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Review of the National Registration and Accreditation Scheme for
Health Professions
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Dear Mr Snowball

RE: Review of the National Registration and Accreditation Scheme for Health Professions

The Australian Indigenous Doctor's Association (AIDA) welcomes the opportunity to provide a submission to the Australian Health Ministers Advisory Council (AHMAC) on the Consultation Paper of the Review of the National Registration and Accreditation Scheme (NRAS) for Health Professions.

AIDA is the peak body representing Aboriginal and Torres Strait Islander doctors and medical students and advocates for improvements in Aboriginal and Torres Strait Islander health. AIDA works to progress improvements in Aboriginal and Torres Strait Islander health, achieve parity of Indigenous health professionals across the health sector, and shape a health system that is culturally safe, high quality, reflective of need and which respects and incorporates Aboriginal and Torres Strait Islander cultural values.

AIDA is represented on a range of government and non-government health, education and workforce groups, including the National Health Leadership Forum, the Committee of Presidents of Medical Colleges Indigenous Health Committee and other Medical College groups. In doing so, AIDA is informed by a number of declarations which specify the value in, and the need to respect, Aboriginal and Torres Strait Islander knowledges, systems and frameworks.

Aboriginal and Torres Strait Islander doctors provide a unique medical and cultural perspective on Aboriginal and Torres Strait Islander health. In relation to medicine, the positive effects of Indigenous doctors for Indigenous peoples' physical, emotional and cultural wellbeing have long been recognised by government and by other Indigenous and non-Indigenous stakeholders (Minniecon D & Kong 2005).

Aboriginal and Torres Strait Islander peoples are underrepresented 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 Indigenous doctors. This number would need to increase two to three times if it was to reflect the burden of disease and the number of doctors required to service the greater health needs of the Indigenous population. There are currently around 310 Aboriginal and Torres Strait Islander medical students.

AIDA's submission provides a general response to the review's questions. AIDA welcomes the opportunity to follow up with the outcome from this review to develop and refine implementation strategies prior to implementation.

AIDA recommends a proactive, holistic, consultative and engaged approach, around activities and outcomes affecting Aboriginal and Torres Strait Islander people. Importantly, given the health disparity between Indigenous and non Indigenous peoples, Aboriginal and Torres Strait Islander

Leadership, Partnership, Scholarship

issues should be at well considered throughout this review to ensure matters of equity and cultural safety are considered in the review write up process.

Accountability and transparency

AIDA supports the idea of accountability for the NRAS as a whole, and believes that, in the interests of public and patient safety and quality of care, the NRAS requires a strong independent oversight body. However, based on the information in the consultation paper, it is unclear if AHWAC would be the most appropriate body to provide independent reporting on the operation of the NRAS. Thus AIDA is unable to support the Australian Health Workforce Advisory Council (AHWAC) taking on such a role.

AIDA supports the Australian Medical Association (AMA) position outlined in their submission to this review whereby:

the health practitioner regulation scheme must remain a notifications/ disciplinary model and not become a consumer outcome/dispute resolution process. The regulators must focus on protecting the public, not providing resolutions for individuals. The state based health complaints entities are well placed to deal with health care complaints from individuals who desire an individual resolution. Improved triaging of notifications and complaints is needed.

AIDA supports the inclusion of Key Performance Indicators (KPI) to participating agencies, which would be regularly reported and published on the appropriate website. Specifically, AIDA recommends the need to have reportable KPIs addressing Aboriginal and Torres Strait Islander issues particularly on issues of cultural safety. In an Aboriginal and Torres Strait Islander context, issues of cultural safety are paramount to public safety.

AIDA notes that the NRAS refers to the setting of minimum standards for professional standards. AIDA supports a transparent consultation process on the development of such standards and would be pleased to work with AHWAC in the development of relevant KPIs and minimum standards in particular those that relate to Aboriginal and Torres Strait Islander health and cultural safety issues.

