‘gettin em n keepin em n growin em’
(GENKE II)

STRATEGIES FOR ABORIGINAL AND TORRES STRAIT ISLANDER NURSING
AND MIDWIFERY EDUCATION REFORM
Publication information

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Acknowledgment of Traditional Owners and Custodians

The development of the Congress of Aboriginal and Torres Strait Islander Nurses and Midwives (CATSINaM) ‘gettin em n keepin em n growin em’ report involved contributions from Aboriginal and Torres Strait Islander peoples around Australia. In sharing this report, we acknowledge the Traditional Owners and Custodians of these lands and waters. We pay and extend our respect to their Elders, past and present. We also acknowledge and pay respect to the present and future generations.

Our Ancestors’ and Elders’ knowledge and wisdom underpins CATSINaM’s work to ensure our cultural values and practices are at the forefront of Aboriginal and Torres Strait Islander health for all in our communities – both the carers and those for whom we care.

Acknowledgments

We respectfully acknowledge the authors of the original ground-breaking ‘gettin em n keepin em’ report, Dr Sally Goold, Maria Miller, Dr Sue Turale, and Professor Kim Usher. We also acknowledge Professor Kim Usher and Dr Joanne Durkin for their diligent evaluation directly informing this report. We also acknowledge Congress of Aboriginal and Torres Strait Islander Nurses and Midwives (CATSINaM) and Muliyan Consortium members who directly informed this report. We respectfully extend this acknowledgement to all other Aboriginal and Torres Strait Islander peoples who have contributed to this report.

We would also like to thank the Australian Government’s Chief Nursing and Midwifery Officer, the Australian Nursing and Midwifery Accreditation Council, the Nursing and Midwifery Board of Australia, the Council of Deans of Nursing and Midwifery, the National Enrolled Nurses Advisory Council, the National Association of Aboriginal and Torres Strait Islander Health Workers and Practitioners and education provider representatives for their support with the research informing and with the development of this report.

We extend our acknowledgments to all nursing and midwifery leaders who have contributed to and supported this work. Forging strong ties and working in collaborative partnership with our colleagues and allies gives us confidence that the recommendations contained in this report will be realised. Through strong nursing and midwifery leadership the professions have successfully steered some of the professions’ most ambitious times. For example, leadership has guided the transition from hospital to university-based education and conceptualised, developed and implemented the nursing and midwifery element of national registration and accreditation. This same leadership is required to rise to the challenge of addressing inequities in nursing and midwifery education, in the workforce and in employment for Aboriginal and Torres Strait Islander nurses and midwives – leadership that demonstrates that the health of Aboriginal and Torres Strait Islander peoples is a concern for all nurses and midwives.
Artworks acknowledgements

‘title unknown’
Artist: Kerry Thompson

This artwork was commissioned for the ‘gettin em n keepin em’ Report of the Indigenous Nursing Education Working Group. While the title and story of this artwork has been lost with the passing of Kerry Thompson, for CATSINaM and for this report it represents where we have come from and the roots of our activism that provide the grounding for this report.


CERTIFICATE OF AUTHENTICITY

Connect, Ignite, Inspire
Artist: Jodie Herden Acrylic on canvas (2021)

Gamilaraay Story:
This artwork represents the importance of cultural connection for an individual and a community. Allowing a multi-faceted approach opens up that connection in every facet of our lives. As we grow our connections grow, we constantly evolve into strong independent individuals. It is our connection to family, community and Country that awakens us. Intrinsinc connective pathways of experiences that provide those networks work together to make us whole. Each area in this painting is representative of the importance of not only our individual cultural identity but what makes up our collective identity. The central circle represents the person/student/health practitioner in whichever field of study they choose to follow; leading out from this, are pathways that show families, extended family groups, communities, schools, medical centres, and so on, of which each individual will carry with them throughout their journey – signifying the importance of understanding the multitude of layers that come with a Aboriginal and Torres Strait Islander student who is off Country studying at university. The large outer areas show fingerprints of all the peoples they will impact in their health practice, thus causing a ripple effect – from having a community member practice and complete their education in medicine and how it touches so many lives within not only the community they are from, but the broader Indigenous community right across Australia. This artwork is true and original. Copyright remains the property of the artist.
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Acronyms

ACCHS  Aboriginal Community Controlled Health Service
Ahpra  Australian Health Practitioner Regulation Agency
ANMAC  Australian Nursing and Midwifery Accreditation Council
AQF  Australian Qualifications Framework
CATSIN  Congress of Aboriginal and Torres Strait Islander Nurses
CATSINaM  Congress of Aboriginal and Torres Strait Islander Nurses and Midwives
CDNM  Council of Deans of Nursing and Midwifery
CNMO  Chief Nursing and Midwifery Officer
EN  Enrolled Nurse
GENKE II  ‘gettin em n keepin em n growin em’ Report (2022)
HEP  Higher Education Provider
ICS program  Indigenous Cadetship Support Program
IESU  Indigenous Education and Support Units
IPL  Interprofessional Learning
MEAL Framework  Monitoring, Evaluation, Accountability and Learning Framework
NAATSIHWP  National Association of Aboriginal and Torres Strait Islander Health Workers and Practitioners
NENAC  National Enrolled Nursing Advisory Council
NRAS  National Registration and Accreditation Scheme
NMBA  Nursing and Midwifery Board of Australia
NNMEAN  National Nursing and Midwifery Education Advisory Network
RHMT  Rural Health Multidisciplinary Training
RPL  Recognition of Prior Learning
SR  Supplementary Recommendation
TPP  Tertiary Preparation Pathway
TPP  Transition to Practice Program

See Appendix 2: Glossary for an explanation of terms used in this document.
CATSINaM

For 25 years, the Congress of Aboriginal and Torres Strait Islander Nurses and Midwives (CATSINaM) has acted as the national peak professional organisation representing the collective voices of Aboriginal and Torres Strait Islander nurses and midwives in Australia. CATSINaM is a not-for-profit Aboriginal community-controlled organisation.

Our vision is to improve the health and wellbeing of Aboriginal and Torres Strait Islander peoples through increasing the number of Aboriginal and Torres Strait Islander nurses and midwives.

Our purpose is to lead Australia’s nursing and midwifery professions through collaborative processes to improve education, health, and employment outcomes for Aboriginal and Torres Strait Islander peoples and particularly the Aboriginal and Torres Strait Islander nursing and midwifery workforce.

Message from the Elders Circle

Preparing this report has been a journey across many Aboriginal and Torres Strait Islander Countries.

It is with great honour that we endorse the ‘gettin em n keepin em n growin em’: Strategies for Aboriginal and Torres Strait Islander nursing and midwifery education reform (GENKE II) report. This is the first time in the history of Australia’s nursing and midwifery professions that very real and significant change is occurring in the lives of Aboriginal and Torres Strait Islander peoples. Nurses and midwives are at the forefront of leading this change with a high level of public support for an Aboriginal and Torres Strait Islander Voice to parliament and national responses to promote Cultural Safety in our health system. As Elders we embrace our leadership and honour the knowledges and endurance of Aboriginal and Torres Strait Islander peoples, the first peoples of Australia. We recognise and honour the Eldership that has guided us and the custodians of our knowledge and our role and responsibility in ensuring that this legacy is passed on.

