VACCHO Statewide

GP Workforce Strategy

2021 – 2031

VACCHO

Acknowledgement and Thanks

The Victorian Aboriginal Community Controlled Health Organisation (VACCHO) acknowledges the Aboriginal lands on which we live and work. We pay our respect to our Ancestors, Traditional Owners and their Elders past, present and emerging.

We acknowledge Aboriginal people as Australia's First Peoples' who have never ceded their sovereignty. We acknowledge this strategy was developed on the Traditional Lands of the people of the Kulin Nation. We acknowledge the richness and diversity of all Traditional Owners across Victoria. We pay our deepest respect and gratitude to ancestors, Elders, and leaders—past, present, and emerging. They have paved the way, with strength and fortitude, for our future generations.

VACCHO wishes to sincerely thank ACCO staff including GPs and practice managers and representatives from partner organisations who have contributed to the development of this strategy.

Introduction

The VACCHO Statewide GP Workforce Strategy (the Strategy) has been developed in response to a General Practitioner (GP) workforce shortage experienced by Aboriginal Community Controlled Organisations (ACCOs) in Victoria. The Strategy aims to support the growth and retention of a clinically and culturally appropriate GP workforce.

The five key action areas outlined in this strategy are:

1. Growing Aboriginal GPs for Victorian Aboriginal communities
2. Strengthening the sector to improve retention
3. Promoting the ACCO sector as a career of choice and increasing the candidate pool
4. Improving recruitment
5. Building an evidence base through data and research

About VACCHO

VACCHO is the peak Aboriginal health body representing 100% of Aboriginal Community Controlled Health Organisations (ACCOs) in Victoria. The role of VACCHO is to build the capacity of its membership and to advocate for issues on their behalf.

Capacity is built amongst members through strengthening support networks, increasing workforce development opportunities and through leadership on health issues. Advocacy is carried out with a range of private, community and government agencies, at state and national levels, on all issues related to Aboriginal health.

