



Australia's National Institute for Aboriginal
and Torres Strait Islander Health Research

Education and Employment Legislation Committee
Department of the Senate
PO Box 6100
Parliament House
CANBERRA ACT 2600
AUSTRALIA

13 November 2025

Dear Education and Employment Legislation Committee,

Re: Call for submissions on the Education Legislation Amendment (Integrity and Other Measures) Bill 2025

Lowitja Institute is Australia's only national institute for Aboriginal and Torres Strait Islander health research, named in honour of our Patron, Dr Lowitja O'Donoghue AC CBE DSG. We are a national Aboriginal and Torres Strait Islander Community Controlled Organisation, working for the health and wellbeing of Australia's First Peoples through high impact quality research, knowledge translation, and by supporting Aboriginal and Torres Strait Islander health researchers.

Established in January 2010, we operate on the key principles of Aboriginal and Torres Strait Islander leadership, a broader understanding of health that incorporates wellbeing, and the need for the work to have a clear and positive impact.

At the Lowitja Institute our research is built on priorities identified by Aboriginal and Torres Strait Islander peoples. We aim to produce high impact research, tools and resources that will have positive health outcomes for Aboriginal and Torres Strait Islander peoples. To guide this, we work by five principles that underpin our approach to research. These principles are:

1. Beneficence – to act for the benefit of Aboriginal and Torres Strait Islander people in the conduct of our research.
2. Leadership by Aboriginal and Torres Strait Islander people
3. Engagement of research end users (Aboriginal and Torres Strait Islander organisations and communities, policymakers, other potential research users)
4. Development of the Aboriginal and Torres Strait Islander research workforce
5. Measurement of impact in improving Aboriginal and Torres Strait Islander people's health.

Lowitja Institute supports the amendments to the Education portfolio acts to improve equity and access in higher education to Aboriginal and Torres Strait

Islander peoples, notably the amendments to the *Higher Education Support Act 2003* (HESA) to uncap places in medical courses for First Nations students so that all First Nations students who meet the entry requirements can be enrolled in a Commonwealth supported place.

As identified in the Explanatory Memorandum, the Aboriginal and Torres Strait Islander health workforce delivers better outcomes for Aboriginal and Torres Strait Islander patients. Aboriginal and Torres Strait Islander community-controlled services, for example, achieve better results, employ more Aboriginal and Torres Strait Islander people, and are often preferred over mainstream services.¹ These services are known to provide equitable and culturally safe health care to Aboriginal and Torres Strait Islander peoples. As such, the Aboriginal Community Controlled Health Sector (ACCHS) is the third largest employer of Aboriginal and Torres Strait Islander people in the country.² Aboriginal community-controlled health services are the preferred employer choice for Aboriginal and Torres Strait Islander doctors, who are more likely than their non-Indigenous doctors counterparts to choose to work in community controlled health.³

The Aboriginal and Torres Strait Islander medical workforce specifically, including Aboriginal and Torres Strait Islander doctors, can bring unique perspectives, as well as cultural understanding. Aboriginal and Torres Strait Islander doctors have very often experienced the health system in the same way that their patients do and therefore are able to provide culturally safe healthcare to those that they serve. They are also essential in addressing shortages in rural and remote areas, with 46% of Aboriginal and Torres Strait Islander GPs already working in regional and remote areas, compared to 28% of all GPs who graduated in Australia.⁴

It is important to emphasise that there remains barriers to Aboriginal and Torres Strait Islander trainees completing their specialist training, one being the lack of cultural safety.⁵ The Australian Health Practitioner Regulation Agency's (AHPRA)

¹ Coalition of Peaks, 2023, Priority Reform Two, accessed 30 August 2023, <https://www.coalitionofpeaks.org.au/priority-reform-two>

² NACCHO, n/d, Workforce & Training, <https://www.naccho.org.au/workforce-training/#:~:text=These%20organisations%20play%20a%20vital,at%20State%20and%20Commonwealth%20levels>

³ VACCHO, 2021, VACCHO Statewide: GP Workforce Strategy, <https://drive.google.com/file/d/1RqnHDEzZr2a32xhtjGkziHTe-bvajzdA/view>

⁴ AIDA, 2024, 'Indigenous Doctors are Part of the Solution to the GP Workforce Shortage', Media Release, <https://aida.org.au/media-release/indigenous-doctors-are-part-of-the-solution-to-the-gp-workforce-shortage/#:~:text=Similarly%2C%20the%20Indigenous%20medical%20workforce,quality%20and%20culturally%20appropriate%20healthcare>

⁵ https://aida.org.au/app/uploads/2022/03/AIDA-Growing-medical-specialists-report-2021_v2.pdf

Aboriginal and Torres Strait Islander Health and Cultural Safety Strategy 2020-2025 acknowledges that cultural safety is a critical component of patient care and in ensuring patient safety for Aboriginal and Torres Strait Islander peoples in Australia's health system.⁶ The same goes for Aboriginal and Torres Strait Islander medical students and doctors, who are more likely to stay and thrive in learning and working environments that consistently demonstrate cultural safety.⁷

Whilst Lowitja Institute supports the amendment to uncap places in medical courses for Aboriginal and Torres Strait Islander students, the government must simultaneously prioritise funding and resources to support Aboriginal and Torres Strait Islander medical students and doctors in training, and to implement strategies that promote diversity, inclusion and cultural safety in the medical workforce, to ensure that all Australians have access to high quality and culturally appropriate healthcare.⁸

Lowitja Institute also urges consideration of the barriers faced by Aboriginal and Torres Strait Islander peoples, and urges review of eligibility criteria, to ensure that Aboriginal and Torres Strait Islander peoples are not unfairly disadvantaged in applying for and accessing scholarships. In addition, to ensure that scholarships are going to Aboriginal and Torres Strait Islander peoples, Lowitja Institute agree with the need for applicants to provide supporting documentation to demonstrate Aboriginality. However, this needs to be balanced to ensure that the requirement to provide such documentation is not so burdensome that it creates further barriers to Aboriginal and Torres Strait Islander peoples in accessing these placements and scholarships.

Growing the Aboriginal and Torres Strait Islander medical workforce remains paramount to progressing and ensuring a culturally safe health care system,⁹ and aligns strongly with Priority Reform 2 of the *National Agreement on Closing the Gap*, which commits governments to building the community-controlled sector.

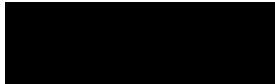
⁶ AHPRA, 2020, The National Scheme's Aboriginal and Torres Strait Islander Health and Cultural Safety Strategy 2020-2025

⁷ AIDA, n/d, *Position Paper: Cultural Safety for Aboriginal and Torres Strait Islander doctors, Medical Student and Patients*.

⁸ AIDA, 2024, 'Indigenous Doctors are Part of the Solution to the GP Workforce Shortage', Media Release, <https://aida.org.au/media-release/indigenous-doctors-are-part-of-the-solution-to-the-gp-workforce-shortage/#:~:text=Similarly%2C%20the%20Indigenous%20medical%20workforce,quality%20and%20culturally%20appropriate%20healthcare>.

⁹ AIDA, 2021, *Growing the number of Aboriginal and Torres Strait Islander medical specialists*, https://aida.org.au/app/uploads/2022/03/AIDA-Growing-medical-specialists-report-2021_v2.pdf

Warm regards,



Rosemary Smith
Executive Manager, Policy & Consulting, Lowitja Institute