In the full spirit of reconciliation, and with the participation of Aboriginal and Torres Strait Islander people in nursing and midwifery education and policy, this report proudly and boldly communicates the intention of Aboriginal and Torres Strait Islander nurses and midwives to become a vital part of the National Agreement on Closing the Gap. Aboriginal and Torres Strait Islander nurses and midwives are holders of unique and integral knowledge and skills in the ways of caring for Aboriginal and Torres Strait Islander peoples and our communities. Our unique knowledges of ways of caring have sustained our communities through the integrity of our continuous culture that has always been the backbone of our ‘Country’. We celebrate our cultural knowledge and its translation in leading and co-producing the work of nursing and midwifery education reform. It is fundamentally important to see this knowledge realised in our health and education systems that are integral to the health and wellbeing of Aboriginal and Torres Strait Islander peoples, Australia’s health workforce, and all peoples living and working on our nations for generations to come.
Message from the Board

In developing the GENKE II report, a narrative from the consultations that informed the report inspired the artwork ‘Connect, Ignite and Inspire’ that accompanies this report. The themes of ‘Connect’, ‘Identity’, ‘Journey’ and ‘Impact’ are interwoven through the GENKE II report strategies for nursing and midwifery educational reform.

Through strong nursing and midwifery leadership the professions have successfully navigated challenging times in traversing religious influences, the transition from hospital to university-based training, steered significant contribution to the national debate on the quality of our health system and more recently has conceptualised, developed and implemented the nursing and midwifery element of the National Registration and Accreditation Scheme (NRAS). This same level of leadership is required to rise to the challenge of addressing nursing and midwifery and health inequities of Aboriginal and Torres Strait Islander peoples, and all peoples, by embracing Aboriginal and Torres Strait Islander knowledge translation in reforms. True collaboration in leadership will help us, as a nation, come to terms with the truth of our shared history in the nursing and midwifery professions and our professions’ roles in keeping our nursing and midwifery and health systems safe for everyone.

The strategies for reform are inclusive of a formal Aboriginal and Torres Strait Islander Voice and partnerships with the Australian Nursing and Midwifery Accreditation Council (ANMAC), the Nursing and Midwifery Board of Australia (NMBA) and with the Australian Government. At its foundation are trust and a commitment to partnership in ensuring the high quality of national and ongoing generational best practice and best outcomes for all. We are thankful to ANMAC, the NMBA and the Australian Government for their willingness to share in the journey of making our mark in history to promote the health of Aboriginal and Torres Strait Islander peoples.

Message from Muliyan

As a consortium of Aboriginal and Torres Strait Islander academics and educational researchers in nursing and midwifery education, it is with great pleasure that we endorse the strategies of reform in response to the GENKE I Review, set out in this report.

The strategies for reform in Aboriginal and Torres Strait Islander health education are long overdue as we value the unique and critical knowledges that Aboriginal and Torres Strait Islander nursing and midwifery academics and researchers apply to nursing and midwifery education. The NMBA, ANMAC and CATSINaM have shared a long journey of working together for reform in nursing and midwifery education and now have the opportunity to truly make their mark in Australia’s nursing and midwifery history: to promote the health of Aboriginal and Torres Strait Islander peoples, through embracing Aboriginal and Torres Strait Islander knowledges in the regulation and accreditation of nursing and midwifery education. The Australian Government and CATSINaM have similarly shared a long journey of working together and now, against the backdrop of a favourable policy environment, we have an opportune time to make long lasting reforms to the education system that will benefit Aboriginal and Torres Strait Islander peoples and the nation for generations to come.

We implore the NMBA, ANMAC and the Australian Government to continue to walk with us, to continue to build on the foundation of trust and to continue the commitment to collaborate in privileging and translating Aboriginal and Torres Strait Islander knowledge and ways of caring that will enrich our national health into the future.
Foreword

Many changes have occurred in the Aboriginal and Torres Strait Islander nursing and midwifery education and the national political landscape since the initial ‘gettin em n keepin em’ (GENKE I) report in 2002. This includes the establishment of the Congress of Aboriginal and Torres Strait Islander Nurses and Midwives (CATSINaM) as the national voice for Aboriginal and Torres Strait Islander nurses and midwives and a national authority in the nursing and midwifery professions. To ensure the nursing and midwifery professions are adequately prepared to address the under-representation of Aboriginal and Torres Strait Islander professionals in the Australian health care system, CATSINaM commissioned an independent review of the 2002 GENKE I report.

Despite a decades-long goal of reaching representational parity, the review found the number of Aboriginal and Torres Strait Islander nurses and midwives in the Australian health workforce is still significantly under-represented. Conversely, since GENKE I, there has been a positive shift in the nursing and midwifery workforce policy and regulatory environment. This significant shift now creates new opportunities to address these workforce challenges. The National Regulation and Accreditation Scheme (NRAS), established in 2010, shapes the Australian workforce policy environment. Of deep significance, is the recent introduction of amendments to the National Law governing the NRAS that acknowledge the need to build the capacity of the Australian health workforce to provide Culturally Safe health services to Aboriginal and Torres Strait Islander peoples and to contribute to the elimination of racism. Along with efforts from the Australian Government’s Chief Nursing and Midwifery Officer, this environment is more conducive to supporting and growing the Aboriginal and Torres Strait Islander nursing and midwifery workforce and to improving Cultural Safety within nursing and midwifery on a national scale (ANMAC 2021, DoH 2021, NMBA 2018).

First conceptualised by Māori nurse Irihapeti Ramsden, from Aoteaora (New Zealand), Cultural Safety is drawn from and is inextricably linked to clinical safety and the responsibility of nurses and midwives to monitor and uphold all aspects of patient safety (Ramsden 2002, Australian Health Practitioner Regulation Agency (Ahpra 2020)). Ramsden’s work drew extensively on her practical experience as a Māori nurse – including everyday racism she experienced – which was underpinned by a clear political commitment to address the systems and culture of nursing to improve the health outcomes for Māori in Aoteaora. Her subsequent research discussed the experiences of Māori students, including racism, in the education system where the concept of Cultural Safety was developed and adopted in the context of nursing education in Aoteaora New Zealand (Ramsden 2002).

In Australian nursing and midwifery, Cultural Safety education reforms have highlighted that nursing and midwifery and health care provision has a history of being profoundly unsafe for many Aboriginal and Torres Strait Islander people. When the word ‘unsafe’ is used it refers to racism. Aboriginal and Torres Strait Islander nurses and midwives have unique insights about how racism and Cultural Safety are embedded (or not) in nursing and midwifery

“All recommendations need to be made mandatory and connected to both funding and accreditation standards.”
(Indigenous Participant 4, Usher and Durkin 2021)
policies and practices. The power of Ramsden’s work in relation to nursing and midwifery in Australia is the positioning of lived experiences. Drawing upon her and Māori colleagues’ lived experience in nursing, Ramsden, as a Māori nurse developed the concept of Cultural Safety (Ramsden 2002). CATSINaM, the peak body of Aboriginal and Torres Strait Islander nurses and midwives in Australia, is a unique cultural and professional voice that draws on members’ lived experiences and insights to develop a more comprehensive account of how race and racism is positioned and operates in nursing and midwifery and produces a lack of safety at various systemic levels for Aboriginal and Torres Strait Islander nurses and midwives, communities, families and individuals including children and babies.

In the last two years, the global Black Lives Matter movement has re-focused attention on the violence of racism as a leading cause for the premature deaths of Aboriginal and Torres Strait Islander peoples and the perpetuation of ongoing trauma. We hold governments and institutions accountable in their responsibility for actively embedding antiracism policy and practice to counteract the ongoing trauma in the context of the historical and contemporary impacts of colonisation (Geia et al. 2021). In response, we must privilege Aboriginal and Torres Strait Islander knowledges in challenging racism and oppressive practices and aspire towards co-producing and power sharing in all interactions in government and institutions, such as health and education systems, to promote Cultural Safety (Phillips 2015).

