Aboriginal Community Controlled Health Workforce – the Impact of COVID-19

AH&MRC
Aboriginal Health & Medical Research Council of NSW

Acknowledgement of Country

The AH&MRC acknowledges the Traditional Owners of the lands on which the AH&MRC stands, the lands of the Bidjigal and Gadigal people of the Eora Nation. The AH&MRC pays respect to Elders past, present and emerging.

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Abbreviations

ACCH	Aboriginal Community Controlled Health
ACCHOs	Aboriginal Community Controlled Health Organisations
AH&MRC	Aboriginal Health and Medical Research Council
AHW	Aboriginal and Torres Strait Islander Health Worker
AHP	Aboriginal and Torres Strait Islander Health Practitioner
CNS	Clinical Nurse Specialist
CTG	Closing the Gap
GP	General Practitioner
HSSP	Health Sector Strengthening Plan
IMG	International Medical Graduates
RN	Registered Nurse
NSW	New South Wales
NGO	Non-government organisation

Executive Summary

The COVID-19 pandemic has placed and continues to place an unprecedented strain on the healthcare system across Australia. Aboriginal Community Controlled Health Organisations (ACCHOs) have worked tirelessly to provide primary healthcare throughout the pandemic, displaying great resilience and capability.

Whilst the COVID-19 pandemic demonstrated the strength of the Aboriginal Community Controlled Health (ACCH) sector, it also highlighted and exacerbated pre-existing workforce challenges.

The AH&MRC undertook extensive consultation with ACCH sector between March and December 2022 to gain an understanding of the impact of COVID-19 on workforce. Throughout these consultations, similar themes were identified, these themes included:

- Chronic short staffing
- Contingent workers
- Lack of affordable housing
- Increased cost of living
- Fragmented funding models.

The AH&MRC has identified several strategies designed to strengthen the ACCHO workforce, these strategies include:

- Dedicated NSW ACCHO workforce pool
- Health career pathways
- Wage parity in the ACCH sector.

Throughout this process, the AH&MRC has identified that reform is required at both a state and federal level to assist in the development of a strong and stable workforce that is equipped to provide comprehensive primary healthcare in the face of pandemics such as COVID-19 and other challenges that may arise in future.

About the AH&MRC

The Aboriginal Health and Medical Research Council (AH&MRC) is a membership-based organisation and the peak body for Aboriginal and Torres Strait Islander health in New South Wales (NSW). The AH&MRC represents forty-nine Aboriginal Community Controlled Health Organisations (ACCHOs) across the state.

The AH&MRC works collaboratively with the ACCH sector across NSW to ensure accessibility, sustainability and adequate resourcing of a skilled workforce providing comprehensive primary health care services for Aboriginal and Torres Strait Islander communities.

Developing the Aboriginal and Torres Strait Islander workforce is incorporated in the AH&MRC's focus strategy of 'knowledge, developing and sharing' as outlined in the AH&MRC strategic plan 2022-2025 and intended to ultimately deliver on the vision for Aboriginal and Torres Strait Islander people to Live Stronger and Longer[1].

The AH&MRC represents forty-nine Aboriginal Community Controlled Health Organisations across the state.

Impact of COVID-19 on Aboriginal and Torres Strait Islander People

The World Health Organization declared COVID-19 as a pandemic on the 11th of March 2020 after it spread from China to over one hundred countries worldwide[2]. In New South Wales, there have been over 3.8 million cases since the beginning of the pandemic, and over five-thousand deaths[3].

COVID-19 has had a devastating impact on Aboriginal and Torres Strait Islander communities across Australia. Recent data released by the Australian Bureau of Statistics found that the mortality rate from COVID-19 was 1.7 times higher in Aboriginal and Torres Strait Islander compared to non-Indigenous people[4]. This is heightened in Aboriginal and Torres Strait Islander people aged 55 to 64 years, whose mortality rate was 4.5 times higher than non-Indigenous people of the same age[5].