Background

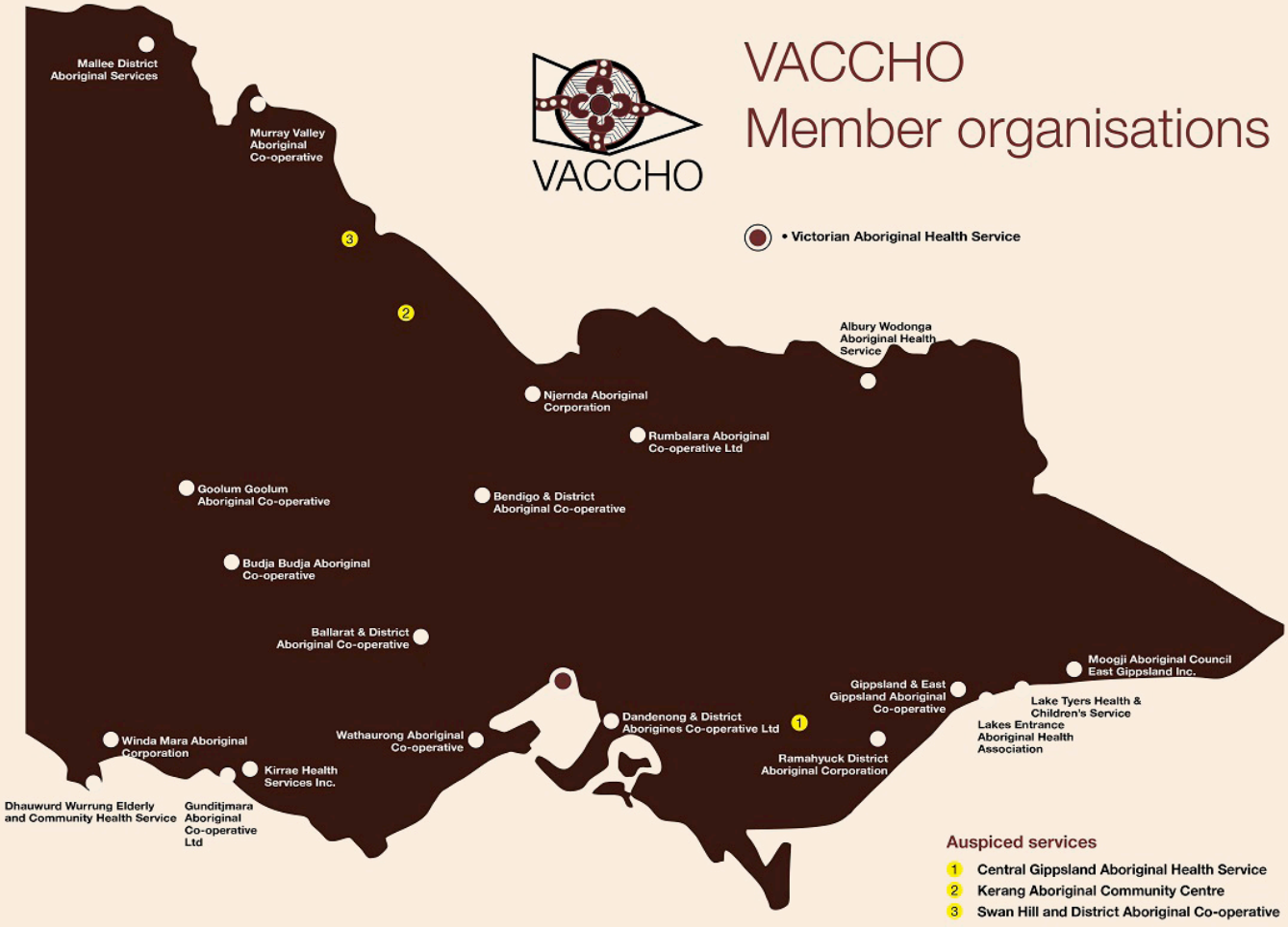
Aboriginal people have a history of health management sustained and evolved over 80,000 years. Colonisation and the resulting dispossession and discrimination has had a devastating impact on Aboriginal peoples' health and wellbeing[1]. However, Aboriginal values guide Aboriginal community organisations today and incorporate social, emotional, physical, cultural, and spiritual dimensions[2].

The first Aboriginal medical service in Victoria was the Victorian Aboriginal Health Service established in 1972, a year after Australia's first Aboriginal medical service was established in a shopfront in Redfern, Sydney[3]. These first services were wholly Aboriginal initiatives, formed in response to indifference to the devastating health needs of Australia's First Peoples and the urgent need to provide accessible health services. It is the Aboriginal community's aspiration for self-determination and autonomy that continue to provide the foundations for ACCOs.

Today across Victoria, 22 ACCOs have primary health care clinics operating from 27 clinical sites. Each organisation is an autonomous community-controlled service run independently by their community. A consistent issue raised by VACCHO members over the years has been General Practitioner (GP) workforce shortage.

In 2018, the Victorian Advisory Council on Koori Health (VACKH) comprising of VACCHO, the Federal Department of Health and the Victorian Department of Health and Human Services agreed to form a working group to address GP workforce shortage experienced by ACCOs. In 2019 VACCHO developed a specific role to address GP workforce needs. In 2020 the VACKH working group was reconvened with an expanded membership (Appendix A) and as a result of their recommendation, this strategy has been developed. The next step will be development of an implementation plan to guide implementation from 2021 to 2031.

This Strategy will be further informed by Federal and State Government development and response to the Closing the Gap Refresh, the National Medical Workforce Plan, the National Aboriginal and Torres Strait Islander Health and Medical Workforce Plan.



Map of ACCOs with medical clinics across Victoria today

Aim of the GP workforce strategy

To deliver a high quality clinically and culturally appropriate GP workforce for ACCOs in Victoria and to ultimately ensure that our Aboriginal communities receive the best primary health care at VACCHO member services.