The National Agreement on Closing the Gap has four Priority Reforms aimed at transforming the way governments work with Aboriginal and Torres Strait Islander peoples to expedite change to Close the Gap. In line with this approach, CATSINaM is committed to working in collaborative partnership with the Australian Government, ANMAC, the NMBA, regulators, education institutions, Aboriginal and Torres Strait Islander community-controlled organisations and other key stakeholders to eradicate racism and to apply and maintain Cultural Safety across all aspects of the health and education system. The GENKE II report outlines strategies to privilege Aboriginal and Torres Strait Islander nursing and midwifery knowledges and embed Cultural Safety across all the domains of nursing and midwifery education as the key strategies for reform in Aboriginal and Torres Strait Islander health education. Its recommendations are bold and practical, emphasising who should act and how. The GENKE II report stresses the need for formal partnerships with CATSINaM and accountability measures for all strategic agendas.

The strategies for reform are inclusive of a formal Aboriginal and Torres Strait Islander Voice and partnerships with ANMAC, the NMBA and with the Australian Government.

Professor Roianne West
CEO, CATSINaM
Kalkadoon - Djaku-nde
Executive summary

Aboriginal and Torres Strait Islander peoples have been caring for Country and community with our unique knowledges and ways of being and doing since time immemorial. Aboriginal and Torres Strait Islander nurses and midwives are holders of knowledges of Country and culture that engender a unique and significant contribution to the ongoing development of nursing and midwifery excellence in growing Culturally Safe and effective Australian health services, especially for Aboriginal and Torres Strait Islander peoples.

Through lived experiences, leadership and advocacy, Aboriginal and Torres Strait Islander nurses and midwives use their indispensable cultural knowledge and skills to dismantle oppressive practices and frameworks of racism and ensure clinically and Culturally Safe education and health care. Achieving this requires bipartisan commitment of governments and peak nursing and midwifery bodies to address the shortfall of Aboriginal and Torres Strait Islander nurses and midwives in the workforce, which remains significantly under-represented comprising just 1.4% of the total Australian nursing and midwifery workforce (DoH 2022a).

This profound system of inequities is clearly linked to the historical impacts of colonisation and its legacy of structural oppression that continue to be experienced by Aboriginal and Torres Strait Islander nurses and midwives in nursing and midwifery education, employment and health systems (Sherwood et al. 2021). We strongly submit that embracing the unique Aboriginal and Torres Strait Islander knowledges in the nursing and midwifery professions is fundamental to promoting Cultural Safety and building an environment free of racism and oppressive practices in education systems responsible for growing the Aboriginal and Torres Strait Islander nursing and midwifery workforce. Promoting Aboriginal and Torres Strait Islander knowledges in these education systems requires a more comprehensive and consolidated approach to addressing the significant under-representation of Aboriginal and Torres Strait Islander nurses and midwives in the Australian nursing and midwifery workforce. The ‘gettin em n keepin em n growin em’: Strategies for Aboriginal and Torres Strait Islander nursing and midwifery education reform (GENKE II) report outlines key national-level strategic reforms for nursing and midwifery education to increase the Aboriginal and Torres Strait Islander nursing and midwifery workforce.

The GENKE II report calls for a formalised partnership agreement between the Australian Nursing and Midwifery Accreditation Council (ANMAC), responsible for accreditation of nursing and midwifery tertiary education programs, and the Congress of Aboriginal and Torres Strait Islander Nurses and Midwives (CATSINaM) to co-design, co-produce and co-accredit nursing and midwifery education as it relates to Aboriginal and Torres Strait Islander health.
CATSINaM also seeks a partnership agreement with the Nursing and Midwifery Board of Australia (NMBA) to co-design, co-produce and co-accredit nursing and midwifery education to facilitate comprehensive national nursing and midwifery education reform as it relates to Aboriginal and Torres Strait Islander health. The GENKE II report also appeals to the Australian Government to form a partnership agreement with CATSINaM on national-level strategic reform in nursing and midwifery education as it relates to Aboriginal and Torres Strait Islander health.

Actioning the recommendations of the GENKE II report is imperative, the key partners to undertake this are ANMAC, the NMBA and the Australian Government, including relevant health and education departments and agencies. CATSINaM calls for ANMAC, NMBA and the Australian Government to support the full implementation of the GENKE II report recommendations, firmly underpinned by its stated Principles which are founded on a commitment to authentic and genuine formal partnerships and agreements with Aboriginal and Torres Strait Islander communities. We also acknowledge and recognise the strategic roles of the Council of Deans of Nursing and Midwifery (CDNM), the National Enrolled Nursing Advisory Council (NENAC), the National Association of Aboriginal and Torres Strait Islander Health Workers and Practitioners (NAATSIHWP) and all government Chief Nursing and Midwifery Officers (CNMOs). Fundamental to progress is establishing formal implementation partnerships and agreements with these groups to realise successful national-level strategic reform in nursing and midwifery education as it relates to Aboriginal and Torres Strait Islander health.

Only 1.4% of nurses and midwives are Aboriginal and Torres Strait Islander
## Recommendations

### KEY STRATEGIC RECOMMENDATION 1
ANMAC develop a formalised partnership agreement for CATSINaM to co-design, co-produce and co-accredit nursing and midwifery education as it relates to Aboriginal and Torres Strait Islander health.

| Monitoring, evaluation, accountability and learning | SUPPLEMENTARY RECOMMENDATION 1: | ANMAC and CATSINaM develop a national monitoring, evaluation, accountability and learning framework (MEAL Framework) for implementing the recommendations of the ‘gettin em n keepin em n growin em’: Strategies for Aboriginal and Torres Strait Islander nursing and midwifery education reform (GENKE II) report. |
| Baseline education requirements | SUPPLEMENTARY RECOMMENDATION 2: | ANMAC and CATSINaM undertake an out-of-cycle review of nursing and midwifery program accreditation standards, policies, and explanatory notes as they relate to Aboriginal and Torres Strait Islander nurses and midwives and Aboriginal and Torres Strait Islander health. |
| Quality assurance of nursing and midwifery education | SUPPLEMENTARY RECOMMENDATION 3: | ANMAC and CATSINaM, in partnership with CDNM, develop an Aboriginal and Torres Strait Islander nursing and midwifery education quality assurance framework. |
| Assurance of clinical placements for student | SUPPLEMENTARY RECOMMENDATION 4: | ANMAC and CATSINaM, in partnership with CDNM, NENAC and all governments’ CNMOs, develop an Aboriginal and Torres Strait Islander nursing and midwifery clinical placement plan. |
| Curriculum | SUPPLEMENTARY RECOMMENDATION 5: | ANMAC and CATSINaM, in partnership with CDNM, undertake a national Aboriginal and Torres Strait Islander health nursing and midwifery curriculum review. |

(Cont’d...)
KEY STRATEGIC RECOMMENDATION 2
NMBA develop a formalised partnership agreement for CATSINaM to co-design, co-produce and co-accredit nursing and midwifery education as it relates to Aboriginal and Torres Strait Islander health to enable education reform.