AIDA supports the AMA's recommendation that the NRAS assessment and evaluation process should be funded by governments. It is not necessary to have a legislative basis for this entity. The independent entity and the assessment group should have appropriate administrative support and be able to access specific clinical and health economic expertise as required. The assessment group should be able to receive proposals for expanded scope of practice, and initiate assessments. All assessments by and advice of the assessment group should be made publicly available.

AIDA recommends inclusion of Indigenous participation on all National Boards on an equity basis. This should also extend to all relevant jurisdictional boards.

AIDA is unable to support the co-regularly approach in Queensland as the model is yet to be tested and proven as a more efficient, effective, transparent process.

AIDA supports the ongoing coordination with other key groups, including the Australian Health Practitioner Regulation Agency (AHPRA). Noting the role of the National Health Practitioner Ombudsman and Privacy Commissioner (NHPOPC), consideration needs to be given for the inclusion of the Human Rights Commission to have a role to ensure the accountability, transparency and responsiveness of the regulatory system.

Workforce reform and access

The consultation paper seeks to give AHWAC a wide reaching role in the health workforce reform agenda, however this paper does not provide information about how it might undertake that role.

AIDA supports health workforce reform developed and managed outside of the NARS. AIDA is cautious about the Advisory Group taking on dual aims of monitoring and reporting on the performance of the regulators of the health workforce and of having a significant role in shaping health workforce reform.

It is recommended that any independent structure needs to consider Aboriginal and Torres Strait Islander workforce development and public and patient safety issues taking into account the following:

- **Education and Training accreditation, competencies, and standards**

The current medical education and training accreditation system is rigorous. While every structure needs refining, it provides a quality assurance framework covering a suite of issues including patient safety, education and training, assessment, issues relating to overseas training doctors. AIDA works with bodies such as the Australian Medical Council (AMC), CPMC and with Medical Colleges. In this regard, AIDA has advocated for the inclusion of specific Aboriginal and Torres Strait Islander standards to the AMC (please refer to **Attachment A – AIDA letter to AMC October 2013**).

AIDA also provides submissions to the AMC on the re-accreditation of medical colleges as they arise. Consistent with this approach, AIDA supports:

- increased dedicated time throughout all health training to effectively implement Aboriginal and Torres Strait Islander health content in all health curriculum;
- Aboriginal and Torres Strait Islander health studies that are examinable;
- increased vertical integration and improving the continuity of Aboriginal and Torres Strait Islander health curriculum content;
- Aboriginal and Torres Strait Islander health curriculum content to be user friendly to increase engagement, impact and ongoing use of material and resources;
- the development of case studies in training using social and cultural determinants of health model, which promotes holistic and strengths based perspectives. Caution is recommended against pathologising and problematising individuals, it can lead to negative stereo-typing if not seen within a holistic framework addressing issues of power, environment, social, cultural and political aspects of health;
- incorporating Aboriginal and Torres Strait Islander specific standards in the assessment and accreditation of medical education programs;
- increasing opportunities for personal insight development regarding culturally unsafe practice (opportunities can be integrated into education and training and continuing professional development programs);
- ongoing evaluation activities. For example, health trainees baseline knowledge of Aboriginal and Torres Strait Islander health issues could be undertaken at the beginning, middle and end of their program to assess their knowledge, skill base and confidence levels in applying theory to real world situations.

- **Addressing cultural safety issues**

Peer-reviewed literature highlights, a lack of cultural awareness, sensitivity, safety and competence within the Aboriginal setting is perhaps the single greatest barrier to ensuring the delivery of effective and equitable healthcare to Aboriginal people (Durey, 2010; Robins et al, 2001).

Empirical evidence suggests that a lack of cultural competency:

- significantly hampers effective diagnosis, treatment and prevention of disease and illness (McLennan and Khavarpour, 2004; Towle et al, 2006);
- results in Indigenous people being less likely than non-Indigenous people to receive basic elements of clinical care across the whole spectrum of disease (Geiger, 2001; McGrath, 2010);
- leads to considerable patient disengagement, poor adherence to treatment, and ultimately poor health outcomes (Lowell, 1998; Anderson et al, 2008, McGrath, 2006).

