

Medical Deans Australia and New Zealand: submission to the consultation by Cultural Fusion on the

**DRAFT NATIONAL ABORIGINAL AND TORRES STRAIT ISLANDER HEALTH WORKFORCE
STRATEGY & IMPLEMENTATION PLAN**

<https://www.culturalfusion.com.au/nationalworkforceplan>

If you have any queries about this submission, please contact admin@medicaldeans.org.au

Note: MDANZ responses in blue italics

1. Overall Satisfaction

I am satisfied with the Workforce Plan overall.

Agree.

The Workforce Plan meets the needs of my organisation to grow the Aboriginal and Torres Strait Islander health workforce.

Agree.

This Workforce Plan is well-articulated with clear aims and targets. These are rightly aspirational and ambitious, and it is crucial for there to be sufficient and sustained focus, investment, and support for its implementation.

We welcome and fully support the comments and recommendations relating to medical education and training, and look forward to working within the framework outlined by this Workforce Plan and with our partners to contribute to its implementation.

A major challenge for medical schools in growing the entry of Aboriginal and Torres Strait Islander students into their medical program is the currently relatively low numbers of Indigenous students who are applying and who have the educational preparedness for entry into a program.

We are pleased to note the first bullet point on page 5 highlighting the importance of “Access to and continuity of educational opportunities and supportive pathways from school through to higher education and into practice”, but believe a greater recognition is required of the need to engage with students during high school (and earlier) to encourage and foster interest in a future career in medicine and health, and to provide the support needed for those who are keen to achieve the educational outcomes, study skills and preparedness needed.

Local partnerships between universities, schools, and communities are fundamental to this in-reach and connection being effective and sustained. The Plan would benefit from more about the role of local community organisations and of the community-controlled health sector and where their leadership, direction and partnerships are needed.



2. The activities and actions currently undertaken within my organisation are aligned to the draft Workforce Plan's six Strategic Directions (pages 23 thru 26)

Strategic Direction 1: Aboriginal and Torres Strait Islander people are represented and supported across all health disciplines, roles and functions.

Agree.

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.

Agree.

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.

Strongly Agree.

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.

Strongly Agree.

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.

Agree.

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.

Strongly Agree.

Medical Deans Australia and New Zealand has a key objective to "promote improvements in Indigenous health through education and workforce development". All of the 6 Strategic Directions are key considerations in our work to progress this objective.

We are currently developing a new Indigenous Health Strategy to ensure a clear and effective direction for 2021 and beyond. Alignment with this Workforce Plan is a central aspect in the development of this.

3. The six Strategic Directions are relevant in supporting and building the Aboriginal and Torres Strait Islander Health Workforce.

Strategic Direction 1: Aboriginal and Torres Strait Islander people are represented and supported across all health disciplines, roles, and functions.

Strongly Agree.



Strategic Direction 2: The Aboriginal and Torres Strait Islander health workforce has sufficient skills, capacity and leadership across all health disciplines, roles, and functions.

Strongly Agree.

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.

Strongly Agree.

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.

Strongly Agree.

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.

Strongly Agree.

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.

Strongly Agree.

These need to be well-embedded into organisations' HR policies and processes, with clear and strong leadership from the organisation's head and senior management.

4. Strategic Direction 1: Aboriginal and Torres Strait Islander people are represented and supported across all health disciplines, roles, and functions. (Implementation Actions on pages 30 thru 37)

Do you agree or disagree with the implementation actions under this Strategic Direction?

- 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.

Agree.

We recommend that successful existing initiatives and networks are identified and built upon wherever possible, to avoid duplication and to enable these to be invested in to broaden and strengthen their reach and potential. For example, the work of AIDA and others in student and doctor support networks, and that of the LIME Network in connecting and supporting Indigenous medical educators.

These Strategic Directions need to be aligned and embedded across all sectors of health, health workforce, and education.

5. 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. (Implementation Actions on pages 38 thru 42)

Do you agree or disagree with the implementation actions under this Strategic Direction?

- 2.1 Develop and deliver jurisdictional Aboriginal and Torres Strait Islander health workforce plans and initiatives.
- 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.
- 2.3 Establish a Leaders in Indigenous Allied Health Education and Training Network (LIAHTEN).
- 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).
- 2.5 Enhance and strengthen the capacity and capability of Aboriginal and Torres Strait Islander Health Workforce Peak Organisations (ATSIHWPOs)

Agree.

2.1 We recommend noting that jurisdictional plans and initiatives need to include and actively support initiatives at a local, community level.

2.4 We welcome the recognition of the important work and achievements of the LIME Network and the support for its enhancement and expansion.

