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'Missing the Target' – A Critical Examination of Policy Frameworks for Aboriginal and Torres Strait Islander Inclusion into the Allied Health Professions

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Acknowledgements

Introduction

Aboriginal and Torres Strait Islander workforce representation in the allied health professions is poor when compared to non-Aboriginal and/or Torres Strait Islander Australians. Over three census periods (2006, 2011 and 2016), the raw numbers of Aboriginal and Torres Strait Islander allied health workers rose (see Table 1). Proportionally, however, there was no increase in the workforce from 2011 to 2016 (see Table 1). Furthermore, with significantly more people identifying as Aboriginal and Torres Strait Islander by 2016, the 'gap' between the national and allied health workforce Aboriginal and Torres Strait Islander Australian proportions doubled.

Aboriginal and Torres Strait Islander representation is highly dependent on the profession. As shown in Figure 1, only social work has reached population parity at 3.2%. All remaining professions are well below 1% with Aboriginal and Torres Strait Islander representation in some professions as low as 0.1% (optometry) and 0.2% (dietetics and nutrition).

	2006	2011	2016
% Aboriginal and Torres Strait Islander population	2.3%	2.5%	3.3%
% Aboriginal and Torres Strait Islander allied health worker population	1.4%	1.7%	1.7%
Gap	**0.9%**	**0.8%**	**1.6%**

Table 1: Percentage of Aboriginal and Torres Strait Islander allied health workers in Australia: 2006-2016. Data Source: Australian Bureau of Statistics census data (2006, 2011, 2016)

In the 1990 higher education white paper *A Fair Chance for All*, the overall objective for higher education equity was stated as being "*changing the balance of the student population to reflect more closely the composition of society as a whole*" (Department of Employment Education and Training, 1990, p. 2). For Aboriginal and Torres Strait Islander students, this included the target of an increase of 50 per cent in Aboriginal and Torres Strait Islander enrolments in higher education, "*in particular law, business and administration, medicine and* **health**" (Authors' emphasis) (Department of Employment Education and Training, 1990, p. 20).

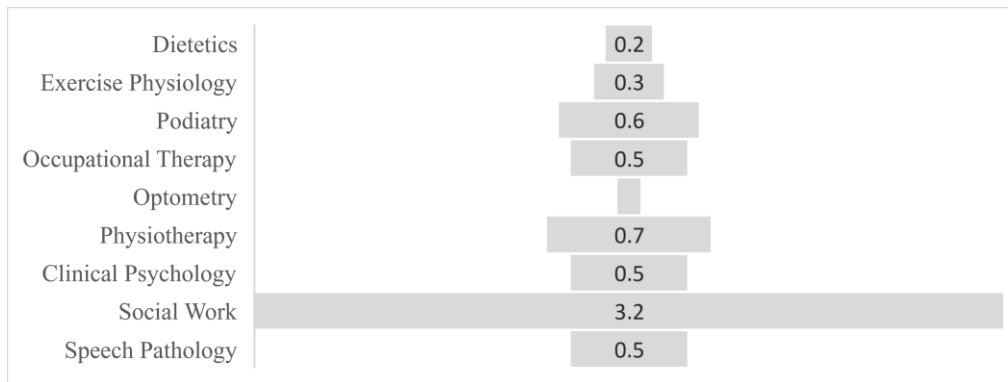|	
Dietetics	0.2
Exercise Physiology	0.3
Podiatry	0.6
Occupational Therapy	0.5
Optometry	
Physiotherapy	0.7
Clinical Psychology	0.5
Social Work	3.2
Speech Pathology	0.5

Figure 1: Percentage of Aboriginal and Torres Strait Islander representation in select allied health professions. Data Sources: Exercise and Sport Science Australia, Indigenous Allied Health Australia. (2019). *Workforce Development Strategy 2018–2020*. **Deakin: AIHA, Speech Pathology Australia, Dieticians Association of Australia, Podiatry Board of Australia, Optometry Board of Australia, Physiotherapy Board of Australia.**

