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Dear Professor Wilson and Dr Feyer,

RE: Australian Indigenous' Doctors Association input to the Review of Medical Intern Training

Thank you for taking the time to meet with the Australian Indigenous Doctors' Association (AIDA) on 28 April 2015 about the current national review on the current medical internship model. We were pleased to discuss this very important issue and, noting that the review is currently in its first phase, look forward to remaining engaged with you in the next phase of the project. In terms of our meeting, I would now like to formalise our advice to your around issues of: cultural safety for Aboriginal and Torres Strait Islander doctors, medical students and patients; population parity in the medical workforce; our concerns about early streaming; data collection and some models of intern training that may have potential.

To set the context of our response, AIDA is the nation's professional association for Aboriginal and Torres Strait Islander doctors and medical students, and advocates for improvements in Aboriginal and Torres Strait Islander health in Australia. We are working towards improving the health of Aboriginal and Torres Strait Islander people and reaching parity of Aboriginal and Torres Strait Islander health professionals across the entire health sector. 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.

For Aboriginal and Torres Strait Islander people, health not only refers to the physical well-being of an individual, but also the social, emotional and cultural well-being of the whole community. Within a community, each individual is encouraged to achieve their full potential as a human being, thereby benefitting the well-being of their entire community. It is a whole of life view and includes the cyclical concept of life-death-life[1]. I mention this here as it provides a reference point for how our views around health and subsequent health needs are different to those of mainstream Australian society.

Population Parity

Aboriginal and Torres Strait Islander peoples are under-represented in the health workforce. For example, there are around 96,500 doctors and around 204 of those are Aboriginal and Torres Strait Islander people. In terms of reaching population parity, (3%) in the medical profession, we need another 2,691 additional Aboriginal and Torres Strait Islander doctors. Any changes to the intern system in Australia must support Aboriginal and Torres Strait Islander doctors as they start their careers as doctors and provide the foundation for long and successful careers in medicine.

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[1] National Aboriginal Health Strategy Working Party (1989), *A National Aboriginal Health Strategy*. NAHSWP, Canberra

Issues of Cultural Safety

AIDA asserts that any changes to the Australian intern model must support the development and enhancement of cultural safety for Aboriginal and Torres Strait Islander patients and doctors as a priority. AIDA strongly advocates for efforts to strengthen cultural safety through:

- the leadership of Aboriginal and Torres Strait Islander people and national professional health organisations;
- genuine partnerships between governments, institutions and other key stakeholders with Aboriginal and Torres Strait Islander organisations and communities;
- the ongoing accumulation of knowledge of past and current Aboriginal and Torres Strait Islander values, principles and norms; and
- accountability mechanisms to ensure awareness of Aboriginal and Torres Strait Islander values, principles and norms are applied appropriately.

In 2013 AIDA launched our position paper on cultural safety – *Cultural Safety for Aboriginal and Torres Strait Islander Doctors, Medical Students and Patients* – which outlines our views on this important issue. We assert that for Aboriginal and Torres Strait Islander people culture is a source of strength, resilience, happiness, identity and confidence. Each of these factors are inextricably linked to health and wellbeing, making the protection and promotion of culture critical to progressing improvements in Aboriginal and Torres Strait Islander health. Quality health care for Aboriginal and Torres Strait Islander patients needs to be responsive to cultural differences and the impacts of racism (conscious and unconscious).

It is well known that Aboriginal and Torres Strait Islander people are more likely to access, and will experience better outcomes from, services that are culturally safe places for Aboriginal and Torres Strait Islander people. The linkages between Aboriginal and Torres Strait Islander health and cultural safety are important, and need to be strongly valued and understood by the medical profession at all levels. However, for many Aboriginal and Torres Strait Islander patients the hospital system can be a culturally unsafe place. This is evidenced through the significant differential between surgical and medical procedures (excluding dialysis) as well as high levels of discharge against medical advice for Aboriginal and Torres Strait Islander people compared to their non-Indigenous counterparts.

AIDA also seeks to ensure that hospitals and clinical settings are culturally safe places for our doctors to train and work both as interns but also into their future careers. We do this through advocacy with organisations such as the Department of Health, the Australian Medical Council, Confederation of Postgraduate Medical Education Councils, individual jurisdictional Postgraduate Medical Education Colleges and both the Council of Presidents of Medical Colleges (CPMC) and individual Colleges of the CPMC. Any changes to the intern system must embed the idea that cultural safety is everybody's responsibility. It will also be essential that the senior hierarchy (including governance structures) of hospitals are included in this as we note that the engagement of senior hospital staff and boards on issues of cultural safety is variable across different hospitals.

Concerns Regarding Direct Streaming

As noted during our discussion we have a number of concerns about direct streaming to specialisation. As Ms Thomann noted during our meeting the first Aboriginal doctor, Professor Helen Milroy, graduated in 1983. This was some 100 years behind the first Indigenous medical graduates in other comprable countries. In 2014 we celebrated our first intergenerational doctors – that is Aboriginal and Torres Strait Islander doctors whose parents are also Aboriginal and Torres Strait Islander medical doctors. As such, I advised that our cohort of doctors do not have the same exposure to the diversity of medicine as many of their peers. Direct streaming to specialisation would limit opportunity for our doctors, as well as other

doctors with similar non-medical family backgrounds, to experience and gain a broader appreciation of the range of medical careers available to them.

