



Australian Indigenous Doctors' Association | Old Parliament House | 18 King George Terrace Parkes ACT 2600
PO Box 3497 Manuka ACT 2603 Australia | P: (02) 6273 5013 or 1800 190 498 | F: (02) 6273 5014
E: aida@aida.org.au | W: www.aida.org.au | ABN 84 131 668 936

Professor Sue Trinidad
Director
National Centre for Student Equity in Higher Education
John Curtin Institute of Public Policy
Vice Chancellors Building 100:216
Email: NCSEHE@curtin.edu.au

Dear Professor Trinidad

Re. Response from the Australian Indigenous Doctors' Association to *A Framework for Measuring Equity Performance in Australian Higher Education (Draft Framework Document V1.6)*

Thank you for the opportunity to respond to *A Framework for Measuring Equity Performance in Australian Higher Education-Draft Framework Document V1.6* (the framework). The Australian Indigenous Doctors' Association (AIDA) is interested in the work you are undertaking with the framework and would like to provide input against a number of key issues that we believe are relevant and of interest to your work.

About AIDA

AIDA advocates for improvements in Indigenous health and promotes a growing Aboriginal and Torres Strait Islander medical workforce. We do this through: the provision of support to students during their undergraduate and postgraduate medical studies; continued professional and collegiate support for our doctors; maintaining close working relationships with medical colleges and medical universities to develop culturally safe spaces for education and learning; and maintaining an active presence in the broader public health policy arena (with a particular focus on improving health outcomes for Aboriginal and Torres Strait Islander people).

A recent article by Larissa Behrendt in *The Guardian Australia* referred to the work of AIDA as 'best practice' in terms of developing holistic support frameworks to support Indigenous medical students through education and into the workforce.¹ We have attached a copy of this article for your interest.

In our 2005 report; *Healthy Futures-Defining best practice in the recruitment and retention of Indigenous medical students*² (the report), AIDA identified the following key barriers to education faced by Aboriginal and Torres Strait Islander students:

- isolation, alienation and marginalisation;
- language and cultural barriers;
- health and wellbeing;
- socioeconomic circumstances and access to resources and public services;
- racism and prejudice; and

¹ The article can be found here: <http://www.theguardian.com/commentisfree/2015/jan/05/want-to-enrol-and-keep-indigenous-university-students-then-look-to-what-already-works>

² The report can be found here: https://www.aida.org.au/pdf/HealthyFutures/Healthy_Futures_Report.pdf

- employment opportunities.

Although the report was published in 2005, the parity issues also remain extant. While we are now closer to population parity with enrolled Indigenous medical students, there remains a major parity gap with doctors. At minimum, AIDA suggests the number of Aboriginal and Torres Strait Islander professionals should equal three (3) per cent of the workforce across all health professions in parity with the Indigenous population of Australia. There are currently 204 Indigenous doctors in Australia; to reach population parity in this sector we need another 2,691 Indigenous medical graduates. However, this number would need to increase two to three times if it was to reflect the burden of disease experienced by Indigenous Australians and to meet our greater health needs.

Given the mandate of AIDA and the previous research we have undertaken into education pathways for Aboriginal and Torres Strait Islander medical students, we continue to be interested in contributing to current policy development concerning equity and access in higher education.

AIDA supports improved data collection relating to Aboriginal and Torres Strait Islander students

AIDA supports initiatives that are aimed at improving the collection of data on tertiary enrolments, retention and graduation and notes the large scope for improvement in the case of Aboriginal and Torres Strait Islander student data.

In particular, AIDA advocates for data collection that enables an analysis of student experience throughout the tertiary continuum including university entry points through to postgraduate take up and pathways. In this regard, AIDA is supportive of the framework and its intent to extend the context to include early childhood development and primary and secondary education experiences.

AIDA feels that it is important to track student enrolments at the course level. While we have a particular interest in the number of Aboriginal and Torres Strait Islander students studying medicine, tracking levels of enrolment by course level will provide insights into how the whole of a university performs on equity issues.

Aboriginal and Torres Strait Islander medical student data is used to provide valuable insight into tertiary enrolments, retention and graduation trends to inform AIDA's work within the medical education sector. This data also provides AIDA with a specific benchmark to measure against AIDA membership, as well as allowing AIDA to provide targeted student support initiatives at particular universities. Another benefit would be the improved ability to track the experience of a student across a university. For AIDA, it would be valuable to track medical students across their university experience – for example to know when a student has changed a study pathway and taken up a new enrolment. This gives a more informed view of a student's experience rather than simply indicating a discontinuation of enrolment.