6. 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. (Implementation Actions on pages 43 thru 48)

Do you agree or disagree with the implementation actions under this Strategic Direction?

- 3.1 Undertake cultural safety reviews and assessments to address the legacy of institutional racism in the health, education and training sectors.



- 3.2 Development of an Aboriginal and Torres Strait Islander Accreditation Assessors workforce.
- 3.3 Develop a national Aboriginal and Torres Strait Islander cultural safety website.
- 3.4 Establish mandated national standards for cultural safety in higher education.
- 3.5 Implement the Aboriginal and Torres Strait Islander Health Curriculum Framework.
- 3.6 Embed culturally safe practice into continuing professional development.
- 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.

Agree.

It is important for there to be a more coordinated and consistent emphasis and increased effort to stamp out institutional racism across the health and health education sector to supplement the work being done at individual organisations.

In terms of recommendation 3.5, 'Implement the Aboriginal and Torres Strait Islander Health Curriculum Framework', we recommend that this is revised to add the additional wording 'or demonstrate how it aligns with your curriculum' to recognise that the Framework is closely aligned with the CDAMS Indigenous Health Curriculum Framework upon which many of our medical schools' curricula are based.

7. 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. (Implementation Actions on pages 49 thru 54)

Do you agree or disagree with the implementation actions under this Strategic Direction?

- 4.1 Expansion and enhancement of existing school-based traineeship programs to focus on Aboriginal and Torres Strait Islander designed and led initiatives.
- 4.2 Enhance and expand Aboriginal and Torres Strait Islander workforce traineeship programs.
- 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.
- 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.
- 4.5 Development of an Indigenous Health Research Workforce.
- 4.6 Implement a national campaign to promote health careers to Aboriginal and Torres Strait Islander people

Agree.

The implementation actions need to be stronger. We need to improve people's access to studying medicine/health, e.g. more from rural and remote areas, first in family. To get and keep them, they need to be able to see themselves in medical education and training and in the profession – to do this, there needs to be more Aboriginal and Torres Strait Islander people being involved.



The Strategy and initiatives also needs to cover post graduate and vocational training.

4.1 Whilst medical schools are enrolling close to population parity for Aboriginal and Torres Strait Islander students (3.7% in 2020, a 55% increase in the last 3 years) there is a strong commitment to increasing this no. To support this, there needs to be a greater focus and sustained commitment to encouraging and enabling high school students to consider health as a career and ensure they receive any additional support required to help them attain the school-level educational outcomes and study skills they will need.

Bridging pathways have proved extremely effective and we suggest investment in these be a specific recommendation within this Plan.

Connections with high schools and bridging programs can only be through partnerships between universities and communities at the local level.

However, connecting with, encouraging, and supporting students needs to start far earlier than the later high school years, and are pleased that the Department of Education, Skills and Employment is included in many of the recommended Implementation Actions. Their involvement and input are crucial.

8. 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. (Implementation Actions on pages 55 thru 58)

Do you agree or disagree with the implementation actions under this Strategic Direction?

5.1 Establishment of Aboriginal and Torres Strait Islander student support networks.

5.2 Enhancement of Aboriginal and Torres Strait Islander Education Units to strengthen linkages with Aboriginal and Torres Strait Islander community-controlled health sector and other health employers.

5.3 Enhance the support and assistance provided to Aboriginal and Torres Strait Islander health students from regional, rural and remote areas.

Agree.

As noted earlier (in response to question 4), we recommend that successful existing initiatives and networks are identified and built upon wherever possible, to avoid duplication and to enable these to be invested in to broaden and strengthen their reach and potential.

Initiatives in this area are crucial, and need to be sufficient to be able to make a sustained difference. The Plan overall would greatly benefit from more inclusion and specificity to address the area of postgraduate training, and the transitions within the medical training pipeline, for example, the transition to internship, and transition into vocational training.

The Rural Health Multidisciplinary Training Program has been highly effective in this area, and we recommend a specific recommendation is considered relating to this Program moving forward.

9. 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. (Implementation Actions are on pages 59 thru 61)

Do you agree or disagree with the implementation actions under this Strategic Direction?



6.1 Reform and improve the collection and use of Aboriginal and Torres Strait Islander health workforce data.

6.2 Expansion of the National Health Workforce Dataset and the Health Demand and Supply Utilisation Patterns Planning (HeaDS UPP) Tool.

6.3 Targeted Burden of Disease research at the jurisdictional and regional level.

Agree.

