# Submission to

Productivity Commission

# Review of the National Agreement on Closing the Gap 2026

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## 1.0 Introduction

The Queensland Nurses and Midwives' Union (QNMU) thanks the Productivity Commission for the opportunity to provide feedback on the Review of the National Agreement on Closing the Gap 2026 (the Review).

The QNMU is Queensland's largest and only registered union for nurses and midwives, representing over 80,000 members. The QNMU is a state branch of the Australian Nursing and Midwifery Federation (ANMF) with the ANMF representing over 356,000 members.

Our members work in health and aged care including public and private hospitals and health services, residential and community aged care, maternity services, mental health, general practice, corrections, education institutions, and disability sectors across a wide variety of urban, regional, rural, and remote locations.

The QNMU is run by nurses and midwives, for nurses and midwives. We have a proud history of working with our members for over 100 years to promote and defend the professional, industrial, social, and political interests of our members. Our members direct the QNMU's priorities and policies through our democratic processes.

The QNMU expresses our continued commitment to working in partnership with Aboriginal and Torres Strait Islander peoples to achieve health equity outcomes. The QNMU remains committed to the Uluru Statement from the Heart, including a pathway to truth telling and treaty. We acknowledge the lands on which we work and meet always was, and always will be, Aboriginal and Torres Strait Islander land.

We respectfully use the terms *Aboriginal and Torres Strait Islander peoples* and *First Nations Australians* interchangeably throughout this submission. We understand however that some people within these groups do not refer to themselves this way.

## Recommendations

**The QNMU recommends:**

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| **Recommendation 1** | That the Review translates the recommendations of the *Review of the National Agreement on Closing the Gap* (2024) and the *Closing the Gap Independent Aboriginal and Torres Strait Islander Led Review* (2025) into meaningful action supported by adequate resourcing and consistent funding, improved data collection and robust accountability mechanisms. |
| **Recommendation 2** | That First Nation stakeholders are genuinely empowered by governments to lead and prioritise self-determined and community-led initiatives and services that reflect local needs, including the prioritisation of funding. |
| **Recommendation 3** | That the Productivity Commission considers the QNMU's Aboriginal and Torres Strait Islander Nursing and Midwifery Workforce Policy recommendations to address the workforce reform and funding required to build the community-controlled sector. |
| **Recommendation 4** | Changes to federal legislation to explicitly recognise the implementation of the National Agreement on Closing the Gap as a core statutory duty of the Australian Public Service, and the establishment of an Independent, Indigenous-led Oversight and an UNDRIP-Based National Reporting Framework to monitor progress against all Priority Reforms and socio-economic targets, evaluate the effectiveness of government actions and system transformation, and report publicly and regularly on performance. |
| **Recommendation 5** | That Aboriginal Community Controlled Health Organisations have access to high-quality data and a direct and leading role in the design of data collection targets including how such data is used to understand health needs, set priorities and deliver quality health care. |

## 2.0 Background

In 2020, all Australian Governments and the Coalition of Aboriginal and Torres Strait Islander Peak Organisations (Coalition of Peaks) signed the National Agreement on Closing the Gap (the Agreement) with the objective "to overcome the entrenched inequality faced by too many Aboriginal and Torres Strait Islander people so that their life outcomes are equal to all Australians" (clause 15) (Commonwealth Government, 2020).

The Agreement is the latest iteration to address the health and socioeconomic equality gap between Aboriginal and Torres Strait Islander people and non-Indigenous Australians. The Close the Gap campaign arose in response to Professor Tom Calma's *Social Justice Report 2005* which challenged governments to bring about health equality for Aboriginal and Torres Strait Islander people within 25 years, leading to the *Close the Gap Statement of Intent* signed by the Australian Government and Opposition in March 2008.