Methodology

The Strategy has been developed by VACCHO following discussions and recommendations from:

1. Discussions by ACCO CEOs and board members at Member meetings
2. A desktop literature review
3. The 17 organisations participating in the VACKH GP workforce working group (Appendix A) via written feedback and individual meetings
4. ACCO practice managers from 22 ACCOs with medical clinics via a survey and during practice manager meetings
5. GPs working in the ACCO sector via a survey and Focus Group
6. VACCHO Internal Units including Education and Training, Policy and Research, Population Health and Sector Development. Corporate Services and the Human Resources Team

ACCO GP workforce

Across the State, there are approximately 90 GPs inclusive of registrars and other non-Vocationally registered doctors currently working in the sector. Around a third of the workforce is estimated to be comprised of registrars.

From data provided by the Rural Workforce Agency of Victoria (RWAV) to VACCHO, approximately 50% of the ACCO GPs are overseas trained and 50% are Australian trained. In total, the 90 GPs equate to approximately 39 full time equivalent (FTE) GPs. It is estimated that very few GPs are working full-time and on average GPs are working less than 2.5 days week or 0.43FTE.

The prevalence of the part-time nature of the workforce has implications for supervision and training capacity potentially limiting an exposure to Aboriginal health for future workforces.

ACCO GP workforce shortage

In 2020, ACCO practice managers were surveyed to build a database of GPs and an estimate of both GP FTE and the shortfall. Not all practice managers could identify if additional GPs were required or, if so, what their requirements equated to in terms of FTE. Fifteen of the 22 ACCOs

surveyed identified that they required further GPs and these included ACCOs in all locations urban, regional and rural. The total FTE need estimated across the State by practice managers at the time was 7.11 FTE.

This total is considerably less than estimations from 2017 when all 22 ACCOs advised they required additional GP FTE. This is indicative of the fact that a more robust tool is required to assist ACCOs calculate FTE need.

The ratio previously used in community health to guide GP workforce need has been 1 GP to 500 active patients. If this model is used, then the GP FTE could be anywhere from an additional 20 to 45 FTE GPs across the State.

The issue is further complicated because ACCOs are multi-disciplinary teams and other clinical staff including allied health are vital for patient care. Workforce need should be considered from a whole ACCO perspective and have consideration of community health needs and existing infrastructure including consulting rooms, the composition of the broader clinical team including Aboriginal Health workers, Aboriginal health practitioners, practice managers, nurses and other allied health staff, and the additional skills required.

GP workforce shortage

Victorian ACCOs experiences of GP workforce shortage are placed within a broader National crisis of GP maldistribution and workforce shortage particularly in rural and remote areas, and are shared with other State and Territory ACCO Affiliates[4].

Research indicates that doctors from rural origins and doctors who spend more time training in rural locations are more likely to remain rural[5]. State and Federal Government dialogue, discussion and investment aims to address these workforce gaps and build the GP workforce for rural and remote locations. For example, the Stronger Rural Health Strategy[6] outlines a range of actions to grow rural workforce. Likewise, the rural generalist pathway is an end-to-end rural generalist training program that allows the future rural generalist workforce to train, work and live in rural and regional areas including Victoria[7].

Absent from the State and National policy is an evidence base that provides insight into unique factors impacting the workforce in Aboriginal health and whether investment in rural workforce will see a proportionate benefit for ACCO workforce. There has been no research to compare workforce need within ACCOs to workforce need within other priority areas, or what factors impact a doctor's choice to work in Aboriginal health. Discussions with VACCHO members has revealed that whilst ACCOs in urban areas may have greater workforce supply in urban areas in comparison to rural areas, engaging appropriate doctors and retaining doctors across all locations remains a challenge.

This is an area where support of partners to address the research gap is especially important.

It is important that VACCHO advocate for a similar evidence base to be built and guide workforce initiatives in the ACCO sector. In the absence of more formal evidence, it has been crucial to include insights from GPs working in the sector in the Strategy development.

Population growth and workforce projections

Factors contributing to Australian GP workforce shortage include population growth, changing workforce demographics and an overall decline in graduating doctors choosing General Practice.

