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Ms Kate McCauley
Assistant Secretary
Health Training Branch
Department of Health
GPO Box 9848
Canberra ACT 2601

Dear Ms McCauley

RE: Consultation on the Rural Health Multidisciplinary Training Programme

Thank you for your letter of 30 March 2015, inviting the Australian Indigenous Doctors' Association (AIDA) to provide feedback on the proposed revision to the Rural Health Multidisciplinary Training (RHMT) Programme. AIDA is the professional association for Aboriginal and Torres Strait Islander doctors and medical students and advocates for improvements in Aboriginal and Torres Strait Islander health. AIDA considers the RHMT programme to be an important strategy in increasing the Aboriginal and Torres Strait Islander health workforce and improving health outcomes for Aboriginal and Torres Strait Islander people. Following consideration of the proposed changes to the RHMT Programme, I would like to provide you with the following responses to the consultation questions for your consideration.

1. Do you agree with the approach taken toward increasing, and developing and supporting, the Aboriginal and Torres Strait Islander health workforce outlined in the draft consolidated framework? Please provide additional comments.

AIDA is committed to growing the Aboriginal and Torres Strait Islander medical workforce. We do this by supporting Aboriginal and Torres Strait Islander medical students during their undergraduate and postgraduate medical studies and providing collegiate support and continuing professional development opportunities for Indigenous doctors. We also maintain close working relationships with medical colleges and medical universities to develop culturally safe spaces for medical education and training and maintain an active presence in the broader health policy sphere. As such, AIDA supports any approach to increase, develop and support the Aboriginal and Torres Strait Islander health and medical workforce.

Australia's Aboriginal and Torres Strait Islander health workforce is growing, however, Aboriginal and Torres Strait Islander people are 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 profession¹. AIDA would like to emphasise that we advocate for population parity across all health professions, particularly medicine. In 2014, there were around 96,500 doctors in Australia and approximately 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, however, 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 Aboriginal and Torres Strait Islander population.

¹ Australian Institute of Health and Welfare, 2006. *Health and Community Services Labour Force 2006*, <http://www.aihw.gov.au/WorkArea/DownloadAsset.aspx?id=6442458396> (accessed 15/04/2015)

An important issue to consider in developing strategies to increase the Aboriginal and Torres Strait Islander health workforce is cultural safety. Cultural safety issues, such as racism and discrimination, have a significant impact on the level of participation of Aboriginal and Torres Strait Islander people in health professions and must be addressed. When Aboriginal and Torres Strait Islander health professionals and students work and study in culturally unsafe environments they are more likely to witness or experience racism and discrimination. This was one of the reasons why AIDA developed our position paper - *Cultural Safety for Aboriginal and Torres Strait Islander Doctors, Medical Students and Patients*, in 2013, to further our efforts in addressing this issue.

Experiencing racism and discrimination presents issues for the retention of current Aboriginal and Torres Strait Islander health professionals and has ramifications for attracting and recruiting more Aboriginal and Torres Strait Islander people into the health field. The Australian health workforce must be responsive to cultural differences and the impacts of racism (conscious and unconscious) on Aboriginal and Torres Strait Islander health professionals and must become culturally safe. This includes having structures, policies and programs in place that strengthen cultural safety². This could include delivering cultural awareness and safety training to all staff and establishing and providing support networks for Aboriginal and Torres Strait Islander staff.

Aboriginal and Torres Strait Islander health professionals play an important role in improving health outcomes for Aboriginal and Torres Strait Islander people 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. This has been demonstrated within the medical profession, where Indigenous doctors have contributed to improved health outcomes for Aboriginal and Torres Strait Islander patients by providing clinically competent medicine in a culturally safe way. This reinforces the importance of supporting Aboriginal and Torres Strait Islander people to become health professionals as well as supporting existing health professionals to retain the current health workforce.

It is also important that members of the non-Indigenous mainstream health workforce to play their part in delivering equitable services for Aboriginal and Torres Strait Islander people. In mainstream health care, there is often a low degree of experience in working with Aboriginal and Torres Strait Islander people, limited cultural competency and clinical focus is often on specific health conditions rather than on comprehensive care.³ AIDA recommends that cultural safety for Aboriginal and Torres Strait Islander people be incorporated in the medical education and training curriculum to provide health professionals, including overseas trained doctors, with the knowledge and skills to adapt their practice to improve patient engagement, improve health care outcomes and embed culture in the provision of health care services to Aboriginal and Torres Strait Islander people. This is outlined further in question two below.

2. We note that the application of consistent parameters across the RCTS, UDRH and DTERP programmes will result in some additional requirements applying to some streams of activity, for example, the application of the Aboriginal and Torres Strait Islander Health parameter to the DTERP programme. Do you agree with this approach? If yes, do you have any other comments? If not, can you suggest an alternative way of introducing an Aboriginal and Torres Strait Islander focus across the programmes?

AIDA supports the approach to apply consistent parameters across all programmes, including the application of the Aboriginal and Torres Strait Islander health parameter to the DTERP programme. AIDA considers that Aboriginal and Torres Strait Islander health must be fully incorporated in the medical

² Kimpton T. 2013, *Are Current Primary Health Services for Indigenous Australians Improving or Otherwise? What Are the Challenges?* Health Voices Journal of the Consumers Health Forum of Australia, Issue 13, Consumers Health Forum of Australia, Canberra.