Further, an 2013 Alice Springs study undertaken by Flinders University NT Rural Clinical School, found that an increased risk of self discharge by Aboriginal patients has been recognised for more than 30 years. This study states that the decision to self discharge is rarely discussed with medical staff and results in the abrupt cessation of all therapy, complicating patient follow up and increasing readmission rates and post operative complications (Einsiedel et al 2013).

Evidence indicates that a major contributing factor is the responsiveness of the hospitals to the health and wellbeing needs of Aboriginal and Torres Strait Islander peoples. Factors that impact include trust and respect, staff attitudes, hospital policies, and consequently patient mistrust in the health system. Some researchers are now suggesting, that there is widespread acceptance among many health practitioners in Australia, as the *norm*, of a grossly deficient standards of cultural interactions with Aboriginal patients (Cass et al, 2006).

This evidence highlights the need to include enablers in tertiary and primary health care health systems to address issues of cultural safety, including:

- reportable KPIs/national standards;
- inclusion of Indigenous leadership on all Governance structures;
- equipping all health leaders (in governance roles) with the skills to develop cultural safety practices at an individual and systemic level; and
- inclusion of Indigenous assessors for overseas trained doctors. A high number of overseas trained doctors work in Aboriginal and Torres Strait Islander health.

The NRAS needs to reflect the responsibility the health and wellbeing workforce has in improving Aboriginal and Torres Strait Islander health outcomes through the adoption of cultural safety KPIs and standards. This includes having knowledge of and respect for the cultural needs of Aboriginal and Torres Strait Islander patients, and acknowledging the socioeconomic and cultural factors influencing the health of Aboriginal and Torres Strait Islander people.

Improving the complaints and notifications system

AIDA supports a system which is efficient, effective, coordinated and transparent in its dealings. It is important for both the consumer and the health professional to have any concerns dealt with in a timely manner. Undue delays cause undue stress on all parties concerned.

AIDA supports principles of natural justice, thus, health professionals should not be publicly named on any website or other public domain where matters are unproven.

AIDA advocates for inclusion of nationally consistent cultural safety standards to support improved public safety and sustainable health outcomes. This will better support Aboriginal and Torres Strait Islander people, as well as people of all cultural backgrounds.

AIDA supports the development of plain language guidelines for members of the public and for the health professional which clearly documents the policy framework, process and timeframe.

AIDA supports consistency across jurisdictions to support:

- expedient resolution of notifications; and
- a process which is coordinated and unified to investigate and resolve issues of concern.

AIDA supports regular meetings with relevant groups including AHPRA, the Medical Board, the CPMC to discuss issues of mutual interest concerning the operation of the NRAS and related matters.

National Online Register of Health Practitioners

AIDA supports AHPRA working towards comparability of registration conditions and listings across Australia.

AIDA recommends the numbers of Indigenous doctors be published on the registration table (please refer to table 9: Regulators and registrant numbers in Australia and the UK pg 44 of the consultation document).

AIDA recommends that the acronym 'ATSI' not be used in tables, reporting or otherwise. This acronym can be highly offensive to some Aboriginal and Torres Strait Islander people.

Mandatory notifications

Noting that public safety is a fundamental concern, it is also important to support the mental health and wellbeing of health professionals. A 2014 background paper prepared by *beyondblue* and AMA *Developing an action plan to support the mental health of doctors and medical students* highlights that the task of improving and protecting the mental health of doctors and medical students takes place in a complex environment.

A national survey was undertaken by *beyondblue* which canvassed the views of over 14,000 medical doctors and medical students. This survey revealed that there are a number of recurring challenges including stigma, the culture of medicine and stressful working and training environments. It also makes reference to Aboriginal and Torres Strait Islander medical students and doctors which:

- identifies that Aboriginal and Torres Strait Islander doctors are more likely to report being very stressed by racism and bullying; and
- notes that Aboriginal and Torres Strait Islander medical students as a subgroup appear to have poorer mental health than their peers.