KEY STRATEGIC RECOMMENDATION 3
The Australian Government develop a formalised partnership agreement with CATSINaM on national-level strategic reform in nursing and midwifery education as it relates to Aboriginal and Torres Strait Islander health.

| Replacement, recruitment and retention | SUPPLEMENTARY RECOMMENDATION 6:  
The Australian Government, in partnership with CATSINaM, NMBA, ANMAC, CDNM, NENAC, NAATSIHWP, and state and territory governments, co-produce a National Aboriginal and Torres Strait Islander nursing and midwifery education strategy. |
| Course design | SUPPLEMENTARY RECOMMENDATION 7:  
The Australian Government and CATSINaM, in partnership with ANMAC, NAATSIHWP, CDNM, and NENAC, develop a comprehensive articulation plan from the Aboriginal and Torres Strait Islander Health Worker and the Diploma of Nursing package qualifications through to doctoral studies in nursing and midwifery. |
| Funding of nursing and midwifery education | SUPPLEMENTARY RECOMMENDATION 8:  
The Australian Government Nursing Taskforce identify funding initiatives to support the targeted increase of Aboriginal and Torres Strait Islander nurses and midwives. |
SECTION 1: GENKE II

Background

In 2002, the seminal report ‘gettin em n keepin em’: Report of the Indigenous Nursing and Education Working Group (GENKE I) was delivered to the then Commonwealth Department of Health and Ageing (INEWG 2002). The Indigenous Nursing and Education Working Group consisted of representatives from the Australian Council of Deans of Nursing and then Congress of Aboriginal and Torres Strait Islander Nurses (CATSIN). GENKE I advocated for a strategic national approach to increasing the number of Aboriginal and Torres Strait Islander nursing graduates and to improve Cultural Safety in the practice of all nurses. GENKE I included a Strategic Framework that aimed to: increase replacement, recruitment, retention and completion of nursing students; to ensure the development and delivery of a stand-alone subject that addressed Australian Indigenous history, culture and health in Australian universities; improve nursing practice in the delivery of health services to Aboriginal and Torres Strait Islander peoples; and undertake the monitoring of outcomes and revision of strategies. The GENKE I aims were supported by 32 recommendations.

To renew efforts for nursing and midwifery education reform, CATSINaM commissioned a review of the GENKE I report, and subsequently, prepared the ‘gettin em n keepin em n growin em’ (GENKE II) report informed by the review findings. While the GENKE I Review reported evidence of the mandatory inclusion of a stand-alone Aboriginal and Torres Strait Islander peoples’ history, culture and health subject in all nursing and midwifery programs in accordance with the ANMAC accreditation standards, it highlighted gross variation in the quality and content of courses to meet accreditation standards. Among its many other findings, the need for improved availability and accuracy of data on course enrolments, completions and graduate employment were also identified as well as the need for measures to address racism and to provide additional supports for Aboriginal and Torres Strait Islander student success (Usher & Durkin 2021).

In 2002, at the time of the GENKE I report, Aboriginal and Torres Strait Islander registered nurses comprised 0.4% of the nursing workforce (INEWG 2002). Twenty years later, the number of Aboriginal and Torres Strait Islander registered nurses occupy just 1.16% of the registered nursing workforce (DoH 2022b), only a 0.76% improvement in 20 years. This provides a resounding justification for embracing the GENKE II report.

Purpose

The purpose of the GENKE II report is to promote national-level strategic reform for nursing and midwifery education to increase the Aboriginal and Torres Strait Islander nursing and midwifery workforce to achieve the vision of ‘Unity and Strength through Caring’. 

“More work needs to be done by everyone and not just by identified people to get more identified nursing and midwifery students, getting them jobs and retaining employment.”

(Indigenous Participant 12, Usher and Durkin 2021)
Guiding principles

Strategic reform requires clear guiding principles for working together in partnerships that privilege Aboriginal and Torres Strait Islander knowledges in nursing and midwifery education reform. Working together in partnership calls for a shared commitment to a shared understanding of building trust and a commitment to collaboration and co-producing the necessary reform that privilege our enduring ways of caring encapsulated by the artwork themes of this report ‘Connection’, ‘Identity’, ‘Journey’ and ‘Impact’.

CONNECTION
Cultural connection embraces Aboriginal and Torres Strait Islander rights to Indigenous sovereignty, self-governance and self-determination that is understood, recognised, respected, valued and privileged (United Nations 2007, AHMAC 2016).

IDENTITY
Cultural identity ensures that the centrality of Aboriginal and Torres Strait Islander cultures, Country and knowledges are recognised, respected, valued, and privileged (Commonwealth of Australia 2022).

JOURNEY
The journey of working together is one of shared responsibility and accountability for increasing the Aboriginal and Torres Strait Islander nursing and midwifery workforce through national educational reform. This journey is shared between non-Indigenous and Aboriginal and Torres Strait Islander partners and formalised partnership approaches are required to reinforce agreed arrangements (AHMAC 2016).

The nature of the relationship between partners is based on an Aboriginal and Torres Strait Islander governance and leadership approach where a collective, strengths-based, and decolonising approach that redresses the impacts of colonisation is used. To embody this leadership approach, nursing and midwifery leaders become advocates in the reform of nursing and midwifery education with an understanding that Aboriginal and Torres Strait Islander partners are experts and best positioned to determine the Cultural Safety of nursing and midwifery.

The facilitation of truth-telling in nursing and midwifery to confront the historical and ongoing impacts of colonisation, including the racialisation and stereotyping of Aboriginal and Torres Strait Islander peoples is important for understanding why and how an Indigenous rights-based approach can redress these impacts.

IMPACT
The impact of the journey will be realised through formalised partnerships and agreements that outline the shared vision and approach for national-level strategic reform of nursing and midwifery education.

In 2002, Aboriginal and Torres Strait Islander registered nurses were 0.4% of all registered nurses. Nearly 20-years later, there is only a 0.76% improvement.
SECTION 2: GENKE II 2022
KEY STRATEGIC RECOMMENDATIONS

Overview

The GENKE II report identifies the following three key strategic recommendations for national-level strategic reform for nursing and midwifery education to increase the Aboriginal and Torres Strait Islander nursing and midwifery workforce:

**KEY STRATEGIC RECOMMENDATION 1**
ANMAC develop a formalised partnership agreement for CATSINaM to co-design, co-produce and co-accredit nursing and midwifery education as it relates to Aboriginal and Torres Strait Islander health.

**KEY STRATEGIC RECOMMENDATION 2**
NMBA develop a formalised partnership agreement for CATSINaM to co-design, co-produce and co-accredit nursing and midwifery education as it relates to Aboriginal and Torres Strait Islander health to enable education reform.

**KEY STRATEGIC RECOMMENDATION 3**
The Australian Government develop a formalised partnership agreement with CATSINaM on national-level strategic reform in nursing and midwifery education as it relates to Aboriginal and Torres Strait Islander health.

The key strategic recommendations are supported by eight supplementary recommendations specifying essential and prioritised areas for actions. The areas for action seek to build on CATSINaM’s strong working relationships with ANMAC, NMBA, the Australian Government, CDN, NENAC, NAATSIHWP and all government CNMOs through the establishment of formal partnership agreements. As the only national nursing and midwifery professional organisation for Aboriginal and Torres Strait Islander nursing and midwifery in Australia, CATSINaM is to lead this work.
Key strategic recommendations and thematic categories

Forming a thematic framework for reform activity, the GENKE II report recommendations are grouped within the following categories: monitoring evaluation, accountability and learning; baseline education requirements; quality assurance of nursing and midwifery education; assurance of clinical placements for students; course design; curriculum; replacement, recruitment and retention; funding of nursing and midwifery education (see Appendix 1: Thematic categories).

Key strategic and supplementary recommendations

KEY STRATEGIC RECOMMENDATION 1
ANMAC develop a formalised partnership agreement for CATSINaM to co-design, co-produce and co-accredit nursing and midwifery education as it relates to Aboriginal and Torres Strait Islander health.

Monitoring and accountability

SUPPLEMENTARY RECOMMENDATION 1:
ANMAC and CATSINaM develop a national monitoring, evaluation, accountability and learning framework (MEAL Framework) for implementing the recommendations of the ‘gettin em n keepin em n growin em’: Strategies for Aboriginal and Torres Strait Islander nursing and midwifery education reform (GENKE II) report, including:

1.1 Development of a supporting governance plan in collaboration with CDNM, NENAC and all governments’ CNMOs to guide the consistent, tailored and strategic design and delivery of the MEAL Framework.