More recently the *National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework - 2016–2023* (Australian Health Ministers Advisory Council, 2017), developed by the Aboriginal and Torres Strait Islander Health Workforce Working Group (ATSIHWWG), has a focus on *"prioritisation, target setting and monitoring of progress against growing and developing the capacity of the Aboriginal and Torres Strait Islander health workforce"* (p. 3). The Framework consists of 6 strategies with strategy 4 stated as *"Increase the number of Aboriginal and Torres Strait Islander students studying for qualifications in health"* (p. 9) and strategy 5 *"Improve completion/graduation and employment rates for Aboriginal and Torres Strait Islander health students"* (p. 10).

This paper focuses on examining Aboriginal and Torres Strait Islander workforce inclusion by allied health professional peak bodies. Content was evaluated using Government's response to the latest *Closing the Gap* report and the *National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework - 2016–2023* as a benchmark. A sub-set of ten allied health professions were selected for further analysis, these being audiology, dietetics, exercise physiology, podiatry, occupational therapy, speech pathology, social work, optometry, physiotherapy, and clinical psychology.

Method

This paper is a critical examination of policy as text or, more specifically, of policies as 'textual interventions into practice' (Ball, 1993, p. 12). Whilst such an analysis does not directly interrogate the effect the implementation of the policy had, it does reveal how the 'problem' is defined, what options are offered for its redress and what alternative views are excluded (Saarinen, 2008). The various documents that we analyse were written at different times by different agents and were formed both by everyday social action and wider socio-political forces (Adams, 2016). At the same time, we contextualise the policy analysis with empirical data indicating the relative success of increasing Aboriginal and Torres Strait Islander professional participation in allied health. This does not imply a direct relationship between policy text and outcome; it does however illuminate the environment both affecting and being affected by policy action.

Our methodological approach is appropriate for our case study, since it is too early to quantify policy outcomes; particularly in response to key policies driving current reform. These include the *National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework - 2016–2023* and the Government's response to the latest (2020) *Closing the Gap* report (Commonwealth of Australia, & Department of the Prime Minister and Cabinet, 2020).

Allied Health is an umbrella term, defined as any health profession that is not medicine, nursing, or dentistry. All in all, there are over 28 professions within Australia which would fall under the banner of allied health in Australia. A select number of these professions are subsidised under Medicare arrangements: audiologists, chiropractors, diabetes educators, dietitians, exercise physiologists, occupational therapists, optometrists, orthoptists, osteopaths, physiotherapists, podiatrists, psychologists, social workers and speech pathologists (Department of Health, 2019). For this reason, a sub-set of ten subsidised allied health professions were selected for further analysis. These were five Australian Health Practitioner Regulation Agency (AHPRA) members (clinical psychology, physiotherapy, occupational therapy, podiatry, and optometry) and five self-regulated professions (audiology, dietetics, exercise physiology, speech pathology, and social work). A summary of these allied health professions with accompanying professional bodies are shown in Table 2.

The websites of the regulatory bodies – listed in Table 2 - for each of the ten professions included in the study were searched in February 2020, using the

terms 'Aboriginal' or 'Indigenous'. In addition, the accreditation section of each website was searched manually to identify if the competency standards for each profession made any reference to Aboriginal and Torres Strait Islander inclusion. Documents were included in the analysis if the wording specifically targeted the topics of 'education', 'training' or 'workforce'.

The focus of our critical analysis was on evidence of strategies to increase access and participation of Aboriginal and Torres Strait Islander persons in allied health courses. It is acknowledged that, beyond access and participation, strategies to improve completion rates and employment outcomes are also important. However, our focus in this analysis was on the critical first step of widening access and participation into the courses that lead to eventual employment in allied health professions.