Aboriginal and Torres Strait Islander people are also more likely to experience poorer health outcomes from COVID-19 infection compared to non-Indigenous people[6]. Aboriginal and Torres Strait Islander people experience increased incidence of, and earlier onset of health-related risk factors for severe illness from COVID-19 infection such as cardiovascular disease and diabetes[7]. The inequitable burden of poor health faced by Aboriginal and Torres Strait Islander people stems from settler colonialism and government policies that have systemically dispossessed, disempowered, and oppressed Aboriginal and Torres Strait Islander people[8].

In addition to this, forty-four percent of Aboriginal and Torres Strait Islander people live in regional areas and a further eighteen percent of Aboriginal and Torres Strait Islander people living in rural and remote areas[9]. The risk of severe illness, hospitalisation and death from COVID-19 infection is heightened in regional and remote areas of NSW due to a lack of access to all levels of health care[10].

Across Australia and globally, repeated pathogen emergence from animal reservoirs continues to threaten the human population; for example, Middle Eastern respiratory syndrome, Japanese encephalitis virus and Monkeypox. It is thought that as urbanisation continues, there will be an increasing amount of infectious disease outbreaks[11]. The underlying social determinants of health impacts the chronic disease burden experienced by Aboriginal and Torres Strait Islander people. This increases the susceptibility of Aboriginal and Torres Strait Islander people to severe illness from emergencing infectious diseases and in turn increases rates of morbidity and mortality. It is imperative that all levels of government acknowledge this vulnerability and take responsibility for ensuring that the workforce supporting Aboriginal and Torres Strait Islander health services is well established in the face of emergent crises.

4.5x

The mortality rate from COVID-19 was 4.5 times higher in Aboriginal and Torres Strait Islander compared to non-Indigenous people aged 55-64 years.

Impact of COVID-19 on Healthcare Workers

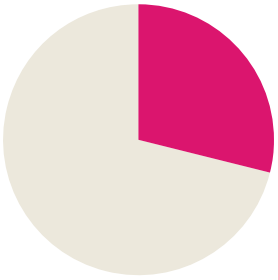
The COVID-19 pandemic continues to have an ongoing impact on both the physical and mental health of the healthcare workforce. Those working in healthcare continue to be over-represented among Australia's COVID-19 cases[12].

Research found that when there was heightened community transmission, health care workers were more likely to be infected in their workplace than in the community. Nurses were more likely to be infected than any other profession. Even during periods of low community transmission, healthcare workers were nearly three times more likely to become infected with COVID-19 than the general population, placing a strain not only on the individual healthcare worker, but workforce capacity more broadly[13].

Prior to the COVID-19 pandemic, healthcare workers were known to have higher rates of mental illness compared to the general population[14]. One study conducted during the pandemic found that up to twenty-nine percent of healthcare workers reported having moderate to severe symptoms of mental illness, including post-traumatic stress disorder[15].

Moderate to severe symptoms of mental illness is associated with burnout, the consequence of which is that highly skilled staff leave to pursue other opportunities outside the health sector, or in similar roles at a higher rate of pay.

Due to healthcare workers experiencing the outlined physical and mental health impacts of COVID-19, there was an exacerbation of the longstanding shortage of health workforce at a time where the healthcare system was already under immense pressure.



29%

Up to twenty-nine percent of healthcare workers reported having moderate to severe symptoms of **mental illness**, including post-traumatic stress disorder[17].

Impact of COVID-19 on ACCHOs Workforce

Whilst the COVID-19 pandemic was not the first pandemic that required a coordinated response, it was among the first that fundamentally shifted the way ACCHOs provided care to their communities. One of the most commonly identified challenges and a key constraint to service delivery during the pandemic was that of workforce shortages.

Workforce shortages were driven by multiple supply factors including:

Many ACCHO staff members were vulnerable to serious illness and were therefore reluctant to work in the healthcare sector due to the increased risk of exposure to COVID-19.

Reduction in child-care options due to school closures, childcare centre closures and avoidance of grandparents in carer roles due to fear of exposing elderly to COVID-19.

Closure of state borders restricted access to fly-in fly-out interstate workers often relied upon by ACHHO's in regional and remote areas. ACCHOs close to state borders such as Albury Wodonga Aboriginal Health Service and Coomealla Health Aboriginal Corporation were particularly impacted as in addition to the loss of 'fly-in fly out' staff, 'local' but interstate workers, faced significant changes crossing the border to attend work.