Modelling undertaken by Social Ventures Australia for VACCHO projects that the Aboriginal population will rise by 48 per cent by 2028. This increase should also be factored into long term workforce planning.

The Federal Government has recently developed a more sophisticated workforce planning tool, the Health Demand and Supply Utilization Patterns Planning (HeaDS UPP)8. This tool is a new integrated source of health workforce and services data that informs workforce planning and analysis; however, data is not currently with VACCHO or individual ACCOs. Support from the Federal Government to access the best information available is vital. Thus, the tool should be reviewed and assessed for relevancy and application within the ACCO sector.

Cultural safety and racism in the Australian health and medical sector

Racism and the sub-standard care of Aboriginal and Torres Strait Islander Australians remains a key public health issue for Australia. The Australian Health Practitioner Regulation Agency is strongly committed to ensuring that all clinicians provide culturally safe care. The cultural and clinical appropriateness of staff within ACCOs is hugely important.

The definition of cultural safety outlined in the Australian health Practitioner Regulation Agency's Aboriginal and Torres Strait Islander Health and Cultural Safety Strategy 2020-20259 is as follows:

Definition of cultural safety as defined by AHPRA

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, practicing behaviors and power differentials in delivering safe, accessible and responsive healthcare free of racism.

To ensure culturally safe and respectful practice, health practitioners must:

- Acknowledge colonization and systemic racism, as well as social, cultural, behavioral and economic factors which impact individual and community health;
- Acknowledge and address individual racism, their own biases, assumptions, stereotypes and prejudices and provide care that is holistic, and free of bias and racism;
- Recognise the importance of self-determined decision-making, partnership and collaboration in healthcare which is driven by the individual, family and community;
- Foster a safe working environment through leadership to support the rights and dignity of Aboriginal and Torres Strait Islander people and colleagues[10].

Racism and unconscious bias remain imbedded within health and education institutions. Recent research highlighted that many GP educators do not feel comfortable or confident in educating students on topics such as racism and White Privilege[11]. Unskilled educators may in fact "reinforce colonialism in curricula, including through minimisation of content"[12]. Many GPs may have had little formal education or support prior to their appointments in the ACCO sector. GPs who enjoy working in the sector have advised that the work offers a richness, a professional and a personal reward that is unmatched by other types of medical settings.

VACCHO commends the GPs who have continued in the sector in the absence of more formal support to date. Research and investment are required to better educate and train doctors who are culturally safe and appropriate for the sector. Workforce shortage is not only about numbers, but also about ensuring quality care for Aboriginal patients.

The five areas of action outlined in this Strategy are:

1. Growing Aboriginal GPs for Victorian Aboriginal communities
2. Strengthening the sector to improve retention
3. Promoting the ACCO sector as a career of choice and increasing the candidate pool
4. Improving recruitment
5. Building an evidence base with data and research

Monitoring and Evaluation Progress will be measured by:

1. GP retention data
2. Increased Statewide GP FTE
3. Patient satisfaction surveys
4. Feedback from ACCOs
5. Feedback from GPs in the sector

Timeline

The actions outlined in this Strategy will form an ongoing program of work to be led by VACCHO from 2021 to 2031.

Accountability and Reporting

Reports outlining the progress of actions outlined in this Strategy will be tabled at meetings of VACCHO members, VACKH and the VACKH GP Workforce Working Group.

Priority 1: Growing Aboriginal GPs for Victorian Aboriginal communities

"Aboriginal and Torres Strait Islander people bring many strengths to the health sector. They have an extraordinary skill set and specialised knowledge—beyond any formal qualifications or generic skills—of their communities and their health needs.

At the core lies their holistic and patient-centred focus, and family and cultural values. Their contributions are both unique and influential, making them invaluable members of the healthcare team. Aboriginal and Torres Strait Islander people bring passion, dedication and motivation to roles that do not always align with standard working hours.