Profession	Registration Board	Professional Body	Skills Recognition
Audiology	Self-regulated	Audiology Australia	Audiology Australia
Dietetics	Self-regulated	Dieticians Association of Australia	Dieticians Association of Australia
Exercise Physiology	Self-regulated	Exercise and Sports Science Australia	Exercise and Sports Science Australia
Podiatry	Podiatry Board of Australia	Australian Podiatry Association	Podiatry Board of Australia
Occupational Therapy	Occupational Therapy Board of Australia	Occupational Therapy Australia	Occupational Therapy Council of Australia
Optometry	Optometry Board of Australia	Optometry Australia	Optometry Council of Australia and New Zealand
Physiotherapy	Physiotherapy Board of Australia	Australian Physiotherapy Association	Australian Physiotherapy Council
Clinical Psychology	Psychology Board of Australia	Australian Psychological Society	Australian Psychology Accreditation Council
Social Work	Self-regulated	Australian Association of Social Workers	Australian Association of Social Workers
Speech Pathology	Self-regulated	Speech Pathology Australia	Speech Pathology Australia

Table 2: The ten allied health professions included in the study with accompanying regulatory bodies

A limitation of this review is that only Aboriginal and Torres Strait Islander-specific documents were included. It is possible that relevant documents may have been omitted from the search. Furthermore, this review was limited to policy on entry into the profession. References to cultural safety training and embedding of culture into the curriculum were excluded. These may also provide evidence of the work professions are doing to deliver on closing the healthcare gap however, this was not the question posed in the review.

Results

The search strategy identified all professional bodies, except for Audiology Australia, were signatories or co-signatories on Reconciliation Action Plans (RAP) which included aims of increasing access to the profession for Aboriginal and Torres Strait Islander peoples. Audiology Australia acknowledged the lack of Aboriginal and Torres Strait Islander qualified audiologists in a 2019 position statement (Audiology Australia, 2019), however, no additional documents of relevance were identified in the search. Three professions – speech pathology, physiotherapy, and psychology – made mention of Aboriginal and Torres Strait Islander equity strategies to enter the profession as part of accreditation standards. Further details are provided in Table 3.

Accreditation Competency Standards

Physiotherapy's accreditation standards for entry-level physiotherapy programs was published in 2016 (Australian Physiotherapy Council, 2016). The document is divided into 5 domains, 5 standard statements, and several accompanying criteria under each domain. Domain 4, the student experience, has the standard statement "*Students are provided with equitable and timely access to information and support*" (p. 6). Criteria 4.8 describes Aboriginal and Torres Strait Islander inclusion: *"There is specific consideration given to the recruitment, admission, participation and the completion of program of study by Aboriginal and Torres Strait Islander peoples"* (p. 6).

Speech Pathology Australia's document '*Accreditation of Speech Pathology Degree Programs: Guidelines for Reporting of Aboriginal and Torres Strait Islander Curriculum Development and Inclusions: 2018'* outlines 5 areas under which programs are required to give evidence of their engagement with Aboriginal and Torres Strait Islander communities (Speech Pathology Australia, 2018). These areas are partnerships, curriculum, student capabilities, staff capabilities, and student recruitment, retention, and graduation.

