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Adjunct Professor Annette Solman
Chief Executive
Health Education & Training Institute NSW
Locked Bag 5022
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Dear Adjunct Professor Solman

Re: AIDA response to the Health Education and Training Institute NSW Draft Postgraduate Year 1 (PGY1) Interim Curriculum

The Australian Indigenous Doctors' Association (AIDA) welcomes the opportunity to contribute to the Health Education & Training Institute (HETI) NSW Draft Postgraduate Year 1 (PGY1) Interim Curriculum. We note the importance of this year in transitioning from a university education context to hospital and clinical work for interns.

As you are aware, AIDA is the nation's professional association for Aboriginal and Torres Strait Islander doctors and medical students, and advocates for improvements in Indigenous health in Australia. We are working towards improving the health of Aboriginal and Torres Strait Islander people and reaching parity of Indigenous doctors across the medical profession. We also seek to create a health system that is culturally safe, high quality, reflective of need, and respects and integrates Aboriginal and Torres Strait Islander cultural values.

We view HETI as a leader in the prevocational health space and we are grateful for the opportunity to input into this particular process. AIDA also notes the importance of continuing to work with colleagues across other jurisdictions to develop services, curriculum and support for prevocational doctors such as that which already exists in New South Wales.

General comments regarding the draft PGY1 Interim Curriculum

AIDA is highly supportive of increasing the educational support for all prevocational doctors, and notes that the prevocational years can be a particularly challenging time for Aboriginal and Torres Strait Islander junior doctors. For example, AIDA sees the competing demands on interns in hospitals including demanding working hours, the large volume of assessable activities, and the fact that interns are not appropriately remunerated, as key stress factors in the prevocational years. In this context, we also highlight our concern about the recent findings of the Royal Australasian College of Surgeons Expert Advisory Group on discrimination, bullying and sexual harassment and the 2013 Beyond Blue report on the National Mental Health Survey of Doctors and Medical Students. Each of these reports highlights claims of these activities in the medical professions. AIDA members also report these unsavoury behaviours.

AIDA notes that the draft PGY1 Interim Curriculum is to be implemented over three years and while we find it encouraging that assessment by a number of different supervisors/assessors is intended, we would be interested to learn more about the monitoring and evaluation framework that will be applied to assess interns' skills during that time. We note that this may be in development as the draft PGY1 Interim Curriculum is rolled out over the coming years, but feel it is important to make this point at this stage of consultation. AIDA advocates for transparent and culturally appropriate mechanisms to ensure assessment is undertaken in a fair and consistent way, in particular of any curricula relating to Aboriginal and Torres Strait Islander Health, or clinical training for doctors working with Indigenous patients.

Culturally safe places for learning and work

Aboriginal and Torres Strait Islander interns are more likely to stay and thrive in learning and working environments that consistently demonstrate cultural safety by recognising, respecting and understanding difference without placing judgement, and exploring attitudes and behaviours towards otherness. This is particularly important in the relationship between Aboriginal and Torres Strait Islander interns and their supervisors, a relationship based on intense contact, scrutiny and power dynamics.

AIDA notes that Aboriginal and Torres Strait Islander interns are potentially vulnerable in their relationship with supervisors where cultural safety is not integral to all learning and assessment processes. In such scenarios, we note the importance of established policies and procedures to reconcile disputes that may arise over the assessment of results or outcomes for interns. AIDA would be interested in learning more about HETI's approach on this matter in the context of the draft PGY1 Interim Curriculum.

Specific comments on outcome statements and their related learning outcomes

2.2 Communicate clearly, sensitively and effectively with patients, their family/carers, doctors and other health professionals.

2.3 Perform and document a patient assessment, incorporating a problem-focused medical history with a relevant physical examination, and generate a valid differential diagnosis.

AIDA strongly supports these outcome statements and would like to re-assert the importance of cultural safety for effective and efficient communication, adequately performing and documenting assessments, and contributing more broadly to improved health outcomes for Aboriginal and Torres Strait Islander patients.

AIDA also notes the critical importance of appropriately robust measures to identify Aboriginal and Torres Strait Islander patients for both these outcome statements. To address the current under-identification of Aboriginal and Torres Strait Islander people in the health system, interns, health workers and administrative staff need to be aware of the significance of asking patients whether they identify as Aboriginal and/or Torres Strait Islanders and of some of the issues around this including:

- whether the question about Aboriginal and Torres Strait Islander status is asked in the first instance;
- if the question is added to patient protocols and mechanisms are put in place to identify existing patients;
- consistency in the way the question is asked and recorded (for example are patients asked if they are Indigenous and, if so, is it then confirmed that they are Indigenous to Australia i.e. Aboriginal or Torres Strait Islander); and
- differing responses by the person involved depending on the situation.

Interns' learning of the outcomes under 2.3 in particular needs to not just include robust mechanisms for recording Identification as Aboriginal and/or Torres Strait Islander, but also take into consideration the wider social determinants of health as they affect Aboriginal and Torres Strait Islander people.

2.5 Safely perform a range of common procedural skills required for work as an intern.

AIDA sees this outcome statement as critical for providing interns with the tools to work towards better health outcomes for Aboriginal and Torres Strait Islander people. We know that statistically, Aboriginal and Torres Strait Islander patients are less likely to regularly attend follow-up care despite efforts to improve tracking of patients' follow-up needs and the provision of reminders.

The *2014 Aboriginal and Torres Strait Islander Health Performance Framework Report* ⁽¹⁾ indicates that in 2012–13, Indigenous Australians had lower rates of hospitalisations with a procedure recorded compared with non-Indigenous Australians, lower rates of elective surgery, and waited longer for elective surgery. Most alarmingly, discharge from hospital against medical advice was eight times the non-Indigenous rate in the two years to June 2013.

Noting this unacceptable disparity in the experience of hospitalisation between Indigenous and non-Indigenous Australians, AIDA strongly advocates for education and training of interns to address all aspects of the patient experience, in particular for Aboriginal and Torres Strait Islander patients.

¹ See <http://www.dpmc.gov.au/indigenous-affairs/publication/aboriginal-and-torres-strait-islander-health-performance-framework-2014-report>

3.1 Apply knowledge of population health, including issues relating to health inequities and inequalities; diversity of cultural, spiritual and community values; and socio-economic and physical environment factors.

3.2 Apply knowledge of the culture, spirituality and relationship to land of Aboriginal and Torres Strait Islander peoples to clinical practice and advocacy.

AIDA strongly supports the above outcome statements and the related learning outcomes in the context of our earlier comments. We are interested to receive more information as to the learning material and support mechanisms provided to interns, and the frameworks used to train supervisors to adequately assess interns against these outcomes.

AIDA thanks HETI for the opportunity to provide input in the draft PGY1 Interim Curriculum and we are happy to provide further advice as required. We would like to also acknowledge the ongoing relationship between our organisations and look forward to continuing to work with you to support Aboriginal and Torres Strait Islander junior doctors in their prevocational years.

Should you require any further information, please do not hesitate to contact AIDA's CEO, Ms Kate Thomann, on (02) 6273 5013 or Kate.Thomann@aida.org.au.

Yours sincerely



Dr Kali Hayward
President AIDA

23 November 2015