By being there for the community, they become role models and leaders within their communities and for their professions. By their example, they inspire others and they provide inspiration for community members to take care of their own health."[13]

The ACCO sector is the largest employer of Aboriginal and Torres Strait Islander people, with well over half of its 6,000 staff being Aboriginal and Torres Strait Islander people[14].

In 2018-2019, 8.6% (49 FTE doctors in total) were identified as 'Indigenous' by primary care services receiving funding through the Indigenous Australians Health Programme (IAHP)[i]. Approximately two thirds of these are ACCOs and one third are Northern Territory Government-run Aboriginal medical services. This percentage is far greater than the number of Indigenous medical practitioners registered in Australia (0.15%[ii]) and the cohort is growing.

In 2020, there were 172 Aboriginal and Torres Strait Islander GPs and GPs in Training[15]. Whilst advice from Victorian Universities indicates that Aboriginal medical students studying in Victoria are preferencing other specialties, 61% of all Aboriginal and Torres Strait Islander current trainees are in General Practice and 61% of all Aboriginal and Torres Strait Islander Fellows are GPs. This is much greater than the National trend of medical students generally, with just 15.4% of Australian medical students identifying general practice as their preferred specialty for future practice in 2018[iii].

With around 49 FTE equivalent of these 172 doctors (possibly slightly higher with non-Vocationally registered doctors), the IAHP funded sector receives 28% of the potential FTE of this workforce.

In comparison, in 2019, there were 37,472[16] doctors working as GPs in primary care across Australia (including vocationally registered GPs, GP trainees and non-vocationally registered GPs). The IAHP funded sector engages 1.5% of the potential FTE of this workforce. This data would indicate that Aboriginal GPs are 18 times more likely to be working in the IAHP funded sector than the National average.

There are additional factors and complexity impacting Aboriginal and Torres Strait Islander registrars and GPs in the ACCO sector which should be explored.[17]

Priority 1 Actions:

VACCHO becomes a key supporter of Aboriginal medical students and doctors to support the growth of the Aboriginal medical workforce in Victoria and raise the profile of the ACCO sector as a preferred employer of choice for Aboriginal GPs.

For VACCHO

1. Work with RWAV, DHHS and others to develop an Aboriginal medical cadetship program in Victoria.
2. Works with RWAV and others to develop a scholarship for Victorian Aboriginal medical students.
3. Becomes an organisation associate member of AIDA, attends and promotes ACCO careers at AIDA symposium.
4. Works with universities to ensure that best practice models of support for Aboriginal and Torres Strait Islander medical students are implemented in Victoria. This should involve a whole system approach from medical school application to GP Fellowship.
5. Works with GP training organisations to ensure that best practice models of support for Aboriginal and Torres Strait Islander registrars are implemented in Victoria.
6. Develops a communication strategy to encourage Victorian Aboriginal people to pursue health and medicine careers including alternative pathways into medicine.
7. Consider recommendations in the National Aboriginal and Torres Strait Islander Health and Medical Workforce Strategy, the National Medical Workforce Strategy when finalised and released.

Priority 2: Strengthening the sector to improve retention

A range of factors have been identified that impact GP retention as listed below. Staff retention is supported through strong systems, processes, relationships and organisational culture. Statewide coordination of collegiate support and training opportunities and greater advocacy to improve remuneration and acknowledge the complexity of work in the ACCO sector will also support GPs and other clinical staff feeling valued and believing that their work is contributing to much needed health outcomes for Aboriginal Victorians.

Improved investment in managing complexity of care – the load should be shared across multi-disciplinary teams.

Clinical Team – A positive team culture and staff morale is imperative to staff retention.

Systems – Administrative systems, software and policies and procedures need to be clear and operate well.

Practice management – Practice management within the ACCO sector is unique and practice managers are key to many of the factors listed.

Executive Management – GPs need to feel trusted and valued and have a clear mechanism to voice concerns and suggestions for improvement.

Reward and Recognition – Innovation and good practice should be recognised and rewarded i.e. through awards.

Cultural Safety – Appropriate cultural safety training is vital and should be interesting and engaging.