Restrictions on international travel to Australia meant that ACCHOs could no longer employ International Medical Graduates (IMGs) and agency nurses

These shortages were compounded by the increased demand for healthcare provided by ACCHOs including:

- Providing health education to curb community and individual patient anxiety; this required development of communication tools that translated dense health information into resources that incorporated culturally appropriate vernacular, Aboriginal art, and images of Aboriginal and Torres Strait Islander people[16].
- Providing PCR testing.
- Administering COVID-19 vaccinations.
- Prescribing and dispensing treatment for COVID-19 infections.

Early eligibility of Aboriginal and Torres Strait Islander people for COVID-19 testing, vaccinating and treatment lead to ACCHOs being at the forefront in providing these services in the community across NSW.

Prior to the pandemic there were proportionately more health care professionals working in major cities than in all regional and remote areas of Australia combined[17]. Some of these regions have had population growth due to a trend for people to move away from cities during the pandemic; however, this has occurred without parallel growth in the number of essential workers, including health professionals[18]. Thus, there is a deficit in the number of health professionals needed to sustain the previous level of services, let alone deliver additional services necessary to achieve equitable access to health care in these regions.

The ACCH sector has proven that despite these significant service delivery challenges they have been crucial in managing the disease burden of COVID-19 on Aboriginal and Torres Strait Islander people in NSW. ACCHOs were able to continue providing culturally safe and appropriate care during the pandemic due to the established trust of the community. While the response of ACCH sector has been commendable, it was achieved with great difficulty and many individual organisations operated well beyond their capacity trying to meet unrelenting demand.

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Role of the Aboriginal and Torres Strait Islander Health Workforce

Aboriginal and Torres Strait Islander health professional workforce is crucial for improving the health and wellbeing of Aboriginal and Torres Strait Islander communities.

Aboriginal and Torres Strait Islander health professionals practice in a manner understanding of the holistic definition of Aboriginal and Torres Strait Islander health. That "Aboriginal health is not just the physical well-being of an individual, but refers to the social, emotional and cultural well-being of the whole Community, in which each individual is able to achieve their full potential as a human being, thereby bringing about the total well-being of their Community"[19].

Aboriginal and Torres Strait Islander people continue to be significantly under-represented in the health workforce. In 2020, Aboriginal and Torres Strait Islander people made up only 1.1% of the health workforce [20]. This is despite Aboriginal and Torres Strait Islander people accounting for 3.1% of the working age population[21].

Aboriginal and Torres Strait Islander representation in the health workforce is integral to ensuring that health systems have the capacity to address the needs of Aboriginal and Torres Strait Islander people. Aboriginal and Torres Strait Islander health professionals align technical skills and sociocultural skills to improve patient care, improve access to healthcare services and to ensure that culturally appropriate care is being delivered by all members of the health service team.

A well-staffed and well-resourced Aboriginal and Torres Strait Islander workforce is critical not only for the delivery of routine primary healthcare, but also the delivery of healthcare in the face of emerging risks. ACCHOs, underpinned by their predominantly Aboriginal and Torres Strait Islander workforce, play a unique role in the delivery of primary healthcare to Aboriginal and Torres Strait Islander people. Because of this, a workforce plan for the sector is required to ensure that the ACCHO workforce can meet the current and future needs of Aboriginal and Torres Strait Islander people.

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1.1%

of the health workforce

3.1%

of the working age population

Aboriginal and Torres Strait Islander Health Workforce Policy

The benefits arising from the integration of Aboriginal and Torres Strait Islander health workers in service delivery is widely acknowledged and reflected in several frameworks including:

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

The National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework and Implementation Plan seeks to increase the representation of Aboriginal and Torres Strait Islander people in the healthcare workforce by 2031. It recognises the workforce as a powerful drive of change and improved outcomes, setting an employment target of 3.43% to match the percentage of Aboriginal and Torres Strait Islander people in the general population through six key strategic directions. It aims to facilitate a workforce investment that will increase the health system's ability to quickly build capacity during natural disasters and pandemics; close the gap in health and life outcomes; and ensure cultural safety and responsiveness.

