



# AIDA

The Australian Indigenous Doctors' Association  
ABN: 84 131 668 936

Professor Anthony Lawler  
President  
Australasian College of Emergency Medicine  
34 Jeffcott Street  
West Melbourne VIC 3003

Dear Professor Lawler

**Re: AIDA submission to the consultation on the draft Australasian College of Emergency Medicine (ACEM) Accreditation Requirements**

I am writing in my capacity as President of the Australian Indigenous Doctors' Association (AIDA) to offer feedback from AIDA into the stakeholder consultation for the ACEM accreditation requirements. AIDA is grateful for the opportunity to engage with this process and we appreciate the extension of time granted for us to make our submission.

AIDA is the national peak body representing Aboriginal and Torres Strait Islander doctors and medical students and advocates for improvements in Aboriginal and Torres Strait Islander health. We work to 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. We believe that by actively pursuing a culturally safe health system AIDA follows the most promising path towards eliminating bullying, harassment and racism in Australia's health system.

As you would be well aware, AIDA has a productive working relationship with ACEM on a number of levels; as colleagues at the CEO and President level through representation at the Council of Presidents of Medical Colleges, through AIDA representation on the ACEM Indigenous Health sub-committee, through ACEM attendance and participation at the AIDA annual conference, between our respective policy teams and through engagement on the development of the ACEM Reconciliation Action Plan. The invitation to offer feedback into this consultation is a further example of our work together in 2016, and I hope you will find the following comments to be of use.

Our feedback is structured around the questions you have directed at stakeholders for consideration.

## **1. What are your initial impressions of the revised ACEM Accreditation Requirements?**

AIDA notes that the following requirements under *Domain 1: Promotes the Health, Welfare and Interests of Trainees* support an education and clinical training environment where trainees can acquire knowledge and skills in a safe, secure and supported workplace. We support measures that enable Aboriginal and Torres Strait Islander trainee doctors to successfully progress through their specialist training, and note the continual importance of culturally safe work environments to achieving this.

We offer some specific additional comments to the below requirements, as they are stated in the current draft.

#### **Requirement 1.1.1.2 - The site provides a safe workplace**

AIDA is of the view that this is imperative to grow the Aboriginal and Torres Strait Islander doctor workforce. We support measures that “..ensure trainees are physically safe and free from bullying, harassment and discrimination within the workplace” (p.7 of the Guide to the Accreditation Requirements) and support specific measures that also target racism.

We also note the divergence of policies and procedures to address complaints of this nature in the hospital system and are supportive of additional efforts to ensure trainees, particularly those who may be more vulnerable to bullying or harassment to safely navigate the complaints system without fear of reprisal or adverse impacts on their broader specialist training.

#### **Requirement 1.1.1.4 - A Mentor Program Coordinator(s)**

AIDA knows the importance of mentoring throughout the training to become a doctor, and we work with our membership to provide this support at all stages of the medical continuum.

The information in the guidelines around this requirement would benefit from further definition if at all possible. We also support the current position in the draft that the Mentor Program Coordinator should not also be the Director of Emergency Medicine Training (DEMT) and that these roles should remain separate.

#### **Requirement 1.1.1.5 - A mentoring program is available for trainees**

Further to our comments above, we support access to a mentoring program for trainees at the hospital training site. We advocate that in addition to general access to a mentor, Aboriginal and Torres Strait Islander trainee doctors also require a mentoring relationship that is culturally safe. Given the inherent power dynamics that are in place between trainee doctors and clinical supervisors in a hospital context, AIDA suggests that mentoring relationships need to be pragmatic, open and ideally exist outside of the direct trainee-supervisor relationship.

#### **Requirement 1.1.2.1 - Process for identifying and managing trainees in difficulty**

This is an important aspect to trainee doctors successfully completing their clinical training. AIDA is aware of the particular challenges that Aboriginal and Torres Strait Islander trainee doctors can be exposed to at this stage in career development. We advocate for a range of measures, support and protections to ensure the hospital training environment is a place where trainee doctors can thrive, eventually leading to a well-trained and equipped future health workforce.