In that time, progress to achieve the goal of "closing the gap" remains negligible. Of the 19 socioeconomic targets set out in the National Agreement on Closing the Gap, only 4 are on track to achieve their goal by 2031, 6 targets show improvement but are not on track, 2 targets show no change, 4 have no assessable data, and 4 targets are worsening (Annual data compilation report, July 2026). It is clear the current approach is not delivering the transformative change it promised (Kennedy, 2026).

We acknowledge that much of the rhetoric around Closing the Gap has been shaped by deficit thinking - measuring First Nations lives against non-Indigenous implied standards of success (Kennedy, 2026). This approach overlooks the strengths and resilience of cultures that have existed on the continent for thousands

of years and overlooks the structural barriers that continue to influence outcomes, including the lasting impacts of colonisation, dispossession, racism, and systemic marginalisation, which shape social determinants such as housing, income, education, and food access (Gibbs et al., 2026). We suggest a more strengths-based approach.

Across our membership and in the broader healthcare sector, there are many examples of individuals, partnerships and organisations making significant and meaningful contributions to improve health and wellbeing for Aboriginal and Torres Strait Islander peoples. However, these efforts risk being undermined by governments' failure to make sufficient progress in addressing systemic inequities, and in some cases, by government decisions that erode existing progress. This submission highlights the important work of Queensland nurses and midwives to advance equitable access to quality, culturally safe healthcare, while identifying urgent priorities for the Review.

Per our previous submission to the Productivity Commission in 2022, the QNMU recognises the importance and intent of the National Agreement on Closing the Gap and supports the 4 overarching Priority Reform areas as fundamental in achieving real change. The QNMU also acknowledges the value of having a formal and ongoing evaluation process to ensure implementation of initiatives are meeting objectives and continuously improving.

## 3.0 A proposed approach to the Review

The current Review of the National Agreement on Closing the Gap 2026 builds on two previous reviews, the *Review of the National Agreement on Closing the Gap* published in 2024, and the *Closing the Gap Independent Aboriginal and Torres Strait Islander Led Review* published in 2025. The two reviews highlighted significant concerns of limited system level transformation, weak accountability and ongoing challenges in genuine power-sharing and delivered a suite of key recommendations. While the previous reviews should have been catalysts for change, it is critical that the current review leads to tangible improvements and that recommendations from all reviews are now translated into meaningful action supported by adequate resourcing and robust accountability mechanisms.

The QNMU supports the proposed approach to the Review, which will analyse progress towards Closing the Gap against the 4 Priority Reforms in the Agreement grounded in Indigenous research methodology principles. However, as outlined in the Closing the Gap Annual Data Compilation Report (2026), the parties to the Agreement have not yet agreed on a method to measure progress towards the Priority Reforms. This is compounded by significant data gaps, with some reform targets relying on data that is either not currently collected or is insufficient to adequately collect and assess (Productivity Commission, 2026). Developing and implementing robust measures of progress towards the Priority Reforms must be prioritised and accelerated as part of this Review.

This report also highlights that gaps in data collection across the 17 socioeconomic outcomes remain, and four of these targets cannot be assessed due to a lack of comparable time series data (Productivity Commission, 2026). This Review, as a matter of urgency should assess how this data can be captured and assessed in a meaningful way. Having datasets with 'no assessment available' is unacceptable and speaks to a 'tick box' approach, calling into question the meaningfulness off the data in measuring outcomes and the meaningfulness of the actions being taken to address the issues which they are intended to resolve.

Without effective data, clear indicators of progress and agreed measurement methods, it is impossible to assess whether reforms are being implemented effectively or delivering their intended outcomes. Continuing to review the implementation without the data and tools necessary to measure progress risks undermining the intention of the Review to drive meaningful reform.