1.2 Development of a supporting national Aboriginal and Torres Strait Islander nursing and midwifery education data plan, in collaboration with CDNM, NENAC and all governments’ CNMOs, to support the appropriate, consistent and strategic design and implementation of the MEAL Framework.

A MEAL Framework to manage the successful implementation of the GENKE II report recommendations is required. The development of a supporting governance plan (Supplementary Recommendation (SR) 1.1) will ensure a shared understanding of roles and responsibilities and accountability between ANMAC, the NMBA, the Australian Government and CATSINaM to oversee the implementation of the GENKE II report recommendations.

The implementation of the GENKE II report recommendations is currently constrained by a lack of publicly available reporting data, including indicators relevant to Aboriginal and Torres Strait Islander nursing and midwifery education and employment. Increased access to robust and easily accessible data will enable greater systems responsiveness and a capacity to identify gaps in performance capability and associated risks. The development of a national Aboriginal and Torres Strait Islander nursing and midwifery education data plan (SR 1.2) for the expansion of datasets targeting Aboriginal and Torres Strait Islander nursing and midwifery education will ensure an effective monitoring, evaluation, accountability and learning national framework to guide effective implementation of the GENKE II report. The CDNM, NENAC and all government CNMOs are key stakeholders in the development and delivery of all elements of the MEAL Framework and must be identified as key partners in its governance and data plans.

1 There are significant Aboriginal and Torres Strait Islander nursing and midwifery education data gaps. For example, the GENKE I Review found that Health Education Provider (HEP) processes generally do not include encouragement for declaration of Indigeneity.
Baseline education requirements

SUPPLEMENTARY RECOMMENDATION 2:

ANMAC and CATSINaM undertake an out-of-cycle review of nursing and midwifery program accreditation standards, policies, and explanatory notes as they relate to Aboriginal and Torres Strait Islander nurses and midwives and Aboriginal and Torres Strait Islander health, including:

2.1 Ensuring alignment between ANMAC and NMBA standards, policies, and explanatory notes.

2.2 Mandatory placement of recognised resources such as the *In Our Own Right: Black Australian Nurses and Midwives Stories* suite of curriculum resources.

To address inconsistencies and variations in course delivery and theoretical underpinnings, ANMAC and CATSINaM should undertake an out-of-cycle review of nursing and midwifery program accreditation standards, and supporting documents and processes, to ensure alignment between ANMAC and NMBA standards, policies and explanatory notes (SR 2.1) and with the contemporary understanding and evidence of Cultural Safety in Australia. The utilisation of recognised resources such as the *In our own right: Black Australian nurses’ and midwives’ stories* suite of curriculum resources should be mandatory to educate all nursing and midwifery students in the unique and essential roles of Aboriginal and Torres Strait Islander nurses and midwives (SR 2.2).
Quality assurance of nursing and midwifery

SUPPLEMENTARY RECOMMENDATION 3:

ANMAC and CATSINaM, in partnership with CDNM, develop an Aboriginal and Torres Strait Islander nursing and midwifery education quality assurance framework including:

3.1 Evidence-informed strategies including that generated by the Muliyan research consortium.

3.2 Work with the CDNM to implement the ongoing use of quality measures using Aboriginal and Torres Strait Islander methods and methodologies i.e., the Waathara tool, to measure impacts and efficacy of Aboriginal and Torres Strait Islander Health and Cultural Safety in nursing and midwifery education.

3.3 Regular collaborative assessment of Aboriginal and Torres Strait Islander nursing and midwifery curriculum program content.

3.4 Quality targets to foster partnerships between nursing and midwifery education providers and Indigenous Education Support Units.

3.5 Establishment of an Aboriginal and Torres Strait Islander nursing and midwifery education data dashboard.

3.6 Appointing an Aboriginal and Torres Strait Islander Director of Policy and Projects.

3.7 Mandated requirement for ANMAC assessors to undertake Aboriginal and Torres Strait Islander healthcare continuing professional development (CPD).

In an authentic and respectful partnership, ANMAC and CATSINaM, in partnership with CDNM, are well placed to develop a national Aboriginal and Torres Strait Islander nursing and midwifery education quality assurance framework ensuring that national accreditation standards, are contemporary and impactful. The framework should be informed by evidenced-based strategies including those developed or identified by CATSINaM’s Muliyan research consortium (SR 3.1). The use of Aboriginal and Torres Strait Islander methods and methodologies, such as the Waathara tool (SR 3.2), to measure impacts and efficacy of Aboriginal and Torres Strait Islander health and Cultural Safety in nursing and education, is an essential consideration to guarantee quality assessment. Other regular collaborative assessment of Aboriginal and Torres Strait Islander curriculum program content (SR 3.3) and the setting of quality targets for partnership development between nursing and midwifery education providers and Indigenous Education Support Units (SR 3.4) will promote comprehensive meeting of accreditation standards.

The establishment of an Aboriginal and Torres Strait Islander nursing and midwifery education data dashboard (SR 3.5) – that collects data on Aboriginal and Torres Strait Islander students seeking education, being enrolled in education, leaving education without completing courses, successfully completing education and then seeking and obtaining employment – will provide the timely availability and accuracy of data. An Aboriginal and Torres Strait Islander Director of Policy and Projects relating to accreditation services should be appointed as a shared, identified and permanent position between ANMAC and CATSINaM to oversee the quality assurance framework and other projects (SR 3.6). The framework should include mandated requirements for ANMAC assessors to undertake CPD in Aboriginal and Torres Strait Islander healthcare to equip assessors with up-to-date knowledge and skills to support appropriate assessment as it relates to Aboriginal and Torres Strait Islander healthcare in nursing and midwifery (SR 3.8).

2 Muliyan is both the research arm of CATSINaM and a community of research praxis or community of independent academics/educational researchers working in Nursing and Midwifery education and training.
Assurance of clinical placements for students

SUPPLEMENTARY RECOMMENDATION 4:

ANMAC and CATSINaM, in partnership with CDNM, NENAC and all governments’ CNMOs, develop an Aboriginal and Torres Strait Islander nursing and midwifery clinical placement plan, including:

4.1 Reviewing clinical placement requirements for nursing and midwifery education providers and Aboriginal Community Controlled Health Services (ACCHS) to support the retention, completion, and employability of Aboriginal and Torres Strait Islander nursing and midwifery students.

4.2 Mandatory and privacy-protecting collection of Aboriginal and Torres Strait Islander identifier on nursing and midwifery clinical placement data systems.

4.3 Undertaking to review, enhance, implement, and evaluate the CATSINaM Good Clinical Placement Guide: A guide for universities and health services to create culturally safe clinical placement for Aboriginal and Torres Strait Islander nursing and midwifery students.

Culturally Safe clinical placements for Aboriginal and Torres Strait Islander nursing and midwifery students and the identification of clinical mentors for Aboriginal and Torres Strait Islander nursing and midwifery students are key factors leading to student success (Usher & Durkin 2022).

Undertaking a baseline review of clinical placement requirements of nursing and midwifery education providers for Aboriginal and Torres Strait Islander student clinical placements would identify specific strategies to support the retention, completion and employability of Aboriginal and Torres Strait Islander nursing and midwifery students (SR 4.1). This review should also consider enablers and barriers to students declaring Aboriginal and Torres Strait Islander heritage such as racism and cultural burdens, with a view to considering these factors in the mandatory collection of Aboriginal and Torres Strait Islander identifier on clinical placement data systems (SR 4.2). The CATSINaM Good Clinical Placement Guide should also be included in this review process (SR 4.3).
SUPPLEMENTARY RECOMMENDATION 5:

ANMAC and CATSINaM, in partnership with CDNM, undertake a national Aboriginal and Torres Strait Islander health nursing and midwifery curriculum review, including:

5.1 Development of standards for post-graduate and continuing professional development programs that do not lead to NMBA registration or endorsement, to embed Cultural Safety in Aboriginal and Torres Strait Islander health.