National Health Sector Strengthening Plan

The National Health Sector Strengthening Plan (Health SSP), endorsed by the Joint Council on Closing the Gap outlines several ways that government and the Aboriginal Community-Controlled sector can work together to solve workforce issues. The Health SSP cites issues including a lack of Aboriginal and Torres Strait Islander representation in the health workforce and the continuing high number of vacancies across all service locations, particularly in rural and remote Australia. The Health SSP proposes seventeen sector strengthening actions, including workforce investment, capacity building and improved entry pathways to overcome workforce issues.

New South Wales Implementation Plan on Closing the Gap

Closing the Gap Priority Reform two focuses on building the community-controlled sector by increasing the amount of government funding for Aboriginal and Torres Strait Islander programs and services going to Aboriginal and Torres Strait Islander community-controlled organisations. Part of this includes efforts to bolster the community-controlled workforce, including that of ACCHOs. In its Jurisdictional Implementation Plan, NSW has committed to building workforce sustainability and capability to support the delivery of high-quality services to Aboriginal and Torres Strait Islander communities.

New South Wales Aboriginal Health Plan 2013-2023

The NSW Aboriginal Health Plan includes *"strengthening the Aboriginal workforce"* as a key strategic direction in its vision for health equity for Aboriginal and Torres Strait Islander people. This plan aims to strengthen the Aboriginal and Torres Strait Islander workforce by attracting, developing, and retaining Aboriginal and Torres Strait Islander people employed in the health workforce. Uniquely, this plan highlights the integral role of Aboriginal and Torres Strait Islander Health Workers (AHW's) in the healthcare system, stating that AHW's are key to the Aboriginal and Torres Strait Islander health workforce.

Key Workforce Challenges for the NSW ACCH Sector

The AH&MRC identified several workforce challenges in its consultations with the ACCH sector. Notably, many of the identified issues were long-existing and systemic, not merely a consequence of the COVID-19 pandemic.

> **"This month we have vacancies for a practice nurse, General Practitioner, programs manager, practice manager and two Aboriginal Health Workers. This is impacting our service delivery. We have less resources for more people in our area."**
>
> – Chief Executive Officer

Widespread staffing shortages

The most prevalent issue raised sector wide is that of short staffing. This pre-existing and persistent issue has only been exacerbated by COVID-19. ACCHOs repeatedly reported being unable to provide adequate care to their community due to a lack of staff. General Practitioner (GP) shortages have been consistent across NSW, particularly in regional NSW. Those living in rural and remote Australia have indicated that low numbers of GPs in regional NSW impacts their ability to access healthcare in a timely manner[22]. This shortage is only set to worsen, with GP's choosing to leave the profession earlier and fewer medical graduates choosing to enter the speciality of General Practice.

Widespread GP shortages has reduced the access for Aboriginal and Torres Strait people seeking their routine annual Indigenous Health assessments. Data shows that Indigenous health assessments billed as MBS item 715 are critical to supporting the early detection, diagnosis, and intervention of preventable and chronic diseases[23]. This reduction in access has had significant flow on effects for Aboriginal and Torres Strait Islander people needing to access other health professionals such as podiatrists, dietitians, psychologists, whose services help manage and prevent chronic disease.

The GP shortage not only poses a problem for accessing routine health care, but also for accessing care for semi-urgent health issues. Anecdotally, services reported that if their clients were unable to see a GP for semi-urgent health issues, then they often attended the local hospital Emergency Department. The consequence of this is that Aboriginal or Torres Strait Islander person are placed at risk of being treated in an unsafe cultural environment or being exposed to COVID-19 and other hospital acquired infections, whilst also placing unnecessary additional pressure on the hospital system.

