



AIDA

The Australian Indigenous Doctors' Association
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Australian Health Minister's Advisory Council
Accreditation Systems Review
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To whom it may concern

Re. Independent Review of Accreditation Systems within the National Registration and Accreditation Scheme for health professionals

The Australian Indigenous Doctors' Association (AIDA) welcomes the opportunity to contribute to the *Independent Review of Accreditation Systems within the National Registration and Accreditation Scheme for health professionals* (the review). AIDA recognises the importance of accreditation in the education and training of a highly skilled Australian medical workforce and we hope our below comments are of use in this consultation process.

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 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.

General comments regarding the review

AIDA is very supportive of rigorous, transparent and regulated accreditation process for medical education and training. We recognise the important role these processes play in longer term workforce outcomes, and ultimately on the health and wellbeing of Aboriginal and Torres Strait Islander people.

AIDA also notes the broad range of accreditation systems that are operational across the Australian health care system and while we broadly support measures that look to increase efficiencies in the system, our comments are provided on the basis of our specific knowledge and experience within the specialist medical accreditation system.

Before moving on to our more specific comments relating to the review, AIDA wishes to comment on the following recommendation of the discussion paper:

'The Australian Health Minister's Conference should establish a single national accreditation board for health professional education and training'. (p.75)

We note and understand the various considerations and arguments in favour of this, as outlined in the discussion paper. However, extending our full support towards this approach is challenging in the absence of further policy and governance details around how this would work in practice. In particular we would

strongly caution against doing this before undertaking meaningful and specific consultation with all Aboriginal and Torres Strait Islander health peak organisations around what their specific accreditation needs may be under this proposed new structure.

This proposed change presents a real opportunity to engage the sector on workforce needs and planning, and has the potential to be a very positive engagement between key organisations and federal accreditation bodies. Secondly, we would strongly advocate that any new accreditation board has Aboriginal and Torres Strait Islander representation to ensure meaningful and ongoing engagement between the government and Indigenous health peak organisations beyond the period of this specific consultation process.

Workforce modelling into the future

Although Australia's Aboriginal and Torres Strait Islander health workforce is growing, AIDA notes that Aboriginal and Torres Strait Islander people remain significantly under-represented across many health professions, including medicine. Aboriginal and Torres Strait Islander people currently comprise around 2.0% of the entire Australian health workforce and around 0.2% of the entire medical profession.

AIDA notes the discussion paper for the review does not address any specific needs around growing the Aboriginal and Torres Strait Islander health workforce. It is our view that targeted workforce development policy and strategy can and should form part of accreditation standards for medical practitioners.

Given that the Aboriginal and Torres Strait Islander population has a greater need for high-quality health care than non-Indigenous Australians, AIDA asserts the medical workforce has a significant role to play in addressing the health disparities that currently exist between Aboriginal and Torres Strait Islander people and the wider Australian population.

As at 2017, there are currently around 97,000 doctors in Australia and approximately 270 of those are Aboriginal and Torres Strait Islander doctors. In terms of reaching population parity (3%) in the medical profession, we need around another 2,700 additional Indigenous doctors. In light of this, AIDA suggests there is scope within the review process underway to consider this disparity in the broader context of planning the future medical workforce.

AIDA's commitment to facilitating culturally safe health care

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. 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.

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. We take the opportunity to reiterate this in the context of the review. In AIDA's view, cultural safety should be considered in broad terms across the accreditation context, and we have undertaken extensive advocacy on this matter with regard to medical accreditation processes.

For example, AIDA is committed to working with medical colleges through the Council of Presidents of Medical Colleges to ensure cultural safety for patients. We also want to ensure that hospitals and clinical settings are culturally safe places for our doctors to train and work as specialists.

Formalising an expectation of cultural safety in standards for accreditation would ensure that trainees and fellows, both Indigenous and non-Indigenous, and medical college staff are culturally safe and provide optimal education and employment environments for Aboriginal and Torres Strait Islander people.

Curriculum needs to be mandatory and assessable

AIDA advocates for specific, mandatory and assessable curriculum to be developed that focuses on capabilities and competencies related to cultural safety for all doctors. We maintain that overall, more work needs to be done to support trainees and fellows develop an understanding of Aboriginal and Torres Strait Islander histories, thus assisting more effective and safe ways to interact and gain clinically relevant information from Aboriginal and Torres Strait Islander people.

It is our view that fellows and trainees across medical specialisations must be able to relate cultural and social factors to diagnostic reasoning and provide advocacy and leadership for patient-centred care. AIDA asserts that these skills are not uniformly taught, assessed and are therefore not uniformly achieved.

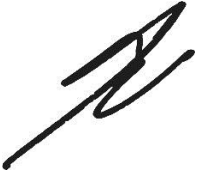
AIDA supports:

- Aboriginal and Torres Strait Islander curriculum that is mandatory, examinable, delivered in the mainstream and underpinned by ongoing evaluation activities;
- Aboriginal and Torres Strait Islander health content to be user friendly to increase engagement, impact and ongoing use of material and resources;
- incorporating Aboriginal and Torres Strait Islander specific standards in the assessment and accreditation of medical education programs;
- providing all trainees and fellows with the skills to understand the historical and socio-cultural context in which health issues occur, to assist in their ability to practice in a culturally safe manner when engaging with Aboriginal and Torres Strait Islander people; and
- increasing opportunities for personal insight development regarding culturally unsafe practice, and that these opportunities can be integrated into education and training and continuing professional development programs.

AIDA maintains that curriculum concerning Aboriginal and Torres Strait Islander health should form a part of the mainstream curriculum for all medical specialists. Further, we assert that assessment of performance against these standards should be assessed and undertaken in a culturally appropriate way by Aboriginal and Torres Strait Islander people. Also on this point, we maintain that overseas-trained specialists must be required to demonstrate equivalent competency against these standards as a baseline requirement of the medical college assessment regime.

I would like to extend my thanks for considering AIDA's comments in this review process. Please contact AIDA CEO, Mr Craig Dukes on (02) 6273 5013 or at Craig.Dukes@aida.org.au if you would like any further discussion around any of the issues raised in our submission.

Yours sincerely

A handwritten signature in black ink, appearing to be 'Kali Hayward', written in a cursive style.

Dr Kali Hayward

President

11 May 2017