5.2 Undertaking to review, enhance, implement and evaluate the *Nursing and Midwifery Aboriginal and Torres Strait Islander Health Curriculum Framework*.

5.3 Introducing Interprofessional Learning (IPL) approaches for Aboriginal and Torres Strait Islander healthcare in nursing and midwifery.

It is recommended that ANMAC, CATSINaM and CDNM undertake a National Aboriginal and Torres Strait Islander Health and Cultural Safety curriculum review with the aim of ensuring all facets of nursing and midwifery curriculum adopt strengths-based and decolonising nursing and midwifery education approaches that create spaces for Aboriginal and Torres Strait Islander voices and respecting how Indigenous worldviews frame the world. Included in this review would be the development of standards for post-graduate and continuing professional development programs that do not lead to NMBA registration of endorsement (SR 5.1) and a review of the *National Nursing and Midwifery Aboriginal and Torres Strait Islander Health Curriculum Framework* (SR 5.2). It is recommended that the curriculum review examine the introduction of IPL as it specifically relates to Aboriginal and Torres Strait Islander healthcare in nursing and midwifery. IPL has potential to promote interprofessional collaboration, knowledge sharing, and skills development to effectively coordinate care within multidisciplinary teams (SR 5.3).

KEY STRATEGIC RECOMMENDATION 2

NMBA develop a formalised partnership agreement for CATSINaM to co-design, co-produce and co-accredit nursing and midwifery education as it relates to Aboriginal and Torres Strait Islander health to enable education reform.

A formal partnership agreement between the NMBA and CATSINaM be established to ensure consistent alignment across nursing and midwifery regulation and accreditation functions as they relate to Aboriginal and Torres Strait Islander health and nursing and midwifery education. The partnership would designate CATSINaM’s role in the co-design and co-production of the NMBA’s nursing and midwifery practice standards, codes, and guidelines and regulatory processes as they relate to Aboriginal and Torres Strait Islander health and nursing and midwifery education. This will ensure a uniform approach to education accreditation, the enabling of education reform and the consistent and appropriate promotion of Aboriginal and Torres Strait Islander health and Culturally Safe nursing and midwifery practice.
KEY STRATEGIC RECOMMENDATION 3

The Australian Government develop a formalised partnership agreement with CATSINaM on national-level strategic reform in nursing and midwifery education as it relates to Aboriginal and Torres Strait Islander health.

Recruitment, retention and replacement

SUPPLEMENTARY RECOMMENDATION 6:

The Australian Government, in partnership with CATSINaM, NMBA, ANMAC, CDNM, NENAC, NAATSIHWP, and state and territory governments, co-produce a National Aboriginal and Torres Strait Islander nursing and midwifery education strategy, including:

6.1 Appointing a Senior Aboriginal and Torres Strait Islander Nursing and Midwifery Adviser to the Australian Government’s Chief Nursing and Midwifery Officer.

6.2 Expanding the objectives of the Australian Government Nursing Taskforce to include increasing the Aboriginal and Torres Strait Islander nursing and midwifery workforce.

6.3 Ongoing assessment of replacement, recruitment and retention rates for Aboriginal and Torres Strait Islander nurses and midwives incorporating recruitment from the Aboriginal and Torres Strait Islander Health Worker and Health Practitioner workforce.

6.4 A national campaign to attract Aboriginal and Torres Strait Islander peoples to nursing and midwifery including academic careers.

6.5 An online best practice platform for replacement, recruitment, and retention.

6.6 Establishment of a national Aboriginal and Torres Strait Islander nursing and midwifery support service.

6.7 A research strategy for replacement, recruitment, and retention of the Aboriginal and Torres Strait Islander nursing and midwifery workforce.

6.8 Design and development of a targeted nursing and midwifery transition to practice program (TPP) for Aboriginal and Torres Strait Islander nursing and midwifery graduates.

6.9 Undertaking to review, enhance, implement, and evaluate the CATSINaM Cadetship and Transition to Professional Practice Programs.

6.10 Undertaking to review, enhance, implement, and evaluate the CATSINaM mentoring program.

6.11 A plan for resourcing the tailored delivery of the strategic activities of the Aboriginal and Torres Strait Islander nursing and midwifery education strategy.

6.12 Embedding the National Aboriginal and Torres Strait Islander nursing and midwifery education strategy within the new National Nursing Workforce Strategy.

6.13 An Australian Government CNMO targeted review to include the Aboriginal and Torres Strait Islander Healthcare Nursing unit of competency as a mandatory elective in the Diploma of Nursing and its inclusion as a core unit in future education packages.
The significant under-representation of Aboriginal and Torres Strait Islander nurses and midwives in the Australian nursing and midwifery workforce is largely due to a lack of a dedicated and nationally coordinated strategic approach. To effect substantive national reform, the GENKE II report proposes the development of a National Aboriginal and Torres Strait Islander nursing and midwifery education strategy to set and implement a strategic agenda for the education sector to support the participation of Aboriginal and Torres Strait Islander peoples in nursing and midwifery. The national strategy would include set targets and provisions for continuous monitoring, investigation, and research. The national strategy would form a single strategic umbrella for a range of replacement, recruitment and retention initiatives.

The national strategy should be developed by the Australian Government in partnership with CATSINaM, NMBA, ANMAC, CDN, NENAC, NAATSIIHP and state and territory governments, to ensure shared vision, commitment, responsibility and accountability to optimise the will and resources of all relevant stakeholders to increase the Aboriginal and Torres Strait Islander nursing and midwifery workforce. The strategy would require genuine consultation and collaboration with key stakeholders and be realised through formal agreements incorporating projected activity, activity targets, performance indicators, and areas of responsibility.

To effectively lead Aboriginal and Torres Strait Islander nursing and midwifery education reform:

1. The capacity of the Australian Government Chief Nursing and Midwifery Officer should be strengthened through the appointment of a Senior Aboriginal and Torres Strait Islander Nursing and Midwifery Adviser (SR 6.1). The adviser would improve visibility and voice of Aboriginal and Torres Strait Islander peoples in national nursing and midwifery deliberations and support the privileging of Aboriginal and Torres Strait Islander knowledges in increasing the Aboriginal and Torres Strait Islander nursing and midwifery workforce.

2. The role of the Australian Government Nursing Taskforce should be expanded to explore untapped opportunities to increase the Aboriginal and Torres Strait Islander nursing and midwifery workforce, including through the integration of the GENKE II report recommendations in the national policy agenda (SR 6.2).

3. The Australian Government and CATSINaM should assess and monitor the replacement, recruitment and retention rates for Aboriginal and Torres Strait Islander nurses and midwives incorporating recruitment from the Aboriginal and Torres Strait Islander Health Worker and Health Practitioner workforce (SR 6.3).

4. The Australian Government and CATSINaM should co-ordinate a national campaign to attract Aboriginal and Torres Strait Islander peoples to nursing and midwifery including into academic careers (SR 6.4).

5. The Australian Government and CATSINaM should host an online best practice platform for replacement, recruitment and retention in nursing and midwifery education for Schools of Nursing and Midwifery to share best practice learnings (SR 6.5).

6. The Australian Government and CATSINaM should co-ordinate a national Aboriginal and Torres Strait Islander nursing and midwifery support service to be directed and offered to Aboriginal and Torres Strait Islander nursing and midwifery students (SR 6.6).