> **"Issues with using locums wasn't just because of the COVID-19 pandemic"**
>
> – Chief Executive Officer

Contingent workers

The ACCH sector has long been reliant on employing or contracting staff on a non-permeant basis in order to meet the needs of their communities. The lack of continuity of care resulting from the use of non-permeant staff, including agency nursing staff, and locum GPs is not only cost ineffective, but it is associated with poorer health outcomes for

Aboriginal and Torres Strait Islander people living in rural and remote Australia. Healthcare services with high rates of staff turnover have proportionately higher rates of client hospitalisation compared to services with lower rates of staff turnover.[24] Thus, whilst the provision of continuity of care is extremely important to improve health outcomes, it is particularly difficult to achieve in ACCHOs that rely on contingent workers due to an inability to recruit permanent staff. These ACCHOs forced to expend funds on contingent workers explained that they were unable to recoup the high cost of these workers through the Medicare Benefits Scheme revenue, which negatively impacted other service delivery.

Another key issue highlighted by ACCHOs was the difficulty in orientating contingent workers, in particular locum GPs, to the ACCHO model of care. ACCHOs operate as primary healthcare teams, providing holistic, comprehensive, and culturally appropriate health care. This is achieved through the delivery of a broad range of activities and services including health promotion, prevention and management of acute and chronic conditions, dental care, mental health care and child and maternal health services, all aimed at ensuring the physical, social, emotional, and cultural wellbeing of the community. This is distinctly different from mainstream GP practices which focus primarily on the GP providing stand-alone care for acute and chronic health conditions. The lack of understanding of the ACCHO Model of care amongst the locum GPs has been raised as a key area of concern for ACCHOs as it under-utilises other team members in the ACCHO service, such as AHW's and Aboriginal and Torres Strait Islander Health Practitioners (AHP's) who are integral to ensuring that Aboriginal and Torres Strait Islander clients receive a whole person approach to healthcare.

> **"Housing costs in our area are not matching wages."**
>
> – Chief Executive Officer

Lack of affordable housing and housing availability

Housing affordability and housing availability are key issues that affect staffing retention in ACCHOs across NSW. Anecdotal reports are confirmed by data from the Tenant's Union of NSW which reported that rental vacancies are at an all-time low, with less than two percent of rental properties available for lease. The Tenants Union of NSW also found that median rent had increased by up to twenty percent in certain regional areas[25].

Lack of housing affordability and availability has meant that ACCHOs are unable to attract healthcare workers to work in regional areas on a permanent basis. This contributes to ACCHOs reliance on contingent workers to fulfil staffing requirements.

> **"Our management team has now left our organisation as we are not offering competitive salaries."**
>
> – Chief Executive Officer

Increased cost of living

Across Australia, the cost of living has been incrementally rising. The price of fresh fruit, vegetables and non-durable household goods has increased by between five to seven percent, with fuel increasing by thirty-five percent[26].

The increased cost of living has been highlighted as another key factor that affects staffing retention in the ACCH sector. This is particularly problematic as government and non-government organisations pay higher salaries for AHWs, AHPs, GPs and RNs. To overcome these issues, some ACCHOs, despite not receiving adequate funding, are paying above the award wage to retain staff. This is unsustainable in the medium to long term and takes funds away from other programs and services that the ACCHOs are trying to deliver. The overall outcome is reduced service delivery.

Fragmented funding models in the ACCH sector

Short term and one-off funding agreements impact all facets of healthcare delivery, including workforce. Short term contract and one-off funding agreements creates uncertainty for ongoing funding to retain staff which impacts ACCHOs ability to provide long-term programs; such funding models therefore leave ACCHOs under resourced and unable to deliver their model of continuous, holistic, life-long healthcare. Continuity of care and the provision of holistic care have been shown to result in positive patient experiences, greater patient satisfaction, increased treatment adherence and improved patient outcomes, all particularly important for people with chronic conditions, of which, Aboriginal and Torres Strait Islander people are disproportionately affected[27]. Employees assigned to a health program funded by short term and/or one-off funding, have limited ability to impact health outcomes despite significant work in such programs which aim to create change through supporting clients' health needs. The cycle of creating change only to have funding cease and a program with its associated positions come to a sudden end, discourages potential employees working in the sector.