We suggest that there is a role for the college to play in supporting trainees who may be experiencing difficulties, and that a range of mitigating processes are in place, in the event the processes at the hospital or training site are inadequate. Of utmost importance is privacy and confidentiality and this should be emphasised in this requirement.

#### **Requirement 1.1.2.2 - A process for managing trainee grievances**

In addition to the above, AIDA suggests that the accreditation requirements could be more specific in terms of outlining what the college will do to support trainees navigating the two sets of policies and procedures (the hospital site and ACEM) in the event they have a grievance they wish to formalise.

These parallel governance frameworks may be challenging to interpret, and may have a different application to different scenarios. ACEM may want to consider how the support in this regard to trainee doctors could be strengthened.

## **2. Given the overarching aim is to support trainees' progression through the FACEM Training Program, are there any suggestions for improvement?**

AIDA recognises that Aboriginal and Torres Strait Islander health professionals play an important role in improving health outcomes, given their unique ability to align clinical and socio-cultural skills to improve access to services and provide culturally appropriate care for Aboriginal and Torres Strait Islander people. Fostering the growth of the Aboriginal and Torres Strait Islander medical workforce is imperative in improving Indigenous health outcomes. This can be achieved through both increasing the number of Aboriginal and Torres Strait Islander doctors, as well as ensuring the provision of culturally safe health services.

AIDA is of the view the current draft of the accreditation requirements would be strengthened with appropriate references to cultural safety in terms of both the supervision of trainees and patient care. As a strong agent of change towards a culturally safe health system, AIDA believes that the mandatory inclusion of appropriate, substantial, and face to face cultural safety training for all employees in the health sector, particularly all medical doctors, will lead to a strong improvement in the cultural safety of workplace. This in turn impacts on the occurrences of bullying and harassment through encouraging the intake and retention rates of Aboriginal and Torres Strait Islander trainees and doctors. Such cultural safety training should be embedded in a broader cultural safety strategy and repeated at appropriate intervals to ensure continuous learning.

The issues of bullying and harassment cannot be adequately addressed without the inclusion of racism. AIDA strongly supports a system-wide approach to tackling bullying and harassment that includes all levels of government and stakeholders in the health sector. However, as the peak body for Aboriginal and Torres Strait Islander doctors, AIDA cannot ignore the frequent racist experiences of its members and their Indigenous patients. As a result, AIDA would like to see racism to be considered as one of the most common forms of bullying and harassment towards Aboriginal and Torres Strait Islander trainees and doctors.

It is within this broader policy context that AIDA makes the following further suggestions for consideration in the ACEM draft accreditation standards:

- the relevant training site is upskilling their staff and trainees in the role of social determinants of health and the specific impacts of these on health outcomes for Aboriginal and Torres Strait Islander Australians;
- the relevant training site has a workforce that utilises and recognises the value of Aboriginal and Torres Strait Islander Liaison workers in line with their 'patient-mix';
- the relevant training site is committed to supporting and/or ensuring that hospital staff undertake some form of cultural awareness/safety training;
- the Emergency Department and/or hospital policies and complaints processes in regards to discrimination, bullying, and harassment provide clearly defined pathways and actions regarding both victims and perpetrators; and
- ACEM will provide support (administrative/pastoral) to trainees in navigating the hospital complaints process, should the need arise.

If you would like to engage with AIDA further on any of the issues raised above, please contact our CEO, Mr Craig Dukes, on (02) 6273 5013 or by email at [Craig.Dukes@aida.org.au](mailto:Craig.Dukes@aida.org.au).

Thank you for the opportunity to provide our input into this process and we look forward to continuing working on issues of shared interest between AIDA and ACEM in 2017.

Yours sincerely

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

Dr Kali Hayward  
President

9 December 2016