7. The Australian Government and CATSINaM should co-ordinate a research strategy for the replacement, recruitment and retention of the Aboriginal and Torres Strait Islander nursing and midwifery workforce (SR 6.7).

8. The Australian Government and CATSINaM should design and develop a targeted nursing and midwifery transition to practice program (TPP) for Aboriginal and Torres Strait Islander nursing and midwifery graduates (SR 6.8).

9. The Australian Government and CATSINaM should review, enhance, implement and evaluate the CATSINaM Cadetship and Transition to Professional Practice Program (SR 6.9).
10. The Australian Government and CATSINaM should review, enhance, implement and evaluate the CATSINaM mentoring program (SR 6.10).

11. The education strategy should include a detailed and adaptable plan for resourcing the tailored delivery of its strategic activities (SR 6.11).

12. The Australian Government must ensure the National Aboriginal and Torres Strait Islander nursing and midwifery education strategy is embedded within the new Australian Government Department of Health and Aged Care National nursing workforce strategy, including the objective to grow the Aboriginal and Torres Strait Islander nursing and midwifery workforce through education reform and the strategies specified by the GENKE II report (SR 6.12).

13. The Australian Government CNMO should initiate a targeted review to mandate the inclusion of the Aboriginal and Torres Strait Islander Healthcare Nursing unit of competency as a predetermined elective in the Diploma of Nursing, and its inclusion as a core unit in future packages as well as the identification of other suitable packages in the future. This will better prepare student and graduate enrolled nurses (ENs) to meet the needs and expectations of Aboriginal and Torres Strait Islander peoples in their care (SR 6.13).

**Course design**

**SUPPLEMENTARY RECOMMENDATION 7:**

The Australian Government and CATSINaM, in partnership with ANMAC, NAATSIHWP, CDNM and NENAC, develop a comprehensive articulation plan from the Aboriginal and Torres Strait Islander Health Worker and the Diploma of Nursing package qualifications through to doctoral studies in nursing and midwifery.

7.1 Development of a national Aboriginal and Torres Strait Islander nursing and midwifery equity pathway from Australian Qualifications Framework (AQF) Level 5 (Diploma) through to AQF level 10 (Doctoral).

7.2 Design and development of a targeted nursing and midwifery Tertiary Preparation Pathway (TPP) program for Aboriginal and Torres Strait Islander students.

A comprehensive articulation plan from the Aboriginal and Torres Strait Islander Health and Diploma of Nursing package qualifications through to the Bachelor of Nursing and Bachelor of Midwifery and beyond is needed. A national equity pathway into nursing and midwifery for Aboriginal and Torres Strait Islander peoples from AQF Level 5 Diploma level through to AQF Level 10 Doctorate level (SR 7.1) should be developed and include recognition of prior learning (RPL) and specific bridging elective units for Aboriginal and Torres Strait Islander students entering first year. As a quality assurance measure, the equity pathways should reflect the need to forge strategic relationships between schools of nursing and midwifery and their local Indigenous Education and Support Units (IESUs).

The design and development of targeted nursing and midwifery Tertiary Preparation Pathway (TPP) programs for Aboriginal and Torres Strait Islander students (SR 7.2) as part of a nationally coordinated and supported nursing and midwifery TPP program for Aboriginal and Torres Strait Islander students will also support pathways into nursing and midwifery tertiary programs.
Funding of nursing and midwifery education

SUPPLEMENTARY RECOMMENDATION 8:

The Australian Government Nursing Taskforce identify funding initiatives to support the targeted increase of Aboriginal and Torres Strait Islander nurses and midwives, including:

8.1 Developing a targeted HECS-HELP initiative for Aboriginal and Torres Strait Islander nursing and midwifery students.

8.2 Broadening the scholarships and Indigenous Cadetship Support (ICS) programs to support the recruitment and retention of Aboriginal and Torres Strait Islander nurses and midwives.

8.3 Examining policy parameters to increase the allocation of Research Training Program (RTP) block grants to Aboriginal and Torres Strait Islander nursing and midwifery students undertaking a Higher Degree by Research.

8.4 Reviewing the Rural Health Multidisciplinary Training (RHMT) program guidelines to ensure targeted strategies to benefit Aboriginal and Torres Strait Islander nursing and midwifery students.

The Australian Government should charge their Department of Health and Aged Care Nursing Taskforce with responsibility to examine and propose funding initiatives aimed at increasing the number of Aboriginal and Torres Strait Islander nurses and midwives, both in absolute terms and as a proportion of the workforce as a whole. The Taskforce is well-placed to identify funding initiatives and relevant policy levers to increase the Aboriginal and Torres Strait Islander nursing and midwifery workforce and further develop its capability and influence across the health sector. The taskforce should examine:

1. A targeted HECS-HELP initiative for nursing and midwifery students to support increased numbers of Aboriginal and Torres Strait Islander nurses and midwives (SR 8.1)

2. Broadening the scholarship program and the ICS program to support the recruitment and retention of Aboriginal and Torres Strait Islander nurses and midwives (SR 8.2)

3. Policy parameters for increasing the allocation of RTP block grants to Aboriginal and Torres Strait Islander students undertaking a Higher Degree by Research in nursing and midwifery to support Aboriginal and Torres Strait Islander nursing and midwifery higher degree enrolments and completions (SR 8.3)

4. The RHMT program guidelines to ensure targeted strategies to benefit Aboriginal and Torres Strait Islander nursing and midwifery students (SR 8.4).

3 HECS-HELP is a scheme that assists eligible Commonwealth supported students to pay their student contribution amount with a loan, https://www.studyassist.gov.au/hecs-help

4 Cadetships support Aboriginal and Torres Strait Islander university students through paid work-placement opportunities during the course of their study, https://www.niaa.gov.au/indigenous-affairs/employment/indigenous-cadetship-support

5 Research block grants provide funding to eligible Australian higher education providers for research and research training, https://www.dese.gov.au/research-block-grants

6 The RHMT program offers health students the opportunity to train in rural and remote communities via a network of training facilities, https://www.health.gov.au/initiatives-and-programs/rhmt
Since the release of the GENKE I in 2002, there has been negligible improvement in the numbers of Aboriginal and Torres Strait Islander registered nurses and midwives and we are far off the necessary numbers completing tertiary programs to ensure parity is reached in the near future. The quality, rigour and consistency of course content in tertiary programs is of concern, as is the support available to Aboriginal and Torres Strait Islander nursing and midwifery students. The inclusion of a mandatory Aboriginal and Torres Strait Islander subject/unit by ANMAC has resulted in all nursing and midwifery education providers now including a discrete subject/unit in nursing and midwifery programs. What should be an important lever for quality Aboriginal and Torres Strait Islander health education has, however, in some cases, become a tokenistic process rather than a genuine driver of change.

The GENKE II report presents three key strategic recommendations and eight supplementary recommendations for national-level strategic education reform to increase the numbers of Aboriginal and Torres Strait Islander nurses and midwives, in both absolute terms and as a proportion of the workforce as a whole. The delivery of the recommendations will be achieved through formalised authentic partnerships between CATSINaM and ANMAC, CATSINaM and the NMBA and CATSINaM the Australian Government. Recognising their essential roles, formal implementation partnerships and agreements will also include the CDNM, NENAC, NAATSIHWP and all government CNMOs to realise successful national-level strategic reform as envisaged by the GENKE II report.