## 4.0 Priority Reform 1 – Formal partnerships and shared decision-making

The First Nations leaders who designed the original Close the Gap concept and policy intended that it would drive a fundamental shift in the relationship between governments and First Nations peoples, grounded in First Nations rights, shared power and self-determination (Gibbs et al., 2026). The *Human Rights Act 2019 (Qld)* specifies that Aboriginal peoples and Torres Strait Islander peoples hold distinct cultural rights as Australia's first people, with the Act's Preamble stating that the right to self-determination is of particular significance to Aboriginal peoples and Torres Strait Islander peoples. We consider that self-determination and political empowerment are key in achieving equity in health and wellbeing for First Nations Australians, and better life outcomes are achieved when people have a genuine say in the design and delivery of services that affect them (QNMU, 2022).

For many First People's communities, health is inseparable from family, Country, culture, and identity and policies that ignore this holistic view risk reinforcing inequity (Gibbs et al., 2026). The leading causes of mortality among Aboriginal and Torres Strait Islander peoples (ischaemic heart disease, type 2 diabetes mellitus, chronic lower respiratory disease, lung and related malignancies, and external causes including suicide, injury, and accidental harm) remain prominent contributors to premature mortality (Gibbs et al., 2026). These conditions reflect underlying determinants such as food insecurity, environmental exposures, chronic psychosocial stress, limited access to preventive and specialist care, and mistrust of mainstream health systems demonstrating the disproportionate burden of chronic disease and mental health-related morbidity (Gibbs et al., 2026).

As outlined in our 2022 submission, the QNMU would see key elements of effective partnerships to include:

- A clear definition of the partnership, those involved, the role of the partnerships and the operation processes (governance).
- Adequate funding for the effective engagement of all parties in discussions and decision making.
- Clear definitions of the decision-making processes and capacity of the partnership.

**Partnerships in practice: Birthing in Our Community**

Established in 2013 in South East Queensland, the Birthing in Our Community program is a partnership between the Institute for Urban Indigenous Health (IUIH), the Brisbane Aboriginal and Torres Strait Islander Community Health Service and the Mater Mothers' Hospital. The Birthing in Our Community (BiOC) model provides family-centred holistic care through an Indigenous led-partnership and delivers comprehensive, evidence-based and culturally informed services that have a strong focus on social and emotional health and wellbeing of families (IUIH, n,d.).

Evidence shows that the BiOC model has supported improved clinical outcomes. Women and birthing persons participating in the BiOC program were more likely to attend five or more antenatal visits, less likely to have an infant born preterm and more likely to exclusively breastfeed on discharge from hospital (Kildea, et al., 2021). The BiOC model is also proven to be more cost effective, driven by less interventions and procedures in birth and fewer neonatal admissions (Gao, et al., 2023). Additionally, the service reduced two thirds of women's out of pocket costs by bringing the service closer to home (IUIH, n,d.).

## 5.0 Priority Reform 2 – Building the community-controlled sector

The *Closing the Gap Independent Aboriginal and Torres Strait Islander Led Review* (2025) highlights that improving the Aboriginal and Torres Strait Islander workforce and building strong community-controlled sectors are a key part of Priority Reform two. However, progress is currently mixed, and there is a need for much greater effort on the part of governments now and into the future (Lavarch, et al., 2025). The Review also illustrates that despite some workforce investment, Aboriginal community-controlled organisations (ACCOs) generally report being underfunded and having to compete alongside non-indigenous agencies for funding, and that stress on ACCO workforces is also compounded by being forced to compete with other employers who may be able to offer more in terms of wages and conditions to respective employees (Lavarch, et al., 2025).

From a healthcare perspective, the QNMU submits that a skilled, supported and sustainable nursing and midwifery workforce, and achieving pay parity is fundamental to strengthening the community-controlled sector. Aboriginal and Torres Strait Islander nurses and midwives are holders of knowledge 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 (Congress of Aboriginal and Torres Strait Islander Nurses and Midwives [CATSINaM], 2022). However, Aboriginal and Torres Strait Islander nurses and midwives remain significantly underrepresented in the nursing and midwifery workforce. In 2024-2025, only 1.5% of nurses and midwives identified as Aboriginal or Torres Strait Islander (Australian Health Practitioner Regulation Agency, 2025).