Clinical Governance – GPs need to understand and feel confident in clinical governance processes with the ACCO sector and their role and responsibility within this.

Remuneration – The complexity of care and skills required to work effectively in the ACCO sector are high. GP remuneration should at least be on par with similar not-for-profit services. Remuneration should be considered and improved for all team members including Aboriginal health workers, Aboriginal health practitioners and other clinical staff. The whole team is vital in providing appropriate patient care. Funding to the sector needs to be sufficient to support this.

A focus on Medicare billings can lead to GPs feeling their value is measured in income generation rather than patient outcomes. Clear communication about ACCO funding and its limitations could be helpful and assist with advocacy for further investment in the sector.

Continuing Professional Development (CPD)- CPD appropriate to the ACCO sector is needed. Some GPs have more access to education and support than others. GPs who are non-vocationally registered and not on a supported training pathway are likely to have greater need.

Collegiate support –Statewide and inter-ACCO opportunities would be beneficial.

Health and Wellbeing – Optimal health and wellbeing of staff including GPs is vital. A GP contact person at the State-based body could offer GP-specific pastoral support

Geographic location – A holistic approach including social, cultural and professional support for the GP and their family is essential in addressing factors that might impact GPs who have relocated or have less local support.

Priority 2 Actions: For VACCHO

1. Support ACCOS to have clear policies and resources for stress points in general practice, e.g. mental health, drug seeking, deprescribing drugs of addiction, opiate substitution therapy, alcohol and other drugs consultations.

2. Work with partner organisations to advocate for the inclusion of social workers for the ACCO sector.
3. Undertake a knowledge and skills audit of GPs and develop an education agenda which maps external opportunities and develops VACCHO-led online and face-to-face opportunities to address gaps in education and training needs.
4. Offer Statewide cultural safety training to all GPs in the sector.
5. Scope how to best support ACCOs to provide ongoing cultural mentoring of GPs in the ACCO sector, particularly those who have not otherwise had this support.
6. Support ACCOs to more clearly calculate workforce need including FTE and clinical skill composition of GPs and other staff, taking into consideration the local community burden of disease.
7. Develop a whole-workforce strategy that supports pathways into health for local Aboriginal community members, e.g. school-based apprenticeships, traineeships, cadetships, whole of ACCO remuneration and ongoing career development.
8. Establish a practice managers network to share best practice and provide collegiate support.
9. Undertake a skills and education assessment of practice managers and develop a plan to support ongoing skill development for practice managers.
10. Scope interest and potential benefit to deliver induction support for GPs to include information standard to the ACCO sector.
11. Support ACCOs to consider the best patient management software for their needs and user-friendly for GPs new to the sector.
12. Celebrate innovation and good practice through establishment of Statewide Awards.
13. Run inter-ACCO and Statewide Forums for GPs and other ACCO staff for education, collegiate support and to share innovation and best practice.
14. Develop education material for GPs on clinical governance in the ACCO sector and their role within this.
15. Support ACCOs to strengthen human resources including mechanisms to hear and respond to staff feedback for continuing quality improvement.
16. Develop a Statewide GP remuneration guide to support ACCOs and GPs in their negotiations.
17. Develop a discussion paper considering the appropriateness of Medicare Benefits Schedule and other funding that supports ACCOs and GP remuneration.
18. Establish a Statewide GP group to raise Statewide clinical issues and inform policy positions.

For partners

19. Organisations on the GP Workforce Working Group consider where they can contribute to the actions above.

Priority 3: Promoting the ACCO sector as a career of choice and increasing the candidate pool

GPs working in the sector view the complexity of care and opportunity to work within integrated teams as factors which make their roles in ACCOs enjoyable and challenging. Relationships with patients, community and clinical colleagues are rewarding and GPs feel privileged to work in the sector.

Aboriginal communities deserve the best care and the best clinicians. It is important to promote the sector appropriately, describing the challenges and the rewards and attract the best fit for the GP roles. This also requires ACCOs to have a good understanding of the skills and experience they require from their GPs and advertise accordingly.