Through strong nursing and midwifery leadership, the professions have successfully navigated some of the most challenging times for these professions. For example, leadership has guided the transition from hospital to university-based education and conceptualised, developed and implemented national registration and accreditation. This same leadership is required to rise to the challenge of addressing inequities in the nursing and midwifery workforce and in employment for Aboriginal and Torres Strait Islander nurses and midwives, and for leadership that demonstrates that the health of Aboriginal and Torres Strait Islander peoples is a concern for all nurses and midwives.
**APPENDIX 1: THEMATIC CATEGORIES**

**GENKE II recommendations by thematic category**

Forming a thematic framework for reform activity, the GENKE II report recommendations are grouped within the following categories to align with the Educating the Nurse of the Future implementation plan.

<table>
<thead>
<tr>
<th>Monitoring, evaluation, accountability and learning</th>
<th>Under the auspices of the Australian Government Chief Nursing and Midwifery Officer, the National Nursing and Midwifery Education Advisory Network, in partnership with CATSINaM, NMBA, ANMAC, CDNM, NENAC, NAATSIHWP and all government CNMOS, share leadership and responsibility for monitoring the realisation of the GENKE II report recommendations.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Baseline education requirements</td>
<td>Minimum education requirements for nursing and midwifery practice as accredited by ANMAC and regulated by NMBA.</td>
</tr>
<tr>
<td>Quality assurance of nursing and midwifery education</td>
<td>Assuring the quality of Cultural Safety in Aboriginal and Torres Strait Islander peoples’ health and nursing and midwifery education.</td>
</tr>
<tr>
<td>Assurance of clinical placements for students</td>
<td>Assuring clinical placements are Culturally Safe, supporting the clinical experiences of Aboriginal and Torres Strait Islander nursing and midwifery students.</td>
</tr>
<tr>
<td>Curriculum</td>
<td>Nursing and midwifery education programs reflect the <em>Nursing and Midwifery Aboriginal and Torres Strait Islander Health Curriculum Framework</em>.</td>
</tr>
<tr>
<td>Course design</td>
<td>All aspects of nursing education privilege Aboriginal and Torres Strait Islander Knowledges and reflect contemporary Cultural Safety philosophies and practices with program content and learning outcomes.</td>
</tr>
<tr>
<td>Replacement, recruitment and retention</td>
<td>Education strategies to increase the participation of Aboriginal and Torres Strait Islander nurses and midwives.</td>
</tr>
<tr>
<td>Funding of nursing and midwifery education</td>
<td>Investment in new and existing programs to increase the participation of Aboriginal and Torres Strait Islander nurses and midwives.</td>
</tr>
</tbody>
</table>
APPENDIX 2: GLOSSARY

**Aboriginal and Torres Strait Islander Community Controlled Organisations** encompasses organisations where ‘community control’ is a process that allows the local Aboriginal community to be involved in its affairs in accordance with whatever protocols or procedures are determined by the community.

**Aboriginal and Torres Strait Islander Knowledges** encompasses ‘ways of knowing, being and doing’ and ‘caring’ and worldviews, knowledges and realities as distinctive and vital to existence and survival (Martin & Mirraboopa 2003).

**Aboriginal and Torres Strait Islander peoples** refers to the 500 Aboriginal and Torres Strait Islander nations and peoples of Australia; purposely pluralised. Related terms such as ‘First Nations’ and ‘Indigenous’ are only used when referring to the names of organisations.

**Co-accredit** describes a commitment to activities and processes used in nursing and midwifery education accreditation that work in partnership with shared power with Aboriginal and Torres Strait Islander peoples who are directly or indirectly impacted by accreditation functions (NCOSS 2017).

**Co-design** describes a commitment to activities and processes used in the design of nursing and midwifery education accreditation and education regulation that work in partnership with shared power with Aboriginal and Torres Strait Islander peoples who are directly or indirectly impacted by accreditation and education regulation (NCOSS 2017).

**Co-production** describes processes of working in partnership with shared power to deliver on nursing and midwifery education accreditation and regulation as it relates to Aboriginal and Torres Strait Islander health (NCOSS 2017).

**Decolonising approach** is a clear transformational reform process to address oppressive practices and racism including attitudes, ignorance, bias, generalisations, assumptions, and uninformed opinions (Sherwood et al. 2021).

**Decolonising nursing and midwifery education** describes unsettling teaching approaches and curricula that consciously challenges problematic colonial thinking and actions that continue to pervade nursing and midwifery education and practice. Decolonising approaches challenge the biomedical-dominance of the knowing and practice of health, medical, nursing and midwifery care. Importantly, it recognises the competing claims to land and water territory within the international boundaries of Australia, between the multitude of sovereign Aboriginal and Torres Strait Islander peoples and the Australian nation-state.

**Indigenous Cadetship Support** is a program designed to support Aboriginal and Torres Strait Islander tertiary students to complete their undergraduate degrees and progress onto ongoing employment.

**Indigenous Sovereignty** or ‘First Nation peoples’ sovereignty is inherent in our bloodlines to Country, it is tens of thousands of years old, and it has never been ceded. It ‘invokes different sets of relations, belonging, and ownership that are grounded in a different epistemology [compared to the] patriarchal white sovereignty’ of the Australian colonial state (Moreton-Robinson 2015, p. 92). These differences unsettle the latter, justifying for them the violence they enact upon, including the erasure of, First Nations peoples (Watego 2021). Thus, First Nations peoples’ sovereignty is also enacted through holding our ground against ongoing colonialism (Watego 2021).

**National Agreement on Closing the Gap** is a formal agreement to enable Aboriginal and Torres Strait Islander peoples and governments to work together through shared decision making to overcome the inequality experienced by Aboriginal and Torres Strait Islander peoples (CtG 2019).
GLOSSARY (CONT’D)

**Parity** means gaining equality or equivalence and refers to achieving equality or equivalence in terms of participation and outcomes for Aboriginal and Torres Strait Islander nursing and midwifery workforce representation.

**Partnership agreement** is a formal bilateral agreement expressing agreed terms on how CATSINaM will work and share decisions with the Nursing and Midwifery Board of Australia, the Australian Nursing and Midwifery Council or the Australian Government, on the implementation and monitoring of the ‘getting em n keepin em n growin em’: Strategies for Aboriginal and Torres Strait Islander nursing and midwifery education reform (GENKE II) report recommendations. The partnership agreements are underpinned by the principle that shared decision making with Aboriginal and Torres Strait Islander community controlled representatives is essential to the delivery of the GENKE II report recommendations and to achieving national-level strategic reform for nursing and midwifery education as it relates to Aboriginal and Torres Strait Islander health (Closing the Gap 2019).

**Racism** includes prejudice, discrimination or hatred directed at someone because of their appearance, ethnicity, nationality, or culture. Racialisation is the act or process of applying racism or a racist perspective (AHRC 2018).

**Replacement** refers to nursing and midwifery workforce supply and demand, the number of nurses and midwives entering and leaving the profession over a determined time period.

**Self-determination** a right of free determination of political status; free pursuit of economic, social and cultural development; the right to autonomy or self-government in matters relating to internal and local affairs as well as ways and means for financing autonomous functions (United Nations 2007).

**Subject/unit** are often used interchangeably and refers to a single subject/unit of a Bachelor of Nursing, Diploma of Nursing or Bachelor of Midwifery.

**Transition to practice program** a formalised and coordinated program to support newly graduated nurses and midwives adapt into the workforce.

**Tertiary preparation pathway** describes a bridging program designed to provide skills development and knowledge to succeed in degree studies.

**Truth-telling** describes formal processes of telling the truth about past injustices experienced by Aboriginal and Torres Strait Islander peoples to promote awareness and understanding of ongoing impacts of past actions in the hope of reconciliation (Reconciliation Australia 2021).
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‘gettin em n keepin em n growin em’
(GENKE II)

STRATEGIES FOR ABORIGINAL AND TORRES STRAIT ISLANDER NURSING AND MIDWIFERY EDUCATION REFORM

August 2022