Profession/s	Title/Date	Development Process	Aspirations	Strategies
Podiatry, Physiotherapy, Optometry, Occupational Therapy, Clinical Psychology	Reconciliation Action Plan: June 2018 - Jun 2019 for the Australian Health Practitioner Regulation Agency	National Boards, accreditation authorities and AHPRA, Aboriginal and Torres Strait Islander Health Strategy Group, RAP working groups	Respect, culture, relationships, and opportunity	Explore how AHPRA and National Boards can support greater participation of Aboriginal and Torres Strait Islander Peoples in the registered health workforce. Investigate what scholarships support Aboriginal and Torres Strait Islander students to further their studies and/or careers in a registered health profession. Create a business case for AHPRA supporting a scholarship for Aboriginal and Torres Strait Islander students to enter or further their studies and/or careers in a registered health profession. Develop a plan for increasing participation of Aboriginal and Torres Strait Islander Peoples in the registered health workforce.
Audiology	Hearing health of Aboriginal and Torres Strait Islander peoples: Mar 2019	Audiology Australia Position Statement	Optimise coordination of services and improve equitable access to effective hearing health care services	-
Dietetics	Innovate Reconciliation Action Plan: Nov 2018-Nov 2020	Dieticians Association of Australia Working Group with Aboriginal representation	Building relationships, respect, and opportunities	Investigate support strategies (e.g. scholarships) to increase the number of Aboriginal and Torres Strait Islanders training as Nutrition Workers or as Dietitians Investigate mentoring support (professional and cultural) for Aboriginal and Torres Strait Islander dietetics graduates.
Exercise Physiology	Reflect Reconciliation Action Plan: May 2019 - May 2020	Exercise and Sports Science Australia Working Group with Aboriginal representation	Improve the quality and access to exercise and sports science services for Aboriginal and Torres Strait Islander peoples.	Investigate Aboriginal and Torres Strait Islander employment pathways (e.g. traineeships or internships). Investigate ESSA's capacity to provide scholarships for Aboriginal and Torres Strait Islander students.

Physiotherapy	Reflect: Reconciliation Action Plan: Jun 2019 - Jun 2020	Australian Physiotherapy Council	Establishing and nurturing relationships with Aboriginal and Torres Strait Islander peoples; Advocating respect for Aboriginal and Torres Strait Islander peoples that are specific to the Council and our sphere of influence (and beyond); Seizing opportunities for tangible reconciliation; and Tracking progress against our objectives as evidenced in this RAP.	Research & develop an understanding of best practice in terms of Aboriginal & Torres Strait Islander employment, retention & professional development
	ACCREDITATION STANDARD FOR ENTRY-LEVEL PHYSIOTHERAPY PRACTITIONER PROGRAMS December 2016	Australian Physiotherapy Council	**Accreditation Guidelines**	There is specific consideration given to the recruitment, admission, participation and the completion of program of study by Aboriginal and Torres Strait Islander peoples.
Clinical Psychology	Guidelines for Increasing the Recruitment, Retention and Graduation of Aboriginal and Torres Strait Islander Psychology Students: Sept 2016	Australian Indigenous Psychology Education Project	Recruitment and retention of Aboriginal and Torres Strait Islander psychology students	Make recruitment, retention and graduation of Aboriginal and Torres Strait Islander students a priority, and specifically mention this in mission and strategy Provide specific places for Aboriginal and Torres Strait Islander students at undergraduate, fourth year, and postgraduate levels Employ equity strategies to explicitly recruit Aboriginal and Torres strait Islander students for their potential documents Provide scholarships for Aboriginal and Torres Strait Islander students at undergraduate, fourth year, and postgraduate levels
Optometry	Optometry Aboriginal and Torres Strait Islander Health Curriculum Framework: Jan 2019	Adaptation of 2014 Aboriginal and Torres Strait Islander Health Curriculum Framework, Support from Congress of Aboriginal and/or Torres Strait Islander Nurses and Midwives (CATSINaM)	…implement Aboriginal and Torres Strait Islander health curricula across their health professional training programs...the Framework aims to prepare graduates across health professions to provide culturally safe health services to Aboriginal and Torres Strait Islander peoples through the development of cultural capabilities during their undergraduate training	Develop students' knowledge of the importance of growing the Aboriginal and/or Torres Strait Islander optometry workforce, and the role of Aboriginal and/or Torres Strait Islander health professionals and leaders in effecting needed change