This can, in large part be explained by the ongoing legacy of colonisation which has disrupted the natural flow of family traditions including ways of recounting history. Inherently racist policies and practices meant that Aboriginal and Torres Strait Islander families have experienced brutality on a number of fronts including day to day racism, exclusion, martial warfare, history of genocide, loss of land, removal of children, forcible destruction of community and family traditions. Discriminatory practices have left Aboriginal and Torres Strait Islander people exposed to experience high levels of grief, loss, trauma and anger over successive generations which have implications for the maintenance of good health and a strong sense of self and identity.

Central to surviving these atrocities, Aboriginal and Torres Strait Islander culture has been, and continues to be, 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.

Addressing issues of cultural safety systemically and on an individual basis will make a significant contribution to supporting the health and wellbeing of Indigenous medical doctors and students.

On an individual basis the 2014 *beyondblue* and AMA report identifies additional support through specific mental health services, strengthened mentor/mentee relationships and training to maintain good mental wellbeing and stress management.

Thus, consistent with the Royal Australian and New Zealand College of Psychiatrists and the AMA's submission to this review, AIDA advocates for treating practitioners to be exempted from the mandatory reporting requirements and supports the removal of such requirements already enacted in Western Australia and Queensland. It is possible that practitioners in jurisdictions outside Western Australia and Queensland will refuse treatment for illnesses, injuries or additions from other health practitioner because of their belief their treating health practitioner will report them. It is critical that health practitioners are not deterred, for any reason, from seeking early treatment for their health conditions.

Registration delays and to assessment pathways

In response to the *Lost in the Labyrinth Report*, the AMC and the Medical Board of Australia have implemented improved processes to address a range of the key issues raised. The AMC also opened the National Test Centre for AMC examinations, to improve the availability and efficiency of the examinations for overseas trained medical practitioners seeking general registration in Australia and has further developed the Workplace-Based Assessment pathway as an alternative to the Standard pathway. Building on this point, AIDA supports workplace based assessment pathways.

Workplace based assessment pathways recognise and validates alternative contexts by providing the opportunity to showcase the knowledge, attitudes, skills and competencies required to excel as a medical practitioner in diverse socio-cultural and geographical contexts.

AIDA supports workplace based assessment pathways as a legitimate and credible pathway to fellowship as it supports a multiplicity of features common to all candidates particularly those from minority cultural backgrounds, those for whom English is spoken as second language, when there is difficulty interpreting and comprehending complex and technical language, and/or when candidates are unfamiliar with examinations taking place in controlled and clinical settings. AIDA's members work in a diverse range of remote, rural and urban settings and in some cases likely to perform better in a less formal situation which better reflects the cultural, social, environmental and geographical context in which people work and live. Workplace based assessment supports this context.

Training on the job allows the candidate to practice the preferred management techniques or skills required to medically and safely manage the person or situation appropriately. Workplace based assessment pathways recognise the value in community development principles and practices including issues of access and equity, needs based services, and local participation and decision making. This has subsequent benefits for the broader community as the doctor is required to have developed an in depth understanding of the health and wellbeing needs of the local community due to the comprehensive assessment method. In addition to the aforementioned reasons outlined, work based assessment offers those doctors who have been in the training system for an extended period of time, and who are highly skilled, an opportunity to attain Fellowship. Often these registrants have a high work load, and have significant family and community commitment and responsibilities.

Thank you for providing the opportunity to provide this feedback. Should you require further information please contact Ms Kate Thomann, Chief Executive Officer, or Ms Louise Cooke, Senior Policy Officer, on 02 6273 5013.

Yours sincerely



Dr Tammy Kimpton
President

20 October 2014

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4 October 2013

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Dear Mr Frank

**re: Review of Accreditation Standards for Specialist Medical Education
and Continuing Professional Development Programs**

I am writing in relation to the letter from Ms Theanne Walters dated 27 August 2013 inviting the Australian Indigenous Doctors' Association (AIDA) to provide feedback on the proposed scope of the aforementioned review.