The QNMU *Aboriginal and Torres Strait Islander Nursing and Midwifery Workforce Policy Recommendations 2023-2028* identify five priority areas to strengthen the recruitment, retention and professional development of the Aboriginal and Torres Strait Islander nursing and midwifery workforce. These include: building and strengthening the workforce, addressing legislative and regulatory barriers, leadership and representation, healthcare reform and community wellbeing and embedding cultural safety.

The QNMU Aboriginal and Torres Strait Islander Nursing and Midwifery Workforce Policy Recommendations are available in Appendix A. We urge the Productivity Commission to consider these recommendations in addressing the system-wide reform required to build the community-controlled sector. Reducing unnecessary bureaucratic barriers is essential to improving the system's agility and responsiveness to the needs of Aboriginal and Torres Strait Islander peoples. Responsibility for system reform and workforce sustainability must be shared across all levels of government, underpinned by measurable performance indicators and robust accountability mechanisms to monitor progress and ensure workforce targets are achieved.

With many QNMU First Nations members also members of CATSINaM, we note that there is strong alignment of the QNMU's Workforce Policy Recommendations with the CATSINAM (2022) *gettin em n keepin em n growin em (GENKE) II Report* recommendations. The CATSINaM (2022) report also emphasises the importance of honouring Aboriginal and Torres Strait Islander ways of knowing, being, and doing and working to eliminate systemic racism.

Aboriginal and Torres Strait Islander community-controlled organisations play an important role in delivering culturally safe locally responsive services. The following examples demonstrate the value and positive impact of community-led approaches in meeting the needs of Aboriginal and Torres Strait Islander peoples.

**Kambu Health Ipswich**

Established in the early 1970s, Kambu Health is a leading Aboriginal Community Controlled Health Organisation (ACCHO) delivering a comprehensive range of medical, specialist, allied health and social health services, aiming to ensure every Aboriginal and Torres Strait Islander child and family in the community has equitable access to comprehensive, culturally appropriate health services, ensuring their physical, spiritual and mental health needs are fully met (Kambu Health, 2026).

Kambu's culturally informed, community-led model of care integrates clinical excellence with cultural safety and a strengths-based approach, ensuring individuals and families can access holistic support without barriers (Kambu Health, 2026).

**Deadly Inspiring Youth Doing Good**

Deadly Inspiring Youth Doing Good (DIYDG) Aboriginal and Torres Strait Islander Corporation is a youth-led non-profit organisation that is committed to empowering young people, families and communities (Deadly Inspiring Youth Doing Good, n.d.).Based on Gimuy Walubura Yidinji Country (Cairns, Queensland), DIYDG's programs provide immediate support to young people and families facing challenges, and support the growth and development of future leaders (First Nations Futures, n.d.).

Aligned with DIYDG's Inspire, Equip and Empower framework, their programs provide culturally responsive support that places young people's voices and lived experiences at the centre. By creating safe spaces for peer connection, skill building and cultural strengthening, they empower young people to develop the confidence, resilience and leadership skills to contribute to meaningfully to their communities (Queensland Family and Child Commission, 2026).

## 6.0 Priority Reform 3 – Transforming government organisations

Both the *Review of the National Agreement on Closing the Gap* (2024), and the *Closing the Gap Independent Aboriginal and Torres Strait Islander Led Review* (2025) note that Priority Reform 3 is not progressing. Institutionalised racism remains a core issue, with governments yet to address identification and elimination of racism in any substantive way (Lavarch et al., 2025). The Productivity Commissions' 2024 review acknowledged that lack of progress on Priority Reform 3 puts the other Priority Reforms and the Agreement as a whole at risk, we agree with this assessment.