Medical Deans would be pleased to be engaged in this work and contribute to a broader and more connected strategy that enables information relating to entry-level medical education and training to be incorporated.

10. 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?

Please rank from 1 – 11 answers

- 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 rankings. (500 words)

As this is focused at a jurisdictional level, and Medical Deans works at a national level, we will leave this matter to those who are more qualified than we to answer.

11. 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?



Please rank from 1 – 5 answers

- 2.1 Develop and deliver jurisdictional Aboriginal and Torres Strait Islander health workforce plans and initiatives.
- 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.
- 2.3 Establish a Leaders in Indigenous Allied Health Education and Training Network (LIAHTEN).
- 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).
- 2.5 Enhance and strengthen the capacity and capability of Aboriginal and Torres Strait Islander Health Workforce Peak Organisations (ATSIHWPOs)

If you would like to, please provide additional information about your rankings. (500 words)

As this is focused at a jurisdictional level, and Medical Deans works at a national level, we will leave this matter to those who are more qualified than we to answer.

12. 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?

Please rank from 1 – 7 answers

- 3.1 Undertake cultural safety reviews and assessments to address the legacy of institutional racism in the health, education and training sectors.
- 3.2 Development of an Aboriginal and Torres Strait Islander Accreditation Assessors workforce.
- 3.3 Develop a national Aboriginal and Torres Strait Islander cultural safety website.
- 3.4 Establish mandated national standards for cultural safety in higher education.
- 3.5 Implement the Aboriginal and Torres Strait Islander Health Curriculum Framework.
- 3.6 Embed culturally safe practice into continuing professional development.
- 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, vided by the DOH at a later date

If you would like to, please provide additional information about your rankings. (500 words)

As this is focused at a jurisdictional level, and Medical Deans works at a national level, we will leave this matter to those who are more qualified than we to answer.

13. 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?

Please rank from 1 – 6 answers

- 4.1 Expansion and enhancement of existing school-based traineeship programs to focus on Aboriginal and Torres Strait Islander designed and led initiatives.
- 4.2 Enhance and expand Aboriginal and Torres Strait Islander workforce traineeship programs.
- 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.
- 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.
- 4.5 Development of an Indigenous Health Research Workforce.
- 4.6 Implement a national campaign to promote health careers to Aboriginal and Torres Strait Islander people.

As this is focused at a jurisdictional level, and Medical Deans works at a national level, we will leave this matter to those who are more qualified than we to answer.

However, overall and as discussed under Q.6, Medical Deans' believes the following two actions – co-designed and co-developed with local community Aboriginal and Torres Strait Islander organisations under a national framework – are best placed to support Strategic Direction 4 in relation to supporting growth in Aboriginal and Torres Strait Islander medical student numbers:

- *early identification of students with potential for entry to medical school in secondary school, followed by locally-based support and mentorship for these students to choose a career in medicine and meet entry requirements*
- *implementation of bridging programs designed and administered at the local level, to support Aboriginal and Torres Strait Islander high school students progress to medical school.*

14. 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?

Please rank from 1 – 3 answers

- 5.1 Establishment of Aboriginal and Torres Strait Islander student support networks.
- 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
- 5.3 Enhance the support and assistance provided to Aboriginal and Torres Strait Islander health students from regional, rural and remote areas.

As this is focused at a jurisdictional level, and Medical Deans works at a national level, we will leave this matter of state and territory level priorities to those who are more qualified than we to answer.

All these three actions are vital, and Medical Deans' is committed to working to continue strengthening the current work and structures to drive further improvements.

15. 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?

Please rank from 1 – 3 answers

- 6.2 Expansion of the National Health Workforce Dataset and the Health Demand and Supply Utilisation Patterns Planning (HeaDS UPP) Tool.
- 6.1 Reform and improve the collection and use of Aboriginal and Torres Strait Islander health workforce data.
- 6.3 Targeted Burden of Disease research at the jurisdictional and regional level.

As this is focused at a jurisdictional level, and Medical Deans works at a national level, we will leave this matter to those who are more qualified than we to answer.

16. Do the implementation actions in the draft Workforce Plan sufficiently address barriers (as identified by your organisation) to employment, education and training?

No.

Only partially.

Growing the pool of Aboriginal and Torres Strait Islander students seeking entry into medical programs is vital. We would like to see a greater recognition of the need for increased in-reach into high schools (and earlier) to encourage, support and enable more Aboriginal and Torres Strait Islander students to consider a medical career and explore what they need to achieve the necessary levels of educational outcomes, study skills and preparedness for entry into medical school.

In addition, addressing the need for more bridging programs will be fundamental to supporting the transition for many from high school to university.

