander health workforce and improve their support structures, outlined in Table 2.

TABLE 2: STRATEGIC AND POLICY RELATED ACTIONS IDENTIFIED BY ABORIGINAL AND TORRES STRAIT ISLANDER HEALTH SECTOR LEADERS DURING AN AHPRA HEALTH WORKFORCE WEBINAR SERIES

Action	Content
Accept	Racism exists and kills Indigenous Peoples need to lead educational cultural safety programs and conduct assessments
Educate	Address own biases Understand and value the role of Aboriginal and Torres Strait Islander Health Practitioners, workers and services
Support	Listen and empower those experiencing racism Address scope of practice "turf wars" and gate keeping Share power with Indigenous practitioners Accommodate the cultural needs of Indigenous practitioners
Invest	Understand representation is important Create safe spaces for Indigenous colleagues and step back Engage with Indigenous leadership and embed self-determined decision-making at every level Invest in and trust Indigenous leadership 'Grow your own' Indigenous health workforces Build accountability in the system

ACTIONS AND POLICY RECOMMENDATIONS

ACCEPT

The action of 'accept' emphasised that racism is prevalent in the Australian health system and kills Aboriginal and Torres Strait Islander Peoples through direct and indirect means. Sector leaders underscored that practitioners, administrators and other working in the system needed to accept the systemic presence of racism as a first step to addressing it. Examples of racism discussed included those experienced on a daily basis where Indigenous practitioners are gaslighted, unfairly targeted, and positioned as 'the problem' should they call out injustice.
Practitioners often feel that they are being pushed out of the profession, leading to decreased social and emotional wellbeing, extended workplace absences or leaving the profession altogether. These experiences can have negative implications for patient safety and grave consequences for the livelihoods of individual practitioners, their families and communities. The panellists also discussed examples of preventable, direct death as a result of racist attitudes and neglect at the hands of non-Indigenous practitioners, such as Aboriginal and Torres Strait Islander deaths in custody.

To reduce racism Aboriginal and Torres Strait Islander Peoples need to lead educational culturally safe programs and conduct related assessments, especially in accreditation. Health regulators play a critical role in delivering culturally safe healthcare and this self-determining approach is upheld in the National Scheme's definition of cultural safety (11).

EDUCATE

Continuing on from the first action, under 'educate' panellists discussed the importance of non-Indigenous people addressing their biases through education and critical self-reflection. Clinical and education settings are full of biases and stereotypes that influence the way Aboriginal and Torres Strait Islander practitioners are treated, limiting their autonomy and opportunities for advancement.

Regulators, educators, clinical supervisors, administrators and others working in the health system must actively challenge their own biases to ensure they are giving

equitable opportunity to Indigenous practitioners and not inadvertently limiting their input and growth.

The second action point under this theme related to the importance of understanding and valuing the role of Aboriginal and Torres Strait Islander Health Practitioners, health workers and services. Aboriginal and Torres Strait Islander Health Practice is a profession with a protected title, which can only be delivered by Aboriginal and Torres Strait Islander Peoples. It is the only racially defined health profession in the world and plays an important role in the provision of culturally safe healthcare in primary and tertiary practice settings to Australian Indigenous populations. Its practitioners often work in their communities, bringing a wealth of community knowledge and strong relationships built on trust into the therapeutic treatment interface, reducing the likelihood of early discharge from service.

Similarly, having practitioners who identify as Aboriginal and Torres Strait Islander working in all other health professions and services is critical for the health and wellbeing of Aboriginal and Torres Strait Islander Peoples and communities. Their presence and knowledge must be valued by others in the health system to increase self-determined, culturally safe practice and address the gross inequities in health and wellbeing experienced by Indigenous communities in Australia.

SUPPORT

The third action involves several key components. The first of these is to listen to and empower people who are experiencing racism. The panel heard that creating a space where speaking up against racism is supported is critically important for the psychological safety of employees, and can prevent attrition due to a lack of that safety. For an Indigenous employee, lodging a complaint about racism in the workplace is a serious step that involves trusting a non-Indigenous institution's complaints process, which can be lengthy, traumatising and unsatisfactory.