The NSW Implementation Plan for CTG recognises the importance of providing holistic care as a key reason to move away from short term funding grants, and towards long term funding agreements. This issue is further highlighted in the NSW Implementation Plan for CTG which outlines the need for funding bodies to recognise that ACCHOs provide holistic care to the whole person/family, the provision of which has a higher associated cost.

Exploring Solutions

Dedicated NSW ACCH Workforce pool

What is a dedicated NSW ACCHO workforce pool?

The ACCH sector needs a sustainable workforce, not only to meet the routine health needs of the community but to be able to surge when required for example, during a COVID-19 outbreak where mass vaccination and testing is required. A solution to this would be to develop a dedicated NSW ACCHO workforce pool, initially with RNs and/or AHW/AHPs. To improve accessibility the ACCHO workforce pool could also be regionalised, for example, it could be broken down into the four regions of the AH&MRC: Northern, Southern, Western and Metro. The staff in the pool would be able to demonstrate not only a high level of clinical competence but an understanding of the Aboriginal and Torres Strait Islander health sector and practice in a culturally competent manner.

How could this be actualised?

The AH&MRC will seek government support to set up a program to create a pool of NSW-based health workers available to work in NSW ACCHOs. The program would be designed to attract, recruit, and orientate suitably qualified health professionals; it would ensure that workers were culturally competent by providing further education when necessary. The onboarding stage would be followed by further placement support and education with the aim to retain them in the workforce 'pool' as opposed to limiting the work in an ACCHO to a one-off experience.

A long-term program establishing and maintaining the ACCHO workforce support as described would increase the number of health professionals with the knowledge and skills to work in the community-controlled sector. It would reduce the current situation of reliance on recruitment agencies whose motivation is predominantly driven by receiving a fee for placement rather than the health workers' ability to fulfil the needs of the ACCHO and the community it serves. The proposed program would prioritise Aboriginal and Torres Strait Islander staff.

These staffing resources could be deployed to address predicted workforce shortages or respond to emerging needs, such as an acute outbreak of COVID-19 cases in each of the AH&MRC's four regions. These health workers who have had placements in ACCHOs in NSW, would potentially also be suitable candidates for permanent positions that become available in these same services.

Link to NSW Implementation Plan for Closing the Gap

Priority Reform Two

- This priority aims to build the community-controlled sector including through having a strong and sustainable workforce within the sector and is aligned with the creation of a dedicated regionalised ACCHO workforce pool in NSW.

Priority Reform Five

- This priority reforms aims to increase jobs and pathways to employment. Ideally, the RN positions within the health workforce pool would be identified positions therefore creating an opportunity for Aboriginal and Torres Strait Islander people to gain employment.

Link to the National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework and Implementation Plan 2021–2031

Strategic Direction 1

- This strategic direction aims to lift Aboriginal and Torres Strait Islander representation across the health workforce. This strategic direction aligns with the idea of a regionalised casual workforce model which creates identified positions for Aboriginal and Torres Strait Islander people within the health sector.

Health Career Pathways

What is a health career pathway?

Career pathways are designed by organisations to guide employees throughout their careers. Within the ACCHO context, workforce pathways would be structured to include formal educational opportunities specific to the individuals long-term career aspirations.

How could this be actualised?

Feedback from those working in the sector was that health workers often struggled navigating the education system as it relates to their role in the ACCH sector. To overcome this, the AH&MRC would seek to develop a careers counselling program specific to those working in the ACCH sector. The career counselling program would define health career pathways which could be used by ACCHOs to guide staff in their career dependent on the person's chosen specialty. For example, a career pathway could guide an AHW on how to progress becoming a Social and Emotional Wellbeing Counsellor or alternately how to qualify to be an AHP or an RN. Ideally, health career pathways would enable progression not only through individual ACCHOs, but across the sector more broadly. Akin to the pathways available to NSW Health staff, healthcare workers working in ACCHOs would accumulate not only experience and qualifications but also accrue entitlements including personal leave, study leave and annual leave which would be carried across any AH&MRC member service.