Speech Pathology	Reconciliation Action Plan: Jun 2019-Jun 2020	Speech Pathology Australia Board, Speech Pathology Australia Aboriginal and Torres Strait Islander Advisory Committee, 1000 members consulted, Supported by Indigenous Allied Health Australia	Communication accessible communities Access for all Timely interventions across the lifespan Clients and communities driving service delivery Skilled and confident parents and carers Collaborative professional partnerships Quality, innovation and knowledge Diverse and dynamic workforce.	Ensure diversity of entrants to the profession, including those
				from Aboriginal and Torres Strait Islander backgrounds
				Provide support to promote a sustainable and valued Aboriginal and Torres Strait Islander speech pathology workforce
				Investigate Aboriginal and Torres Strait Islander employment
	Strategic Plan: 2017-2019	Speech Pathology Australia Board	Communication accessible communities Access for all Timely interventions across the lifespan Clients and communities driving service delivery Skilled and confident parents and carers Collaborative professional partnerships Quality, innovation and knowledge Diverse and dynamic workforce.	Identify and implement specific strategies to target and ensure diversity of entrants to the profession, including those from Aboriginal and Torres Strait Islander backgrounds
	Accreditation of Speech Pathology Degree Programs: Guidelines for Reporting of Aboriginal and Torres Strait Islander Curriculum Development and Inclusions: 2018	Speech Pathology Australia	**Accreditation Guidelines**	As part of the SPA 2017-2019 Strategic Plan to create a culturally-responsive workforce, a key initiative is to "identify and implement specific strategies to target and ensure diversity of entrants to the profession, including those from Aboriginal & Torres Strait Islander backgrounds..." (p.13). To align with this intention, university speech pathology programs

				will be required to provide evidence of how they are engaging with this endeavour.
Social Work	Reconciliation Action Plan: Nov 2013-Jun 2015	Aboriginal member consultation, RAP taskforce	Relationships: Developing meaningful relationships built on trust Respect: Engendering respect and enhancing skill amongst social workers Creating opportunities Tracking our progress and reporting	To actively promote and support opportunities for First Australians to take up leadership positions within the Association and/or the profession
	Reconciliation Action Plan: Jun 2017-Jun 2019	Australian Association of Social Work, RAP Working Group, Aboriginal and Torres Straight Islander Board Position, Embedded in Code of Ethics	Developing meaningful relationships built on trust Engendering respect and enhancing skills among social workers Creating opportunities Tracking our progress and reporting	Promote the practice and work of Aboriginal and Torres Strait Islander social workers Investigate opportunities to improve and increase Aboriginal and Torres Strait Islander employment outcomes within our workplace Actively promote and support opportunities for Aboriginal and Torres Strait Islander members to take up leadership positions within the Association and/or the profession

Table 3: Summary of Aboriginal and Torres Strait Islander workforce policy and content for the professional regulatory bodies included in the study

Under student recruitment, retention, and graduation the document states "*part of the SPA 2017-2019 Strategic Plan to create a culturally-responsive workforce, a key initiative is to "identify and implement specific strategies to target and ensure diversity of entrants to the profession, including those from Aboriginal & Torres Strait Islander backgrounds..."* (p.13). *To align with this intention, university speech pathology programs will be required to provide evidence of how they are engaging with this endeavour*" (p16).

As for Physiotherapy, the document is not prescriptive in how programs demonstrate this aim. Rather Speech Pathology Australia outlines examples that would be counted as evidence towards meeting the requirement, such as engaging with the university's Aboriginal and Torres Strait Islander studies unit, Aboriginal and Torres Strait Islander stakeholder groups, and media campaigns. A web search of Speech Pathology Australia found two additional documents which mentioned Aboriginal and Torres Strait Islander inclusion in the workforce. These were the *Strategic Plan: 2017-2019* (Speech Pathology Australia, 2017) and the *Reconciliation Action Plan* (Speech Pathology Australia, 2019). Both documents included the strategic aim of increasing the diversity of the Speech Pathology profession, including people from Aboriginal and Torres Strait Islander backgrounds. Deliverables of relevance to the current study included "*Research best practice approaches to developing employment pathways for Aboriginal and Torres Strait Islander peoples*" and "*Consult with other professional bodies which have developed pathways for Aboriginal and Torres Strait Islander peoples to enter their professions*" (p. 24).