The *Community Voices: The Pathway to Justice, Equality and Healing* report (2026) calls for legislative changes to enshrine Australia's international human rights obligations into domestic law through a national human rights legislative framework incorporating the United Nations Declaration of the Rights of Indigenous People (UNDRIP). The *Community Voices: The Pathway to Justice, Equality and Healing* report (2026) further calls for the *Public Service Act 1999* to explicitly recognise the implementation of the National Agreement on Closing the Gap as a core statutory duty of the Australian Public Service, and the establishment of an Independent, Indigenous-Led Oversight and an UNDRIP-Based National Reporting Framework to monitor progress against all Priority Reforms and socio-economic targets, evaluate the effectiveness of government actions and system transformation, and report publicly and regularly on performance.

These proposed reforms would increase accountability, and support meaningful progress towards cultural safety and help address the inconsistent approaches that continue to hinder systemic change (Lavarch et al., 2025). The Queensland government's repeal of the *Path to Treaty Act* in 2023 and discontinuation of the *Truth-telling and Healing Inquiry* in 2024 marked a significant step backwards for First Nations rights and serves as a prime example of the institutional racism and inconsistent approach from a state level in applying the Agreement in its current form (Australian Human Rights Commission, 2024). The *Making Queensland Safer (Adult Crime, Adult Time) Amendment Bill (2025)* and *Breach Bail, Go to Jail Amendment (2026)* further highlights the Queensland government's lack of priority for Aboriginal and Torres Strait Islander people, and reinforces the continued inequity faced by Aboriginal and Torres Strait Islander people in Queensland (QNMU, 2026). The Queensland government has also failed to publish an annual report on progress against policies and programs outlined in its Closing the Gap Implementation Plan since 2023, despite this being an annual requirement of the Agreement.

Accountability for cultural safety in health services not only sits at the individual level but must transparently be addressed at the organisational and system levels. Cultural safety itself cannot be achieved by any single individual but instead requires the challenging of systemic racism (Australian Nursing and Midwifery Federation [ANMF], 2026). In the healthcare context, cultural safety is determined by the experiences of Aboriginal and Torres Strait Islander peoples, therefore, Aboriginal and Torres Strait Islander peoples must be central to defining, designing, governing, implementing, and evaluating healthcare services to ensure they are culturally safe, responsive, and free from racism (ANMF, 2026).

As Professor Marcia Langton highlights, meaningful and lasting change requires more than government commitments. It requires structural reform and accountability.

> *"Success cannot continue to rely on short term funding, individual champions, or fragile policy windows. Without binding commitments, secure investment, and rights embedded in law, even the strongest community-led programs remain vulnerable. Closing the Gap will not be achieved through goodwill alone. It requires governments to reform the systems that continue to reproduce inequity, to share power meaningfully, and to be held accountable for delivering change".*
>
> *"Aboriginal and Torres Strait Islander peoples are already leading the work of reform, healing and community wellbeing. The responsibility now rests squarely with governments to match that leadership with structural change"*
>
> Prof Dr Marcia Langton in the Community Voices: The Pathway to Justice, Equality and Healing *report (2026)*

## 7.0 Priority Reform 4 – Shared access to data and information at a regional level

As previously mentioned in our 2023 submission to the Productivity Commission, the QNMU recognises the importance of effective data in progressing efficient and effective health responses critical in achieving change against Closing the Gap targets. For Aboriginal Community Controlled Health Organisations (ACCHOs) to effectively and efficiently deliver the health outcomes needed, one area of critical change is access to high-quality data. This includes not only access to collected data but also a leading role in deciding what data is collected and how such data is used to understand health needs, set priorities and deliver quality health care.

A shift to Indigenous data sovereignty would require significant changes to data systems and practices to enable Aboriginal and Torres Strait Islander people to have control over decisions about data and to use data for their own purposes. The QNMU supports Indigenous data sovereignty in the management of health data. Given the strongly holistic and culturally safe approach by ACCHOs, their input into the design of data collection targets is critical to effective data supporting health decision making.