Clinical nurse specialists (CNSs) apply a high level of clinical nursing knowledge, experience, and skills to provide complex care in a specific area of practice, or defined population with minimum direct supervision. Drawing on AHPs intimate knowledge and engagement with their community, educational pathways could be designed to elevate AHPs knowledge in an area of their choice akin to the CNS model. Chronic disease is a key factor driving the gap in life expectancy between Indigenous and non-Indigenous Australians[28]. AHPs who follow a sub-specialists pathway into chronic disease could create a means of cultural insight into chronic disease management. The expertise of the AHP would not only lead to an increase in positive health outcomes for the community but would decrease the workload of other clinical staff members, including RNs and GPs, thus decreasing the reliance on contingent staff. Other sub-specialty pathways such as emergency medicine or oncology could also be created. The introduction of such formal professional pathways would require changes in policy and require high-level consultation with the sector, regional training organisations and Ministry of Health, but we believe it would be integral to empowering existing Aboriginal and Torres Strait Islander staff to support their community and the sector.

Reviewing the current scope of practice and existing career pathways in other jurisdictions is useful to inform the potential pathways of the Aboriginal and Torres Strait Islander health workforce in NSW. For example, in Western Australia, AHP's can prescribe, administer and possess schedule two and three medication and administer schedule four medication[29]. In NSW, AHPs are not able to administer medications as they are not included in NSW Poisons and Therapeutic Good Regulation Act[30]. High level policy change could align with training in health career pathways to support new and existing AHPs to prescribe and administer certain medications in NSW. Not only would this allow AHPs to support the sector, but it would contribute to overcoming gaps in healthcare delivery created by existing workforce shortages.

ACCHO specific health career pathways could be augmented by creating secondary school education pathways through school-based traineeships. School-based traineeships would be designed so that Aboriginal and Torres Strait Islander school aged individuals could commence a traineeship that combines paid work, training, and school, as well as industry recognised national qualifications that will help provide credits towards the Higher School Certificate[31].

Link to the National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework and Implementation Plan 2021–2031

Strategic Direction One

- Educational pathways are in line with this strategic direction as they will create clear, accessible pathways for Aboriginal and Torres Strait Islander people across the ACCH sector with the aim to increase Aboriginal and Torres Strait Islander representation across the health workforce.

Strategic Direction Two

- Drawing on the intimate knowledge that AHPs have with their community and elevating their clinical knowledge through sub specialisation programs privileges the skills of the Aboriginal and Torres Strait Islander health workforce in line with strategic direction two.

Strategic Direction Four

- Providing school-based traineeships (vocational training) for Aboriginal and Torres Strait Islander students will increase the visibility of health care as a career and continue to increase the number of students studying and completing health qualifications aligning with Strategic Direction 4.

Strategic Direction Five

- This initiative developing formal health career pathways in the ACCH sector beginning from secondary school and continuing throughout a health worker's career aligns with Strategic Direction 5.

Link to NSW Implementation Plan for Closing the Gap

Key Action Area Three (Socio-Economic Outcome 1: Aboriginal people enjoy long and healthy lives)

- This health career pathway initiative is in direct alignment with Key Action Area 3 which specifically seeks to address enhancing Aboriginal and Torres Strait Islander health workforce in ACCH sector by building pathways and training opportunities.

Priority Reform Five

- This priority reform focuses on Aboriginal and Torres Strait Islander people being empowered to access pathways through education, training and employment that align with their aspirations. Creating educational pathways for the ACCHO context is in keeping with the outcome of this priority reform.

Wage parity in the ACCH sector

What does wage parity in the ACCH sector mean?

ACCHOs need to be funded in a manner that enables them to be able to hire and retain staff to continue to provide comprehensive, high quality clinical and culturally appropriate healthcare to clients. At a minimum, wage parity between those working in ACCHOs, and those working in the government and non-government sector is critical to attracting and retaining staff. For example, first year AHWs working for NSW Health earn approximately $56,896 per annum[32]. This is compared to AHWs working ACCHOs who earn approximately $46, 696 per annum[33]. This wage parity only widens as the level of experience of the AHW or AHP increases. The ACCH sector corroborates reports in the NSW Implementation Plan for CTG, that outlines Aboriginal and Torres Strait Islander staff are leaving the sector to apply for higher paying jobs in mainstream NGOs and government organisations with similar roles and responsibilities. The increased cost of living due to inflation leaves employees with little choice but to accept jobs based on higher remuneration rather than job satisfaction, so the trend to leave an ACCHO for a higher paying job is unsurprising.