In Clinical Psychology, the Australian Psychological Accrediting Council (APAC) is a co-signatory to a statement of commitment in relation to frameworks developed by the *Australian Indigenous Psychology Education Project*. These frameworks include a curriculum framework, a workforce capabilities framework as well as '*Guidelines for Increasing the Recruitment, Retention and Graduation of Aboriginal and Torres Strait Islander Psychology Students' (*Department of Education and Training, 2016). The guidelines are comprehensive and provide clear and measurable strategies for increasing the number of Aboriginal and Torres Strait Islander students in psychology studies. It was the only document in the current study to mention recognition of alternative entry and encouraged the use of quotas or designated equity places in admissions procedures. Target setting by institutions was also recommended to hold programs to account. However, the document is not currently tied to the latest APAC accreditation standards and whilst programs are encouraged to refer to the guidelines there is no obligation that they do so.

Reconciliation Action Plans

Along with competency standards, many of the individual Allied Health professions were also directed by Reconciliation Action Plans (RAPs). The RAP program was launched in 2006 and was designed to help organisations develop a business plan to outline the practical steps they would take to support reconciliation and respect between Aboriginal and Torres Strait Islander and non-Aboriginal and Torres Strait Islander Australians. The plans are facilitated by Reconciliation Australia (https://www.reconciliation.org.au/) and consequently there is a high degree of fidelity between the individual organisational plans. Reconciliation Australia identify four types of RAP; each designed to suit an organisation at different stages of their reconciliation 'journey':

1. *Reflect*: scoping reconciliation and developing relationships, prior to committing to specific actions or initiatives.

2. *Innovate*: outlining actions that work towards achieving the organisation's vision for reconciliation.

3. *Stretch*: suited to organisations that have developed strategies, focussed on implementing longer-term strategies and embedding reconciliation into organisational culture.

4. *Elevate*: For organisations with a proven track record, preparing to take on a leadership position to advance national reconciliation.

RAPs connected with the professional bodies through multiple pathways, due to varying organisational structures. In some professions, these roles were separated into two organisations and, depending on the profession, neither, only one, or both organisations had RAPs, which may or may not be at different levels. Finally, the Australian Health Practitioner Regulation Agency (APRHA) oversaw the individual regulatory bodies of five of the professional bodies and APRHA itself had a RAP (see Table 2). Consequently:

- Of the five self-regulated professions, four of these had RAPs.

- Three professional bodies were not directly guided by RAPs at the regulatory nor advocacy level but were influenced by the APHRA RAP.

- One was guided by its regulatory body's RAP, which in turn was influenced by the APHRA RAP.

- One was guided by both a regulatory and advocacy body RAP, as well as being influenced by the APHRA RAP.

Furthermore, five RAPs were at the 'Reflect' stage and two were at the 'Innovate' stage. More than half (four) were outdated, suggesting the relevant organisation either had not the resources or the commitment to develop and implement a new RAP in a timely fashion.

Discussion

This national review examined Aboriginal and Torres Strait Islander inclusion into the workforce across policy frameworks in ten Medicare subsidised allied health professions. The study provided insight into the way equity into the professions have - or have not - been prioritised in Australia.

Results indicate that the inclusion of workforce equity policy for Aboriginal and Torres Strait Islander people was present for nine out of ten professions in the form of RAPs. As outlined in the methodological section of this paper, this analysis has framed the RAPs as textual interventions into practice. In the first ten years of the program's implementation, more than 650 organisations have developed RAPs (Lloyd, 2018). However, this number hides significant variations in adoption. For example, despite the program's rhetoric of targeting businesses, private corporations account for less than a quarter of RAPs and certain states (most notably, Western Australia) account for a large proportion of all RAPs (Lloyd, 2018). This indicates that there are wider, social, and geopolitical forces at play. Cultural competency needs to be embedded within an organisation for the RAP to be a vehicle to generate meaningful change (Burt & Gunstone, 2018).