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## 9.0 Appendix A

# Aboriginal and Torres Strait Islander Nursing and Midwifery Workforce Policy Recommendations 2023-2028

Queensland needs a comprehensive nursing and midwifery workforce plan. The QNMU's *Nursing and Midwifery Workforce Policy Recommendations 2023-2028* sets out three priority areas where immediate action is needed, along with recommended action over the medium and long term. In addition, the QNMU has also developed specific workforce policy recommendations for Aboriginal and Torres Strait Islander Nursing and Midwifery (see below), Midwifery and Nurse Practitioners. Refer to the QNMU's *Nursing and Midwifery Workforce Policy Recommendations 2023-2028* for more information.

| Immediate action (0 – 1 year) | Medium term (2 – 3 years) | Long term (4 – 5 years) |
|---|---|---|
| **Priority Area 1 Building and strengthening the workforce** | | |
| **PRIORITY AREA 1.1 Proportionate nursing and midwifery registrants**<br>Increase the proportion of Aboriginal and Torres Strait Islander nurses and midwives working in Queensland such that it reflects the population profile, distribution, and density of Aboriginal and Torres Strait Islander people living in Queensland (4.3% of Queensland's population as of 2022. However nursing and midwifery workforce representation is currently only 1.8%). | **PRIORITY AREA 1.5 Engagement with education sectors**<br>Engage with schools, training organisations, and universities to develop a mentorship program or coaching pathway from schooling to training to the workplace. | **PRIORITY AREA 1.8 Representation at all levels**<br>Representation of Aboriginal and Torres Strait Islander people across all levels of nursing and midwifery leadership, including executive level. |
| **PRIORITY AREA 1.2 Graduate positions**<br>Increase the number of graduate positions for Aboriginal and Torres Strait Islander nursing and midwifery students to at least 5% annually. | **PRIORITY AREA 1.6 Career progression opportunities**<br>Develop and support clear career progression pathways, such as cadetship programs with guaranteed permanent employment upon graduation. | |
| **PRIORITY AREA 1.3 Equitable life long learning opportunities**<br>Increase access to professional development, specialty and advanced training, and education opportunities, supported by:<br>▪ consistent and effective identification of career development goals of Aboriginal and Torres Strait Islander nursing and midwifery staff<br>▪ dedicated efforts to ensure Aboriginal and Torres Strait Islander staff are not subject to institutionally racist barriers in the professional development planning process. | **PRIORITY AREA 1.7 Mapping demographics across sectors**<br>Mapping of Aboriginal and Torres Strait Islander nurses and midwives across all sectors, with particular regard to the distribution of:<br>▪ grade<br>▪ job role<br>▪ qualification level<br>▪ level of leadership<br>▪ years of service in profession<br>▪ sector. | |
| **PRIORITY AREA 1.4 Targeted positions**<br>Implementing a targeted positions approach to all recruitment vacancies, i.e., Aboriginal and/or Torres Strait Islander applicants who successfully demonstrate they can meet essential criteria and can perform duties to the minimum required capacity are considered meritorious. | | |
| **Priority Area 2 Legislative and regulatory barriers** | | |
| **PRIORITY AREA 2.1 Cultural governance framework**<br>Development of a cultural governance framework, including acknowledgement that health qualifications do not define one's cultural authority, and therefore a health professional who is not an Aboriginal and Torres Strait Islander health worker, Aboriginal and Torres Strait Health practitioner, or Health liaison officer (amongst others), may not be the most appropriate person to provide cultural advice. | **PRIORITY AREA 2.2 Defined scope of work and scope of practice**<br>Development of a clearly defined scope of work for Aboriginal and Torres Strait Islander health workers, and scope of practice for health practitioners across acute, community, and specialist areas, including:<br>▪ guidance in the event of ambiguity regarding the appropriateness of health workers providing advanced clinical care (e.g., cannulation of dialysis patients, suturing wounds)<br>▪ clarification of clinical governance structures where the scope of work of the health worker supersedes that of the supervising clinician. | **PRIORITY AREA 2.3 Representation at all levels**<br>Representation of Aboriginal and Torres Strait Islander peoples across all levels of nursing and midwifery leadership, including executive level. |

