

Editorial

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Introduction to the special issue: critical conversations on higher education as an enabler to building an Indigenous health workforce

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Journal special issues afford us the opportunity to think more deeply and differently about particular phenomena. The contributors take up this invitation in this special issue of the *Australian Journal of Indigenous Education* in thinking about the role of higher education in building an Indigenous health workforce. As noted elsewhere (Bond *et al.*, 2019), the Indigenous health workforce literature (beyond that involving the Indigenous Health Worker) is largely a phenomenon of this century and is primarily concerned with improving the educational supply chain for Indigenous peoples into health occupations. Here we can observe a focus on Indigenous success in higher education as a story of numbers recruited and numbers retained, emphasising strategies for achieving parity across various health disciplines. However, within the emergent literature authored by Indigenous peoples, we see different stories emerge about their experience of higher education, which may better explain the continued failure to grow the Indigenous health workforce. Such conversations have less to do with pipelines or pathways, and instead refocus our attention on how power operates to maintain health and educational disparities.

This special issue of the *Australian Journal of Indigenous Education* seeks to further open up and amplify these critical conversations. The authors do so by explicitly centring the experiential and embodied knowledges of Indigenous peoples who occupy varying positions across the health workforce education pipeline, from recently graduated students and clinicians, to health researchers in training, to the Indigenous health educator and academic. Natasha Lee's contribution as a recently graduated Masters of Public Health student provides an insightful critique of public health training, which despite efforts to better 'Indigenise' curriculum still falls short in its refusal to deal substantially with race, intellectually. Janet Stajic's article is an important examination of the structural location of the Aboriginal health worker, the oldest, largest, let least recognised of the health professional groups within the Australian health system. Stajic's paper chronicles the parallel journey to Health Worker and Health Worker academic as an Aboriginal woman and mature age student navigating higher education, while contesting the ongoing insistence upon her ability to know, as clinician or scholar.

Ali Drummond reminds of us of the significance of Torres Strait Islander knowledges, and its inclusion in the category of 'Indigenous knowledges' within the current Indigenising moment of higher education. As a Torres Strait Islander man and nurse academic, Drummond, through story tells of the challenges with embedding embodied knowledges for students, colleagues, his own discipline and the academy more broadly. Extending upon Stajic's testimony, Ryan *et al.* provide the findings of their qualitative study in understanding the educational enablers for building an Indigenous health research workforce. Their research highlighted the centrality of Indigenous peer-support across all aspects of students' post-graduate pathway and broader life/career success, of which for some, was trivialised and undermined within their educational settings. These findings demonstrate the power of Indigenous presence in higher education, not as numbers completed, but as an important and integral peer support community.

David Singh powerfully retells the story of Dr Kris Rallah-Baker, the first Indigenous ophthalmologist, who like Lee spoke publicly about the challenges of his disciplinary training, including experiences of racism and bullying. His account, published in his profession's own publication, was first dismissed by the CEO of his training college, however in an act that Singh describes as 'sovereign divergence' a collective of over 100 Indigenous health workforce members publicly supported Rallah-Baker. While Rallah-Baker's health workforce story had centred around him being 'the first', it was an Indigenous health workforce that insisted that he not stand alone.

The findings of the 'Moving Beyond the Frontline' study, which provided the impetus for this special issue, also tell a story about the importance of the Indigenous cohort experience. Drawing upon findings from a retrospective study of an Indigenous health degree programme

over 20 years ago, the insights and reflections from these graduates help us to rethink the ideologies that are informing current strategies for Indigenous recruitment and engagement in higher education more broadly beyond health.

This special issue on Indigenous health workforce education tells a very different story in a very different way. It is noteworthy that half of the contributors to this special issue include Indigenous people who are first time, first and sole authors, who bring new stories to tell from the vantage points they occupy. These stories are not stories of Indigenous incapability or of targets not met. Rather, these stories remind us of the emancipatory possibilities of higher education in exercising Indigenous

intellectual sovereignty, and in doing so, provide an alternative way of thinking about Indigenous engagement and success in growing an Indigenous health workforce; one that is defined on our terms.

References

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