Priority Reform 2 in the NSW Implementation Plan for CTG highlights the need for wage parity across the ACCHO workforce, an issue that was raised several times throughout consultations[34]. It is imperative that the ACCH sector offers competitive wages and conditions to attract and retain talented staff, who can support the ACCHOs in the delivery of high-quality care to Aboriginal and Torres Strait Islander communities.

How could this be actualised?

Wage parity for healthcare workers employed by ACCHOs will only be possible with an increase in funding available to ACCHOs so they can meet market rates for healthcare workers. This increase in funding must either come from fee for service, that is, Medicare or block funding such as funding through the Indigenous Australians Health Program. Revenue from Medicare has been widely condemned by mainstream GPs as inadequate particularly when it comes to managing patients with complex chronic disease which applies to most patients seen at ACCHOs[35]. Mainstream GPs manage the discrepancy between the cost of providing GP services and the Medicare rebate by charging private fees, but this is not an option for ACCHOs. The Medicare rebates available for AHWs and RNs are limited and reliant on GP's, thus Medicare is not fit for purpose for the ACCHOs model of care. In summary, with respect to Medicare unless there is major Medicare reform, Medicare rebates for services cannot support ACCHOs providing wage parity.

The Commonwealth provides most funding for primary care through Medicare or through fundholders including Primary Health Networks and others such as Rural Doctors Network NSW; State Governments receive money from the Commonwealth to fund services including community services and health promotion programs which are services ACCHOs also provide often without specific funding. Funding reform is needed at both Commonwealth and State levels to divert funds for Aboriginal and Torres Strait Islander primary care in the community directly to the ACCH sector rather than through complicated pathways requiring continual applications for funds with associated onerous reporting.

Link to NSW Implementation Plan for Closing the Gap

Priority Reform Two

- Key Action Area Two under Priority Reform Two directly petitions for a dedicated and identified workforce in ACCHOs that has wage parity. This action area highlights the need for pay parity to ensure a strong and sustainable ACCHO workforce.

Link to the National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework and Implementation Plan 2021–2031

Strategic Direction Three

- This strategic direction outlines the importance of Aboriginal and Torres Strait Islander staff being appropriately remunerated for their vital contribution to improving the care and outcomes for Aboriginal and Torres Strait Islander communities across Australia. The plan highlights the need for competitive wages across all roles, disciplines, and functions.

Moving Forward

Whilst COVID-19 undoubtably affected the ACCHO workforce, the pandemic primarily served to highlight pre-existing workforce issues.

The workforce issues highlighted in this paper are complex and multi-faceted, and solutions are likely to require the same in response. The solutions outlined above may assist with alleviating workforce stressors in the short term, but long-term investment is needed to ensure the Aboriginal and Torres Strait Islander health sector continues to meet the need of Aboriginal and Torres Strait Islander people across NSW.

The state and federal government have flagged their commitment to strengthening the Aboriginal and Torres Strait Islander health workforce across Australia in both the National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework and Implementation Plan and the NSW Implementation Plan for Closing the Gap. To address the ongoing issue of workforce in the ACCH sector, the NSW Government must commit to investing in the ACCHO workforce, and the important role this workforce plays in providing high quality primary health care to Aboriginal and Torres Strait Islander people across the state. A lack of adequate funding for such care will allow the previously unrelenting adverse health outcomes for Aboriginal and Torres Strait Islander people across NSW to continue.

The ACCH sector needs strong and uninterrupted support at both state and federal level to enable them to continue providing comprehensive primary healthcare during emergent health crises such as COVID-19 or other emergencies which create health challenges. Immediate government investment into the ACCHO workforce is needed to meet the current needs of the ACCH Sector. In the long-term, commitment from all jurisdictions to provide adequate permanent resourcing, direct to the ACCH sector, will be required to safeguard the health of Aboriginal and Torres Strait Islander people across NSW.

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