GPs themselves are important champions to attract other GPs to the sector.

Priority 3 Actions: For VACCHO

1. Create a contact database of students, interns, registrars and GPs who have worked in, or are interested in working in, the sector.
2. Develop an engagement strategy to maintain relationships and continue to promote opportunities and careers within the ACCO sector for future return.
3. Develop a communications strategy to include anecdotes from GPs and their clinical colleagues for social media and for promoting at GP events.
4. Have a presence at the annual RACGP, ACRRM, AIDA and Victorian Rural Health Conferences.
5. Seek RACGP and ACRRM accreditation for Cultural Safety Training and introduce sessions for GPs and other clinical staff.
6. Work with RWAV to promote opportunities in the sector to attract appropriate international medical graduate candidates.
7. Work with universities to undertake research into value of student placements, internships and registrar placements provide an evidence base for these activities in relation to workforce return.
8. Develop a communications strategy to promote the ACCO sector at appropriate times in a doctor journey including student, hospital terms, registrar terms and post-Fellowship so that work in the sector is understood and visible.

Priority 4: Improving Recruitment

Each ACCO manages recruitment processes independently with the majority of practice managers recruiting in-house; some ACCOs are using a mix of private recruiters and government funded services. The sector feels under-served in this area. Turnover of ACCO staff also means that staff have different levels of experience in recruitment generally and specifically in GP recruitment. Improved recruitment support is likely to lead to better candidate fit and better retention.

Priority 4 Actions: For VACCHO

1. Work with RWAV to improve GP recruitment.
2. Support ACCOs to consider all possible models of GP engagement including rotational opportunities and sharing with other local services or ACCOs.
3. Scope interest and potential benefit to deliver induction support for GPs to include information standard to the ACCO sector.

For ACCOs

4. EngageGPs to assist in the assessment appropriateness of applicants including in interviews.

Priority 5: Building an evidence base through data and research

Addressing workforce need is imperative to building the strength and sustainability of the ACCO sector to meet the needs of Aboriginal people across Victoria. Access to relevant data and a robust evidence base is required to inform workforce planning and investment.

Priority 5 Actions: For VACCHO

1. Develop a more robust tool to assist ACCOs calculate FTE need which incorporates whole of ACCO workforce need.

For partners

1. Share workforce data with VACCHO.
2. Review existing data tools for relevancy and application within the ACCO sector.
3. Support research that will build an evidence base to inform workforce investment.
4. Undertake research to understand the cultural training required to ensure ACCO GPs are culturally safe
5. Ensure Federal workforce planning data is available to VACCHO and the ACCO sector.
6. Advocate for ACCO GP workforce to be specifically addressed in National medical workforce planning.

VACCHO wishes to sincerely thank ACCO staff including GPs and practice managers and representatives from partner organisations who have contributed to the development of this strategy.

Appendix A
VACKH Workforce Working Group Members

1. Mildura and District Aboriginal Services
2. Budja Budja Aboriginal Co-operative
3. Dhauwurd Whurrung Elderly and Community Health Services
4. The Victorian Department of Health and Human Services
5. The Commonwealth Department of Health
6. Rural Workforce Agency of Victoria
7. Rural Doctors Association of Victoria
8. The Royal Australian College of GPs
9. The Australian College of Rural and Remote Medicine
10. The Primary Health Network Association
11. Australian Indigenous Doctors' Association
12. Murray City Country Coast GP Training
13. Eastern Victoria GP Training
14. Remote Vocational Training Scheme
15. Melbourne University
16. Monash University
17. Deakin University
18. VACCHO

References

[1]Australian Indigenous Doctors' Association, 'Ethics in Clinical Triaging Frameworks: Aboriginal and Torres Strait Islander Peoples, August 2020, accessed 13 November 20202 at https://www.aida.org.au/wp-content/uploads/2020/08/AIDA-Ethics-Paper.pdf