Collaboration Agreements

AIDA has established Collaboration Agreements across the medical education and training continuum with Medical Deans Australia and New Zealand (MDANZ), Confederation of Postgraduate Medical Education Council (CPMEC) and the Committee of Presidents of Medical Colleges (CPMC). From entry to medical school, through prevocational training as well as vocational training and fellowship, these Collaboration Agreements enable AIDA to engage with key stakeholders in this space. Working in partnership, our goal is to increase the number of Aboriginal and Torres Strait Islander people entering into and graduating from medical school, undertaking pre-vocational and subsequently specialist training, and, once specialists, ensure that fellows are supported to continue their professional development.

The first Collaboration Agreement AIDA/ MDANZ was signed in 2005. The third collaboration agreement was signed on 21 August 2012 and aims to achieve the following three objectives to:

- provide leadership within the medical community on priority matters for Aboriginal and Torres Strait islander peoples;
- drive Indigenous health initiatives across the medical education continuum and support initiatives across other health disciplines; and
- share knowledge routinely and through specific identified initiatives.

Medical School Outcomes Database and Longitudinal Tracking Project

The Medical Schools Outcomes Database and Longitudinal Tracking Project (MSOD Project) was initially designed to track the pathways of all medical students through medical school and into training and was initially hosted by MDAN). This project demonstrates the potential of collaboration across the sector and between various groups. The data collected by the MSOD Project has been collected over a long period and has been used to inform medical workforce planning and enables evaluation of the long-term outcomes of educational programs.

Further to the point made in the previous section, the MSOD Project, together with the annual data collection of MDANZ has been a valuable source of data to AIDA as it engaged with medical students at various points during their study through commencement, annual and exit surveys. In 2014 there were some changes announced to the scope of the MSOD Project, which will allow data to be linked with the Australian Health Practitioner Regulation Agency (AHPRA) and national health workforce data to identify and monitor long-term trends from medical school through to health workforce. Although these changes will result in less frequent surveys occurring during medical education, AIDA continues to advocate for data collection at various points in the higher education continuum to enable the most informed analysis possible.

The framework - specific feedback

Appendix A: definition of Australian higher education equity groups (the framework, p.52)

AIDA recommends that the definition; 'Indigenous students' in this appendix is modified to be congruent with the widely accepted Commonwealth definition for Aboriginal and Torres Strait Islander people as follows:

An Aboriginal or Torres Strait Islander is:

- *a person of Aboriginal or Torres Strait Islander descent;*
- *who identifies as being of Aboriginal or Torres Strait Islander origin; and*
- *who is accepted as such by the community with which the person associates.*

(Source: Australian Bureau of Statistics www.abs.gov.au)

8. Tier 3 Domains and Indicators

"The rationale for government to invest in higher education is that it contributes to a more productive workforce that is skilled and flexible, leading to higher wages and lower unemployment resulting in higher tax revenues, reduced unemployment expenses and improved international competitiveness. "

(National Commission of Audit 2014, the framework, p.39)

AIDA supports the above statement, as demonstrated through our commitment to increasing the number of Aboriginal and Torres Strait Islander doctors and improving health outcomes for Indigenous Australians. AIDA supports continued investment into tertiary pathways that focus on access, equity and support for Indigenous medical students throughout their university life.

We note the benefits of this extend beyond improved health outcomes and culturally safe delivery of health care, to also include economic benefits such as employment, economic opportunities and safer

communities. An example of this is Aboriginal Community Controlled Health service providers which are a significant employer of Aboriginal and Torres Strait Islander medical and health professionals.

Domain 5: Access to higher education, (Draft data indicator Dictionary, V1.6, p.31)

AIDA would like to emphasise that alternative entry pathways into universities should also be noted when considering offers of admissions made to Aboriginal and Torres Strait Islander students. Examples include Flinders University; *Indigenous Admissions Scheme*, the University of Western Australia; *Provisional Entry Scheme* and *Aboriginal Orientation Course* and the University of Newcastle; *Yapug*.

Concluding remarks

AIDA would like to note the immense benefit to our work that would arise from improved data collection and sharing between medical schools on undergraduate and graduate enrolments for Aboriginal and Torres Strait Islander students. In this regard, we have also provided a copy of this correspondence to MDANZ who may be able to provide you with more useful information about the MSOD Project.

AIDA hopes these comments are useful in further developing the framework, and would be happy to discuss anything in further detail with the National Centre for Student Equity in Higher Education at any time. If you would like to arrange this, or to request further information on any of the matters raised above, please contact Ms Anita Hilton-Thorp, Senior Policy Officer, on (02) 6273 5013 or anita.hilton-thorp@aida.org.au.

Yours sincerely



Ms Kate Thomann
AIDA CEO

23 January 2015

Want to enrol and keep Indigenous university students? Then look to what already works

Larissa Behrendt

In 2011, I chaired a review into Indigenous higher education. We already know that institutions who commit at the highest levels get better results



'Developing teachers who have a deep and practical understanding of the needs of Indigenous children in the classroom is critical.' Photograph: AAP

Monday 5 January 2015 12.24 AEST

While we struggle with what does and doesn't work to overcome Indigenous disadvantage, every time an Indigenous person graduates with a tertiary degree we see someone who is transforming their own socioeconomic position and that of their family and community.

