

FREQUENTLY ASKED QUESTIONS: Increased Aboriginal workforce in cancer services

Q: How many Aboriginal people currently work in cancer services?

A: There is no information publicly available about the number of Aboriginal people working in cancer services. This is why we are asking the NSW Government to map the Aboriginal workforce in cancer services by occupation, salary level, location and classification. This will provide background information to help the Government ensure that the Aboriginal health workforce in cancer services matches community needs across the state.

Q: How many positions is CCNSW recommending?

A: CCNSW is not defining the number of positions needed in cancer services as this will depend on the outcome of the mapping of the occupation, salary level, location and classification of Aboriginal people already working in cancer services; and an assessment of community need. We have recommended that the Government develops an Aboriginal Health Workforce Plan for cancer services that aligns with *Good Health – Great Jobs NSW Health Aboriginal Workforce Strategic Framework 2016-2020*, or that they ensure the workforce targets in *‘Good Health – Great Jobs’ NSW Health Aboriginal Workforce Strategic Framework 2016-2020* are applied to cancer services specifically. Whichever strategy the Government chooses to adopt, it will provide guidance for the local health districts in terms of targets for cancer services.

Q: Is this recommendation about employing Aboriginal Health Workers in particular?

A: This recommendation is about employing Aboriginal people across all clinical and support roles in cancer services. Aboriginal people are, or can be, employed across any occupation and an Aboriginal person can apply for any position in NSW Health if they meet the requirements of the role. In cancer services this may mean a member of the multidisciplinary team including; a surgeon, medical oncologist, radiation oncologist, radiologist, pathologist, cancer care coordinator, oncology nurse, social worker or an Aboriginal Health Worker. An Aboriginal Health Worker is a position designated for Aboriginal people specifically, and Aboriginal identity and cultural connections are a genuine aspect of the role. Strengthening the Aboriginal health workforce across all health professions is critical to improving services and closing the gap in health outcomes between Aboriginal and non-Aboriginal people.

Q: What type of training would be needed for Aboriginal people to work in cancer services?

A: The type of training needed will depend on the role for which an Aboriginal person is employed. Each role within the multidisciplinary team at a cancer service will have specific higher education and/or training requirements.

Q: What if there aren't enough trained staff to fill the positions and meet the targets?

A: Increasing the number and proportion of Aboriginal people employed in cancer services will take time, and the process will need to include support for tertiary education and training, professional development and clear career pathways will need to be defined.

NSW Health understands that education, training and development is essential to achieve Aboriginal workforce targets. One of their key priorities is partnerships between the health and education sectors to support Aboriginal people entering the health workforce.

Q: How long will it take to reach the targets?

A: This depends on a number of factors, including how many people are needed, how much education or training is needed to fill the positions and how effective cancer services are in retaining their Aboriginal staff.

Q: Why does our recommendation have to align with ‘Good Health – Great Jobs’ 2016-2020?

A: The Government has done a lot of work to develop targets for Aboriginal staff across NSW Health broadly, and a plan about how to get there. Aligning our recommendation with *Good Health – Great Jobs NSW Health Aboriginal Workforce Strategic Framework 2016-2020* acknowledges this but asks that they take it further to focus on cancer services specifically. *Good Health – Great Jobs* is a policy directive for implementation by local health districts, which are responsible for public cancer services. It will reflect the *NSW Public Sector Aboriginal Employment Strategy 2014-2017*, which includes an aspirational target of 1.8% Aboriginal staff by 2021 for each classification and salary band in the public sector.

Q: Aren’t Aboriginal people already well cared for by existing Aboriginal services?

A: Aboriginal Community Controlled Health Organisations and other government and non-government Aboriginal services are providing good care in a range of prevention, treatment and support services. However, it is not their role to provide specialist cancer services. Our recommendation for Government action is specifically about specialist cancer services that are publicly funded.

Q: Why set targets only for Aboriginal staff, and no other cultural groups?

A: NSW Health has had targets for the Aboriginal workforce for many years in recognition of the large disparities in estimated life expectancy and health outcomes between Aboriginal and non-Aboriginal people in NSW. These targets should also apply to the cancer workforce given the large disparity in cancer outcomes between Aboriginal and non-Aboriginal people.