[2]VACCHO 'Balit Durn Durn: Strong Brain, mind, intellect and sense of self – Report to the Royal Commission into Victoria's Mental Health System, accessed 13 November 2020 at https://www.vaccho.org.au/assets/01-RESOURCES/TOPIC-AREA/ROYAL-COMMISSION-MENTAL-HEALTH/REPORT/VACCHO-BALIT-DURN-DURN-RCVMH-2020-WEB.pdf

[3]VACCHO, 'THE LONG JOURNEY: Colonialism, Community-Control & Indigenous Autonomy' accessed 27 August 2020 available at https://www.vaccho.org.au/assets/01-RESOURCES/HISTORY-VACCHO.pdf

[4]See Aboriginal Health and Medical Council of NSW, 'GPs – Deal or No Deal? General Practitioners in Aboriginal Community Controlled Health Services in NSW', AHMRC, March 2010

[5]McGrail, M, O'Sullivan, B, Russell, D and Scott A, 'Solving Australia's Rural Medical Workforce Shortage' https://melbourneinstitute.unimelb.edu.au/__data/assets/pdf_file/0010/2635048/MABEL-policy-brief-no-3.pdf

[6]Department of Health (2020) Stronger Rural Health Strategy – factsheets accessed 27 October 2020, available at https://www1.health.gov.au/internet/main/publishing.nsf/Content/stronger-rural-health-strategy-factsheets

[7]Victoria State Government 'Victorian Rural Generalist Program' accessed 9 November 2020, available at https://www.vicruralgeneralist.com.au/

[8]Department of Health 'Health Workforce Data' https://hwd.health.gov.au/heaDSUPP.html accessed 5 November 2020

[9]AHPRA 'Aboriginal and Torres Strait Islander Health Strategy', accessed 9 November 2020 available at https://www.ahpra.gov.au/About-AHPRA/Aboriginal-and-Torres-Strait-Islander-Health-Strategy.aspx

[10]ibid

[11]Vass, A. Adams K. 'Educator Perceptions on Teaching Indigenous health; racism, privilege and self-reflexivity' accessed 9 November 2020, available at https://onlinelibrary.wiley.com/doi/abs/10.1111/medu.14344\

[12]ibid

[13]Bailey, J., Blignault, I., Carriage, C., Demasi, K., Joseph, T., Kelleher, K., Lew Fatt, E., Meyer, L., Naden, P., Nathan, S., Newman, J., Renata, P., Ridoutt, L., Stanford, D. & Williams, M, 2020. 'We Are working for our people': Growing and strengthening the Aboriginal and Torres Strait Islander health workforce, Career Pathways Project Report, The Lowitja Institute, Melbourne.

[14]NACCHO 'NACCHO' accessed 10 November 2020 available at https://www.naccho.org.au/

[i]Australian Institute of Health and Welfare, 'Aboriginal and Torres Strait Islander-specific primary health care: results from the OSR and nKPI collections' access https://www.aihw.gov.au/reports/indigenous-australians/indigenous-primary-health-care-results-osr-nkpi/what-are-indigenous-specific-primary-health-care-services/workforce/staffing-fte

[ii]AIDA 'Growing the Number of Aboriginal and Torres Strait Islander Medical Specialists' accessed 2 September 2020 at https://www.aida.org.au/wp-content/uploads/2020/05/Growing-the-number-of-Aboriginal-and-Torres-Strait-Islander-medical-specialists.pdf, p. 6

[iii]Medical Deans Australia and New Zealand (2019) National Data Report 2019: 2014 – 2018 Data from final year students at Australian Medical Schools, accessed 11 November at https://medicaldeans.org.au/md/2019/09/2019-MSOD-National-Data-Report-2014-2018-Full-report.pdf.

[16]This figure was taken from a draft version of the National Medical Workforce Strategy.

[17]AIDA 'Strong Futures: Strengthening the Path to Fellowship for Aboriginal and Torres Strait Islander Medical Graduates' accessed 13 November 2020, available at https://www.aida.org.au/wp-content/uploads/2019/08/AIDA_Policy-Brief_JULY_FINAL_PDF.pdf