Three of the ten professions included equity into the profession as part of accreditation standards. For these three professions, accreditation standards were not prescriptive in how programs should tailor their admissions structures, creating the potential for a variety of ways in which standards could be interpreted. Notably, benchmark setting was absent from the policy documents found in the study. Rather, we found that regulatory bodies did not press course providers to set measurable benchmarks against their equity strategies. Therefore, the onus is on individual universities to set their Aboriginal and Torres Strait Islander student admission targets and there are no incentives (or penalties) if they fail to meet these. Although universities will be awarded performance-based funding for student equity group participation including Aboriginal and Torres Strait Islander students soon, these benchmarks will

likely to be driven at the institutional level rather than for individual programs (Commonwealth of Australia, 2019). Thus, the evidence suggests that at the time of the study, professional bodies were still at the earliest stages of incorporating meaningful policies to increase the representation of Aboriginal and Torres Strait Islander allied health practitioners. Furthermore, they were more likely to place accountabilities on higher education institutions to supply Aboriginal and Torres Strait Islander graduates, than they were on their members to employ them.

Instead, professional bodies were seen to employ statements of 'recognition' in their policy documents. The politics of recognition are highly relevant to Aboriginal and Torres Strait Islander persons, who experience both cultural and economic injustice. In the latest response to *Closing the Gap*, the need to focus more on cultural, recognitive processes was emphasized with statements such as '*The targets that were set for Indigenous Australians, not by Indigenous Australians, do not celebrate the strengths, achievements and aspirations of Indigenous people... They don't tell you how realistic or achievable these targets were in the first place. They reinforce the language of failing and falling short. And they also mask the real progress that has been made*' (Commonwealth of Australia, & Department of the Prime Minister and Cabinet, 2020).

Cultural recognition politics – or more specifically an identity model approach – seeks to contest the dominant culture's negative depictions of the group and encourage the group's members to '*reject such images in favour of new self-representations of their own making, jettisoning internalized, negative identities and joining collectively to produce a self-affirming culture of their own*' (Fraser, 2000, p. 110).

Concomitantly, there are evident neoliberal discourses of risk and responsibility. These construct individuals as self-responsible, risk averse and entrepreneurial (Lupton, 2012). Furthermore, they take the economic aspects of neoliberalism (market deregulation, economic self-interest, individual risk and benefit) and apply them to the social domain (Giroux, 2008). Specific to education, these discourses present notions of freedom and choice, where the individual makes choices in a rational manner, in the same way a free market is imagined to be rational. In this way responsibilities for education, health, welfare, security, and mutual care become the responsibility of the individual rather than the state (Bansel, 2007).

By employing a discourse of recognition, and rhetorically rejecting deficit discourses of disadvantage, the issues of cultural identity and personal agency are here conflated with a neoliberal discourse of personal responsibility and rational risk avoidance. The practical consequence is a retreat from benchmarks and a repositioning of the overall balance of accountability from the state to the individual or cultural group.

Closing the Gap was broad in scope and required supporting policies to ensure effective action. This was the intention of the *National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework - 2016–2023*. The Framework sought to "define a vision, guiding principles and strategies for action" (Australian Health Ministers Advisory Council, 2017, p. 1). As with the overarching *Closing the Gap* strategy, success required buy-in from stakeholders at multiple levels. For improvements to be made within the profession, appropriate pathways into and through higher education need to be developed. For their part, higher education institutions need to work with communities to build aspiration and academic capital into these pathways.