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| Immediate action (0 – 1 year) | Medium term (2 – 3 years) | Long term (4 – 5 years) |
|---|---|---|
| **Priority Area 3 Leadership and representation** | | |
| PRIORITY AREA 3.1 **Employment policies**<br>Embed and ensure compliance with employment policies that stipulate leave arrangements for identified positions must be backfilled by an Aboriginal and/or Torres Strait Islander person. | PRIORITY AREA 3.2 **Recognition and renumeration**<br>Recognition and remuneration of cultural load on Aboriginal and Torres Strait Islander nurses and midwives. | PRIORITY AREA 3.3 **Direct reporting lines**<br>Implement the position of Executive Director of Aboriginal and Torres Strait Islander Nursing and Midwifery at every Hospital and Health Service in Queensland. This position must have direct reporting lines to the Office of the Chief Nursing and Midwifery Officer Aboriginal and Torres Strait Islander Chief Nursing and Midwifery Officer. |
| **Priority Area 4 Healthcare reform and community wellbeing** | | |
| PRIORITY AREA 4.1 **Community control**<br>Roll out and expansion of community controlled, place-based and co-designed initiatives and services that reflect local needs e.g., Torres Strait vaccination model, Institute for Urban Indigenous Health vaccination hubs, Better Cardiac Care program. | PRIORITY AREA 4.2 **Affordable housing**<br>Affordable housing availability wherever Aboriginal and Torres Strait Islander nurses or midwives work, to support staff living and working within their communities. Where housing is supplied for non-Indigenous staff, it should also be supplied for Aboriginal and Torres Strait Islander staff.<br>PRIORITY AREA 4.3 **Localised engagement**<br>Localised engagement strategies to be developed with Aboriginal and Torres Strait Islander industries and educational and training institutions. | PRIORITY AREA 4.4 **Ringfenced funding pools**<br>Development of ringfenced funding pools within Hospital and Health Services for initiatives aimed at increasing Aboriginal and Torres Strait Islander community participation in healthcare. |
| **Priority Area 5 Embedding cultural safety** | | |
| PRIORITY AREA 5.1 **Cultural safety**<br>Embedding cultural safety into organisational and state-wide occupational health and safety processes, including mechanisms for the identification, monitoring, and hazard management of culturally unsafe practices and environments.<br>PRIORITY AREA 5.2 **Accountability and transparency**<br>Full accountability and transparency throughout the recruitment and career progression processes.<br>PRIORITY AREA 5.3 **Guidelines for conflict of interest**<br>Urgent review and update of Queensland Health guidelines for Conflict of Interest to address the mitigating factors involved in instances where an employee working in a rural or remote area may hold familial ties to a significant proportion of the local community. | PRIORITY AREA 5.4 **Senior level employment**<br>Employment of a Senior Aboriginal and Torres Strait Islander Employment Officer in every Hospital and Health Service.<br>PRIORITY AREA 5.5 **Institutional racism employment policies**<br>Deconstructing institutional racism in workforce planning through robust employment policies that actively support Aboriginal and Torres Strait Islander peoples employed within health services.<br>PRIORITY AREA 5.6 **Cultural safety in recruitment**<br>Developing culturally safe recruitment processes, where there is at least one Aboriginal and/or Torres Strait Islander staff member on the selection panel. | PRIORITY AREA 5.7 **Workforce and education hubs**<br>Expansion and roll out of workforce and education hubs, based on the Torres Strait Islander Nurses Indigenous Corporation (TSINIC) model.<br>PRIORITY AREA 5.8 **Professional research**<br>Support for ongoing research based on Aboriginal and Torres Strait Islander-led models of care to ensure evidence-based practice that recognises the value of cultural safety in Queensland and informs strategic policy and future funding. |