During our conversation I also advised that immediate specialist streaming following graduation from medical school has a number of implications. One would be regarding doctors' knowledge of the healthcare system. The current system offers interns the opportunity to experience parts of the healthcare system and experience elements of how this complex system works (and doesn't work). Early specialisation would lessen experience overall exposure to Australia's healthcare system and limit a doctor's understanding of this system.

Further, the current system allows doctors to sample different specialties before deciding on a career path. Early specialistion, without a chance to experience the specialty, result in inappropriate specialty selections being made including being based on unrealistic expectations. Any inappropriate decisions have high cost. There are financial and personal costs for the doctor, for the Commonwealth and State and Territory health departments (in terms of wasted Specialist Training Positions) and for patients who may have specialists who may not best suited for their profession.

Data Collection

Data collection in the Aboriginal and Torres Strait Islander medical workforce is an important and ongoing issue.

In our discussion we highlighted the work that AIDA is doing around medical workforce modeling as it relates to the issue of population parity and future Aboriginal and Torres Strait Islander medical workforce needs. We feel that all doctors should be asked about the Aboriginal and Torres Strait Islander status at the time of intern intake. We also ask that the issue and importance of data collection, particularly as it related to the Aboriginal and Torres Strait Islander medical workforce, be kept in mind and included in all future Commonwealth modelling processes.

I note that it is important that questions around Aboriginal and Torres Strait Islander status are also asked in the right way. For example, we would specifically recommend that Aboriginal and Torres Strait Islander be used in preference to Indigenous. The use of Aboriginal and Torres Strait Islander reflects our strong preference, but also avoids confusion where doctors with overseas backgrounds have their own Indigenous heritage.

Models of Interest

As noted during our conversation there are a number of intern models from around the world (the Health Education & Training Institute in Australia, Norway and New Zealand) that could be of interest in your review of the Australian intern system. Our views on these models are outlined below.

Health Education & Training Institute

The Aboriginal and Torres Strait Islander doctor cohort is relatively small and the annual number of interns is smaller again. Noting this, we feel that there is capacity to provide further supports to Aboriginal and Torres Strait Islander doctors in their transition from medical students to medical professionals. We commend the work of the Health Education & Training Institute (HETI) in New South Wales through The Aboriginal Medical Workforce Recruitment Pathways Program (the Pathway) to you.

The Pathway is about linking Aboriginal and Torres Strait Islander medical graduates with support during the transition from medical school to prevocational trainee. These supports can include having family; mentors; connection to country; or having had a good student placement in the area nominated for intern placement. Unlike other jurisdictions the Pathway is open to all Aboriginal and Torres Strait Islander

medical graduates which is important for doctors who have studied away from home but want to return to their communities.

While the Pathway is an important first step, HETI is in the early stages of building on this success through their work with the Aboriginal Trainee Doctors Forum. The inaugural meeting of this group took place earlier this month and allows for open discussion on current topics and informs policy and support, needs based research projects, involvement in the evaluation of the Aboriginal Pathways Program. The forum members will develop information for hospital management teams around the topics of cultural safety training, Local Health District partnership arrangements, Hospital Liaison Officers and Aboriginal Community Controlled Health Services (ACCHS).

Norway

We feel that there may be some merit in extended rotations that are longer than those in the current Australian medical intern system. For example as raised during our meeting Norway has a longer period of internship than in Australia. Intership is for a period of 18 months with three rotations of six months duration which we understand are in surgery, medicine and general practice. These longer rotations offer doctors the ability to more fully understand their rotation and better embed clinical skills.

New Zealand

The New Zealand intern model which embraced community health and provides service delivery support is a useful model to consider. We feel that whatever model we go forward with needs to more fully embrace community health and give greater opportunity for clinicians to engage in this important health early in their career.

As noted at the start of the submission health not only refers to the physical well-being of an individual, but also the social, emotional and cultural well-being of the whole community. Currently, ACCHS provide roughly 2.5 million episodes of care to an estimated 342,000 Aboriginal and Torres Strait islander people, and other Australians, annually. AIDA believes the ACCHS model of care, which focuses in the delivery of comprehensive primary health care, is best placed to provide both culturally safe and clinically appropriate health care for Aboriginal and Torres Strait Islander people. Indeed the mainstream health sector could learn a lot from this sector regarding the delivery of comprehensive primary health care and the treatment of the whole person.

While we do not speak for the ACCHS Sector, we feel that a ‘community placement rotation’ in this sector would provide medical professionals with an excellent opportunity to experience Aboriginal and Torres Strait Islander health and would improve their practice into the future.

With this in mind, and with reference to the Australian context, we feel that the loss of the Prevocational General Practice Placements Program (PGPPP) has been a retrograde step. We felt that the PGPPP program was largely successful and that there were a number of important learnings that could be applied to the current intern review. As discussed, from our observation there was little difference between the successful placements based on where in their clinical training (PGY1 or PGY2) the doctor was, as this was generally their first exposure to community health. Success was more dependent on the individual selected. However, we would place certain caveats on our support to community health placements. Intern placements in this setting would need to be appropriately funded and resourced, appropriately salaried and with adequate supervision. Further, the hosting organisation would need infrastructure and space to support the intern.

If you would like any further information regarding our advice to you please do not hesitate to contact Ms Thomann, AIDA CEO, through the AIDA Secretariat on (02) 6273 5013. The Medical Intern Review an important issue that will have implications for the Aboriginal and Torres Strait Islander medical workforce into the future. AIDA remains very interested in this project and would like to remain engaged as you develop options for the future.

Yours sincerely

Dr Tammy Kimpton
President
5 May 2015