Discursively, the *Framework* rejected hard targets and clear accountabilities, focussing instead on collaboration, partnership and respect. Whereas the *Closing the Gap* policy initially took responsibility for (but then retreated from) quantifying and monitoring clear targets, the *Framework* called for decentralised targets and accountabilities set. The *Framework* did state that the Group would monitor and report progress through its annual report. However, at the time this paper was written no reports were publicly available and therefore not subject to the same level of scrutiny that the *Closing the Gaps* reports were. Therefore, whilst the Framework rhetorically "*focuses on prioritisation, target setting and monitoring of progress*" (Australian Health Ministers Advisory Council, p. 3), the Group itself was not held directly responsible in this regard.

Although policy effort has gone into encouraging Aboriginal and Torres Strait Islander pathways into the primary healthcare professions such as medicine and nursing (Duvivier et al., 2015), the allied health professions have received far less attention. In Medicine, the Australian Indigenous Doctors' Association [AIDA], together with Medical Deans Australia and New Zealand, has established comprehensive strategies for including Aboriginal and Torres Strait Islander recruitment, training, and curriculum in medical education (Medical Deans & Australian Indigenous Doctors' Association, 2010). The Australian Medical Association [AMA], responsible for accrediting medical

practitioner programs across Australia, has included Aboriginal and Torres Strait Islander doctor training in clause 1.8.3 of its accreditation standards, which specifies that "*the medical education provider actively recruits, trains and supports Indigenous staff*" (Australian Medical Council Ltd., p. 6). In response to this requirement, all medical school programs across Australia include an Aboriginal and Torres Strait Islander special entry scheme for potential applicants.

This collective policy effort has made significant inroads to Aboriginal and Torres Strait Islander medical practitioner numbers. According to the *Healthy Futures* report Aboriginal and Torres Strait Islander doctors accounted for just 0.18% of the medical profession and 1.1% of the medical student population in 2004 (Australian Indigenous Doctors' Association, 2005). One decade later, the AIDA reported the number of Aboriginal and Torres Strait Islander students studying medicine had tripled to 310 (Australian Medical Association, 2014).

Career pathways in health through the VET sector, and the need to articulate flexible transitions between VET and university are an additional strategy recommended for increasing the representation of Aboriginal and Torres Strait Islander students in healthcare (National Aboriginal and Torres Strait Islander Health Council, 2008). Social Work and Nursing are examples of two professions which have created well-established links between VET-sector qualifications and higher education. It is perhaps not too surprising that these two professions also have stronger representation in terms of Aboriginal and Torres Strait Islander members. VET students admitted into higher education have also been found to compare comparably on academic measures to other student populations (Langworthy & Johns, 2012). It is therefore important that universities and professional bodies recognise the health qualifications provided by the VET sector when considering Aboriginal and Torres Strait Islander student recruitment. Content mapping specific VET to university pathway opportunities has potential as a viable pathway option for Aboriginal and Torres Strait Islander students within the health field and further action is required to support such transitions.

Overall, the responsibility to address Aboriginal and Torres Strait Islander Australian participation in allied health is behind its primary healthcare counterparts. Policy efforts were found to be fragmented amongst different policies, agencies, regulatory bodies and levels of government. This fragmentation and the shying away of measurable outcomes by players is likely

to restrict momentum. As discussed by Cejudo & Michel (2015) complex problems require both policy coordination and coherence in order to be effective and can only be solved by "*bringing the relevant parties together (at the top and/or at the bottom of the administration) and getting them to agree upon a greater (and common) goal…When coordination works at its best, decision makers willingly sit together in the face of a complex problem, set goals in order to solve it, and decide which programs will be implemented to achieve them*" (p. 6).

Conclusion

A mix of articulated strategy with regards to Aboriginal and Torres Strait Islander entry into the allied health profession was found in this review. Despite most accrediting bodies acknowledging the need for greater Aboriginal and Torres Strait Islander representation, the lack of measurable targets will limit growth and restrict accountability in this area. It is recommended that regulatory bodies be more prescriptive in what is expected of university programs and review strategies supporting access. Finding ways of opening opportunities for people at different stages of their life through more flexible entry and progression routes is also needed to create a more diverse health force.

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