As stated earlier, these need to be co-designed and co-developed by the local communities working in partnership with the universities to enable them to be truly effective.

17. The following question is specific to the implementation actions outlined under Strategic Direction 1 in the draft Workforce Plan. (Implementation, Monitoring and Reporting Framework on pages 30 thru 37)

Are there any Timeframes, Responsibilities or Monitoring and Reporting elements that require additions or amendments? Please include details below.



Note: our comment here applies to questions 17 through 22.

Care needs to be taken that the level of reporting is appropriate and useful, and does not create an unnecessary burden on those involved. The resourcing required to collect and report the data necessary must be taken into account within the funding agreements.

18. The following question is specific to the implementation actions outlined under Strategic Direction 2 in the draft Workforce Plan. (Implementation, Monitoring and Reporting Framework on pages 38 thru 42)

Are there any Timeframes, Responsibilities or Monitoring and Reporting elements that require additions or amendments? Please include details below.

19. The following question is specific to the implementation actions outlined under Strategic Direction 3 in the draft Workforce Plan. (Implementation, Monitoring and Reporting Framework on pages 43 thru 48)

Are there any Timeframes, Responsibilities or Monitoring and Reporting elements that require additions or amendments? Please include details below.

20. The following question is specific to the implementation actions outlined under Strategic Direction 4 in the draft Workforce Plan. (Implementation, Monitoring and Reporting Framework on pages 49 thru 54)

Are there any Timeframes, Responsibilities or Monitoring and Reporting elements that require additions or amendments? Please include details below.

21. The following question is specific to the implementation actions outlined under Strategic Direction 5 in the draft Workforce Plan. (Implementation, Monitoring and Reporting Framework on pages 55 thru 58)

Are there any Timeframes, Responsibilities or Monitoring and Reporting elements that require additions or amendments? Please include details below.

Nothing further to add.

22. The following question is specific to the implementation actions outlined under Strategic Direction 6 in the draft Workforce Plan. (Implementation, Monitoring and Reporting Framework on pages 59 thru 61)

Are there any Timeframes, Responsibilities or Monitoring and Reporting elements that require additions or amendments? Please include details below.

Nothing further to add.

23. 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

OPPORTUNITIES: The Draft Workforce Plan seeks to improve employment opportunities and recruitment of Aboriginal and Torres Strait Islander people in the health workforce. Are there



additional existing initiatives that are relevant and successful that would further improve the draft Workforce Plan?

Increased support for Aboriginal and Torres Strait Islander clinician-academics and clinician-researchers is vital, as they play a key role across the whole training pipeline. We believe this needs to be more strongly recognised and supported.

Aboriginal and Torres Strait Islander students need to be able to see themselves in the profession – there is an opportunity to build on the work of AIDA in this area.

The Rural Health Multidisciplinary Training Program has supported Rural Clinical Schools and University Departments of Rural Health in effectively partnering closely at a local level with communities and elders – we strongly recommend that there be specific actions to leverage and further build on this success.

Actions to increase postgraduate training in regional and rural areas are missing within the Plan, and are sorely needed.

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. What additional, if anything, do you think should be done to make health a more attractive career destination?

Nothing further to add.

Training

The Draft Workforce Plan includes actions to increase training opportunities for Aboriginal and Torres Strait Islander people. Do you have any other suggestions?

Our comments are provided elsewhere in our response, and primarily highlight the need to grow the pool of students – from high school or mature-age students – interested in and prepared for commencement into a medical program.

Education

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. Are there additional actions you think important to include in the Plan?

Our comments are provided elsewhere in our response, and primarily highlight the need to grow the pool of students – from high school or mature-age students – interested in and prepared for commencement into a medical program.

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). Are there additional actions you think are important to include in the Plan?

Nothing further to add.

- 24.** 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?

Nothing further to add.

- 25.** The draft Workforce Plan prioritises six high level Strategic Directions. Could any of the Strategic Directions be strengthened? Please include details below.

Nothing further to add.

- 26.** What do you believe are the strengths of the draft Workforce Plan? Please include details below.

*The Workforce Plan is rightly aspirational and challenging.
The recognition of current initiatives, programs and organisations working effectively in this area; and the recommendations to enhance and expand on these successful foundations.*

- 27.** Is there anything else you would like to say about the strengths or weaknesses of the draft Workforce Plan? Please include details below.

As noted at the start, it is vital that there is sufficient and sustained focus, investment, and support for the implementation of this Workforce Plan. Recognising the long-term nature of this work, funding agreements must also be long-term in nature to enable the capacity building and momentum needed.