In 2011, I chaired a review into Indigenous higher education for the federal government. The sector exhibited signs that are not unusual in Indigenous affairs - there was a lot of goodwill, some programs at a local level worked really well, but those led from the top down were not as effective as they could have been if there was more scope to adapt them to differing circumstances.

One of the most marked discoveries was that universities with good results had usually made a commitment at the highest levels to achieving in the area. Institutions that did well on the number of Indigenous students enrolled - and then did well on keeping them and graduating them - did not just rely on resources allocated to Indigenous education from the government but added to that commitment with undertakings of their own, allocating their own resources towards programs and activities for Indigenous education. These included the allocation of additional support for scholarships, employment opportunities, accommodation, counselling and cultural activities.

The review directed half of its recommendations towards the government in terms of ways in which it could better direct resources within the sector. It didn't need to ask for more resources; the resources allocated just need to be used more effectively.

The other recommendations were directed at the sector. Although not a recommendation, there was some discussion that perhaps, over time, universities that continued to underperform should have Indigenous program money taken from them so it could be directed to those institutions doing well. This approach was mooted with a proviso that regional universities play a special role in the pathway.

Students from rural areas often enrol in the early parts of their degrees in a regional university and transfer to a city-based or more prestigious university as they grow more confident and perhaps get more ambitious - say switching from nursing to medicine. This would show up negatively on the figures of the regional university as simply a loss of a student, when in fact the institution had played a critical role in the education pathway.

Reaching the recommended target of 2.2% of Indigenous students so that student numbers reflect the population percentage has been a struggle for the tertiary sector. Although Indigenous people now make up around 3% of the total population, the Indigenous community is statistically young, so the percentage in the age brackets that would access higher education is lower.

The tertiary sector has currently achieved an Indigenous student population of 1.3% and raising it is a challenge. Universities will point to a "pipeline" problem - there are not enough Aboriginal and Torres Strait Islander students coming through high school to meet the numbers needed to make the benchmark. Many universities offer scholarships to top Indigenous students as they graduate high school and there is fierce competition for them.

But the tertiary sector owes greater duty to Indigenous students in high school and to the development of the pipeline. Firstly, rather than simply targeting top students in their final years, nurturing interest in English, maths, science and other subjects from an earlier age and cultivating an interest in a university pathway should be undertaken more actively from the beginning of high school or even in primary school.

This is the approach taken by the Aspiration Initiative, which understands that by the beginning of high school, Indigenous students are statistically behind their non-Indigenous counterparts in literacy and numeracy and that gap deepens through each subsequent year of high school.

Similarly, there are plenty of professional firms who would be happy to employ Indigenous graduates, especially as part of a Reconciliation Action Plan. But perhaps the roles of professions in supporting Indigenous students could begin much earlier. For example, camps for science and engineering in the early stages of high school, and scholarships and cadetships to assist with studies could be much stronger ways to support students into professional careers.

The work done by the Australian Indigenous Doctors Association is an example of best practice. They encourage young people into the profession, provide support, mentoring

and activities to engage medical students, work with the council of Australian medical deans to ensure that all doctors who graduate are competent to treat the specific health problems of Indigenous Australians and thereby set a much more holistic pathway for students.

The other place where the tertiary sector can contribute to the pipeline is in improved teacher education. Developing teachers who have a deep and practical understanding of the needs of Indigenous children in the classroom is critical. Research into factors that account for Indigenous truancy include poor teacher education and an unengaging curriculum.

The 2.2% figure could be achieved by tapping into potential students that the tertiary sector often overlooks. There are large pools of Aboriginal and Torres Strait Islander people who work in the public sector and community organisations who are skilled, literate and have important life experience. Finding better pathways for this group of people to pursue higher education ambitions is another way for the sector to increase its numbers.

Some universities do well in enrolling large numbers of students but then have a high number drop out. During the consultation process of the review, students identified three key issues in determining their ability to continue studying: financial support - especially for students with dependants; academic support through tutoring; and cultural support - a space on campus that felt "safe" and where students could create a peer environment.

It is in relation to these areas that Indigenous student centres provide an important part of the success in retaining Indigenous students. There was no evidence from the extensive consultations undertaken by the review that student centres were ghettos.

The move by a few universities to close or mainstream their Indigenous student support services runs contra to the evidence presented to the review panel. There are, of course, many students who do not choose to use those centres, but the ones who do find them invaluable in navigating their pathway through higher education.

During the work of the review it became clear there is plenty of evidence for what is ly be achieved if