Health practitioners often work with other practitioners who have a similar scope of practice. The series confirmed that for Aboriginal and Torres Strait Islander Health Practitioners, working alongside similarly trained health professionals could bring tension or give rise to 'turf wars' with reports of a lack of clarity, and gatekeeping of knowledge and access in healthcare settings. Addressing these issues through education, including embedding cultural safety in education and continuing professional development, is a priority.

To truly support Aboriginal and Torres Strait Islander health practitioners, power must be shared and cultural needs must be accommodated. Acknowledging the hierarchy of healthcare, the inherent power held by decision makers, and that bestowed by existing structures, is the first step to recognise and subsequently share that power. Similarly, support involves the recognition that Indigenous practitioners' cultural needs are essential to maintain their wellbeing in the workplace. Many workplaces across the country operate under legislation that compels employers to ensure psychosocial hazards are mitigated and addressed: accommodating cultural needs can meet both the practitioner's needs as well as the organisational requirements.

INVEST

Organisations must invest in the time, resources, and actions needed to meaningfully attract, retain, and grow the Aboriginal and Torres Strait Islander health workforce. Representation is important: the panel heard examples of the challenges faced by Indigenous workers in environments where being part of a minority can be isolating and burdensome, with an unfair responsibility or 'colonial load' [12] placed on them by institutions to provide cultural advice or expectations beyond their role description.

Representation can be improved through employment strategies, mentorship programs, and dedicated culturally safe spaces. Safe spaces for Aboriginal and Torres Strait Islander colleagues should be created across institutions, with the series confirming that such spaces function as effective support mechanisms. However, initial investment in these spaces can be provided and the reins handed to community - the need for non-Indigenous people to understand that they do not need to occupy Indigenous spaces resonated strongly with panel members.

Investing in workforce models that grow Indigenous health practitioners in their communities is essential. A key barrier to participation discussed during the series was moving Indigenous Peoples off country to train and practice. Panellists agreed that organisations should work to accommodate training people in their communities, and for them to stay and practice in the communities they belong to, wherever possible.

In addition to specific strategies or models, increasing the workforce participation of Indigenous Peoples requires investment in building accountability at an individual and systems level. Panellists identified if expectations are not backed up by mechanisms and strategy to drive accountability, results are unlikely to follow.

Investment involves engaging with Indigenous leadership and communities and embedding Aboriginal and Torres Strait Islander led decision-making at every level. Panellists agreed that Indigenous leaders both in community and within the organisation should be recognised as critical partners to working successfully and respectfully with Aboriginal and Torres Strait Islander Peoples, and that this investment is necessary for a successful and sustainable policy, program or service. Contributors to the series shared that their leadership approaches were frequently questioned for not mirroring those of non-Indigenous leaders positioned as the norm. Trusting Indigenous leadership approaches and accepting that while they may look different, they are not wrong, reflects that Indigenous Peoples have been engaging, working and caring for those within their communities for eons.

CONCLUSION

The webinar series highlighted the importance of cultural safety and self-determination, and the need for them to be enshrined in organisational policies to make the health system a safer place for Aboriginal and Torres Strait Islander Peoples.

The calls to action for non-Indigenous parties working in the health system – whether practitioners, regulators, administrators or others – were loud and clear. Non-Indigenous stakeholders need to acknowledge the persistent existence and harm caused by racism in healthcare, address their own biases, support their Indigenous colleagues and invest in self-determined Indigenous representation and leadership, safe spaces and an accountable system to grow the Aboriginal and Torres Strait Islander health workforce.

Sharing power and doing things differently may not always be comfortable for non-Indigenous peoples but are integral to strengthening Indigenous leadership and successfully and respectfully working with Aboriginal and Torres Strait Islander Peoples. Only then can policies, programs and services be enacted that are accessible, sustainable and free of the systemic barriers that perpetuate health inequities.

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CONFLICTS OF INTEREST

The authors declare that there is no conflict of interest. This manuscript was written in the course of their duties as Ahpra employees. The authors certify that they have no affiliations with or involvement in any organization or entity with any financial interest in the subject matter or materials discussed in this manuscript.

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