Q: Why talk about targets at all?

A: The NSW Government already talks about targets so this is not new. *Good Health – Great Jobs NSW Health Aboriginal Workforce Strategic Framework 2016-2020*, will include Aboriginal workforce targets for local health districts and our recommendation is not suggesting anything different. We are simply recommending that the Government’s targets are applied to cancer services specifically.

Q: Is it necessary to have recruitment strategies specifically for Aboriginal people?

A: Some groups of people are affected by past or continuing disadvantage or discrimination in employment. Aboriginal people are one such group. It is important to have recruitment strategies to help give disadvantaged groups the opportunity, skills and confidence to allow them to compete on equal terms with everyone else. Pro-active recruitment strategies will be necessary to increase the representation of Aboriginal people working in all clinical and support roles in NSW Health, including in cancer services.

Q: Will the recruitment practices for cancer services be different from elsewhere in NSW Health?

A: They don’t need to be. NSW Health already has recruitment strategies aimed at growing the Aboriginal workforce so local health districts have these guidelines to help them recruit Aboriginal people to their cancer services. The guidelines, called *Stepping Up*, are available at: <http://hire.steppingup.health.nsw.gov.au/NSW-Health-commitment-priorities/aboriginal-workforce-initiatives/>

Q: Will this mean non-Aboriginal staff will lose their jobs to make way for Aboriginal workers?

A: No. *Good Health – Great Jobs Aboriginal Workforce Strategic Framework 2011-2015* has been used by local health districts for years now to increase the representation of Aboriginal people working in all health professions without the need for non-Aboriginal staff to lose their jobs, so our recommendation won't change that.

Q: Shouldn't local health districts employ people based on merit not their Aboriginal background?

A: Just like non-Aboriginal people, Aboriginal people can apply for, and be employed in, any position in a local health district if they meet the requirements of that role. Many positions won't have a specific requirement for Aboriginal identity and cultural connection, therefore if an Aboriginal person has won the position they will have done it on merit, the same as any applicant. The NSW Government also recognises that Aboriginal identity and cultural connections are essential to some roles so have included it in the essential requirements.

Q: Does CCNSW employ Aboriginal people regionally and what have we done to increase our own Aboriginal to non-Aboriginal staff ratio?

A: Cancer Council NSW is taking steps to increase the number of Aboriginal people who work in the organisation. Our Reconciliation Action Plan included a focus area of increasing the number and proportion of Aboriginal staff and volunteers. Towards this aim Cancer Council NSW developed an Aboriginal Workforce Strategy which includes targets and initiatives to help us attract, support, develop and retain Aboriginal employees and volunteers to increase our Aboriginal workforce and participation. We have a long way to go in increasing the ratio of Aboriginal staff to non-Aboriginal staff; however the whole organisation has a commitment to make this happen.

Q: What will it cost and where will the money come from?

A: The cost will depend on the number of staff needed and the NSW Government won't be able to calculate this until they have a clear idea of the occupation, salary level, location and classification of Aboriginal people already working in cancer services; and done an assessment of community need. We have recommended that the Government develops an Aboriginal Health Workforce Plan for cancer services that aligns with *Good Health – Great Jobs NSW Health Aboriginal Workforce Strategic Framework 2016-2020*, or that they ensure the workforce targets in *Good Health – Great Jobs* are applied to cancer services specifically. Whichever strategy the Government chooses to adopt, it will provide guidance for the local health districts in terms of targets for cancer services. Once a local health district has its target they will be able to calculate the cost and make budget decisions accordingly.

Q: Could this process/model be transferable to other cultural groups or groups with particularly poor cancer outcomes?

A: CCNSW is advocating for Aboriginal workforce targets specifically in recognition of the large disparities in estimated life expectancy and health outcomes between Aboriginal and non-Aboriginal people in NSW. The NSW Government already acknowledges this is a problem so they have had targets for the Aboriginal workforce for many years in *Good Health – Great Jobs NSW Health Aboriginal Workforce Strategic Framework 2016-2020*. CCNSW is simply asking for this commitment to be extended to cancer services specifically.