AIDA considers it both timely and opportune to provide input into the proposed scope as we consolidate our partnerships at both the peak level through the Committee of Presidents of Medical Colleges and bilaterally with individual with medical colleges.

The rationale for the recently signed AIDA-CPMC Collaboration Agreement highlights the need for:


Increasing the Aboriginal and Torres Strait Islander medical specialist workforce by recruiting and supporting Indigenous graduates to fellowship will contribute to addressing the current under-representation of Indigenous doctors in the medical workforce. Moreover, a critical mass of Aboriginal and Torres Strait Islander medical specialists will make a significant contribution to reducing the gap in health outcomes between Indigenous and non-Indigenous Australians.

Equally, it is essential that all medical specialists understand the social, cultural and political context of Australia's Indigenous people's lived experiences, and practice with cultural competence when working with, and treating, Aboriginal and Torres Strait Islander people and their families.

AIDA asserts that In order to achieve the above, the accreditation standards for specialist medical education and continuing professional development must specifically contain Aboriginal and Torres Strait Islander standards, as long demonstrated in the accreditation standards for medical schools.

Among specific outputs agreed within the agreement are the following:

- Ensure that College wide Aboriginal and Torres Strait Islander identification data collected and reported
- Establish targets for Aboriginal and Torres Strait Islander trainees and fellows
- Implement initiatives to strengthen entry pathways, consolidate retention and fellowship completion for Aboriginal and Torres Strait Islander doctors, such as recruitment and mentoring strategies

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- Implement Indigenous health learning modules within Colleges
 - Negotiate with the Australian Medical Council for the inclusion of specific standards to address Aboriginal and Torres Strait Islander health

Additionally, AIDA and the CPMC jointly wrote to the AMC in October 2012 calling for the inclusion of Aboriginal and Torres Strait Islander specific standards, thus AIDA is pleased with your invitation to provide feedback on the scope of the review. Having considered the proposed scope, AIDA recommends the following:

Standard One:

That this standard is strengthened to go beyond *allow relevant groups to be represented in decision making*, to specify a requirement for governance structures to include Aboriginal and Torres Strait Islander people

Standard Two:

That the notes specifically reference cultural competence and cultural safety for Aboriginal and Torres Strait Islander people

That the notes to this standard are strengthened to fully take into account the continuing health inequity between Aboriginal and Torres Strait Islander and non-Indigenous people

Standard Three:

That this standard specifically include a standard on Aboriginal and Torres Strait Islander health curriculum coverage

Standard Six:

That Aboriginal and Torres Strait Islander people are members of monitoring and accreditation processes, including assessment teams

Standard Seven:


That medical colleges address the under-representation of Aboriginal and Torres Strait Islander trainees and fellows through specific policies and programs

Standard Eight:

That culturally safe supervision and mentorship of Aboriginal and Torres Strait Islander trainees be addressed in the notes

In recognition of the critical importance of the proposed review, against a backdrop of continuing education, workforce and health disparities experienced by Aboriginal and Torres Strait Islander people, with Aboriginal and Torres Strait Islander health and wellbeing central to this nation's future narrative, AIDA seeks the AMC's consideration and agreement on the following:

- The inclusion of an Aboriginal and Torres Strait Islander representative on the AMC's Specialist Education and Accreditation Committee
- The inclusion of an Aboriginal and Torres Strait Islander representative on the committee/working group or other such mechanism responsible for the *Review of Accreditation Standards for Specialist Medical Education and Continuing Professional Development Programs*

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- The establishment and resourcing of a mechanism to specifically address the *Review of Accreditation Standards for Specialist Medical Education and Continuing Professional Development Programs* as related to improving Aboriginal and Torres Strait Islander outcomes.

I look forward to your response on the above, and again, thank you sincerely for the opportunity to provide feedback on the proposed review.

Please feel free to contact me on romlie@aida.org.au or (02) 6273 5013 if you have any queries or comments.

Yours sincerely,



Romlie Mokak
Chief Executive Officer