³ Australian Medical Association, 2011, *2010-11 AMA Indigenous Health Report Card - Best Practice in Primary Health Care for Aboriginal Peoples and Torres Strait Islanders*, <https://ama.com.au/aboriginal-reportcard2010-11> (accessed 15/4/2015).

education and training curriculum and be appropriately assessed. AIDA asserts that cultural safety must also be embedded in the Aboriginal and Torres Strait Islander health parameter. This will help to ensure that all health professionals have the knowledge, skills, attributes and cultural understanding to both work competently with, and deliver culturally safe health services for, Aboriginal and Torres Strait Islander people.

AIDA advocates for a specific, mandatory and assessable curriculum to be developed that focuses on Aboriginal and Torres Strait Islander health issues, capabilities and competencies related to cultural safety. We maintain that overall, more work needs to be done to support students to develop an understanding of Aboriginal and Torres Strait Islander histories, thus assisting in developing more effective and safe ways to interact and gain information from Aboriginal and Torres Strait Islander people in professional practice. It is our view that health professionals 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:

- the development of an Aboriginal and Torres Strait Islander curriculum that is mandatory, examinable and delivered in the mainstream setting and underpinned by ongoing evaluation activities;
- the development of Aboriginal and Torres Strait Islander health content that is 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 health professionals 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;
- including Aboriginal and Torres Strait Islander people on panels to assess the appropriateness of curriculum content and standards specific to Aboriginal and Torres Strait Islander people and health; and
- increasing opportunities for personal development regarding culturally unsafe practice, opportunities can be integrated into education and training and continuing professional development programs.

We note that mentoring has been identified under parameter six, as a way to support Aboriginal and Torres Strait Islander students to complete their training. AIDA sees mentoring as a key feature in supporting Aboriginal and Torres Strait Islander medical students and doctors to achieve successful educational, training and professional outcomes and agrees with this approach. Mentoring to support Aboriginal and Torres Strait Islander doctors and medical students has been articulated in AIDA's Collaboration Agreements with the Medical Deans of Australia and New Zealand, the Confederation of Postgraduate Medical Education Councils and the Committee of Presidents of Medical Colleges and we have also developed the AIDA Mentoring Program. The AIDA Mentoring Program commenced in 2014 to assist our members in skill acquisition and knowledge and to facilitate career, personal and professional development. As a further support measure, from 2015, AIDA is offering free membership for all Aboriginal and Torres Strait Islander medical students and first-year Aboriginal and Torres Strait Islander medical graduates.

3. The new framework introduces university-specific targets for some activities including Aboriginal and Torres Strait Islander student enrolments and graduations. Do you agree with this approach? If yes, do you have any other comments? If not, can you suggest an alternative way of specifying Aboriginal and Torres Strait Islander training outcomes for the programme?

AIDA supports the introduction of university-specific targets for Aboriginal and Torres Strait Islander student enrolments and graduations. However, it is imperative the introduction of these targets be a

genuine commitment and that appropriate mechanisms are implemented (and adequately resourced) to ensure that Aboriginal and Torres Strait Islander medical students are supported to achieve successful educational outcomes. As mentioned in the response to question two, mentoring is a key strategy to supporting Aboriginal and Torres Strait Islander medical students. However, further support mechanisms should be considered, such as recruiting Aboriginal and Torres Strait Islander staff to support Aboriginal and Torres Strait Islander students.

4. Could the introduction of targets related to recruitment and graduation of Aboriginal and Torres Strait Islander health students result in unintended consequences? Please elaborate.

AIDA considers that establishing targets for the recruitment and graduation of Aboriginal and Torres Strait Islander health students are important, however, it is imperative that these targets be realistic, measurable and achievable. It is also imperative that these targets are based on merit to ensure that Aboriginal and Torres Strait Islander students are not set up to fail.

5. Are there any issues or priorities not captured in Parameter 6 that you would like to see addressed? Please elaborate.

Although not specific to parameter six, AIDA believes that the Indigenous Tutorial Assistance Scheme (ITAS), data collection relating to Aboriginal and Torres Strait Islander students and remuneration issues should be considered in relation to the RHMT Programme:

ITAS

ITAS provides support for Aboriginal and Torres Strait Islander students to complete their tertiary studies and would be a valuable resource to support the RHMT Programme. However, AIDA is concerned with some recent changes to ITAS (due to commence in 2016), which prevents Aboriginal and Torres Strait Islander students who have received tuition support in a particular subject from tutoring other Aboriginal and Torres Strait Islander students in that subject. AIDA believes that this criterion discriminates against Aboriginal and Torres Strait Islander students who have received ITAS themselves. It is AIDA's belief that if a student is academically competent and meets the other criteria listed, then they should be eligible to tutor other Aboriginal and Torres Strait Islander students. AIDA is currently in discussion with Department of Health officials to raise our concerns about the proposed changes to ITAS.

Data Collection Relating to Aboriginal and Torres Strait Islander Students

AIDA supports the initiatives mentioned under parameter five, that are aimed at improving the collection of data on tertiary enrolments, retention and graduation, particularly for Aboriginal and Torres Strait Islander students. AIDA advocates for data collection that enables an analysis of Aboriginal and Torres Strait Islander student experience throughout the tertiary continuum including university entry points through to postgraduate take up and pathways. Access to such data would be beneficial to AIDA to assist us to provide targeted support for Aboriginal and Torres Strait Islander doctors and medical students.

AIDA also 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. Another benefit would be the improved ability to track the experience of a student across a university. For example, it would be valuable to track 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.

Remuneration

Remuneration issues in the Aboriginal and Torres Strait Islander community-controlled sector is of concern and must be addressed to attract, retain and better support health professionals working in this sector. It is well known that health professionals working in Aboriginal and Torres Strait Islander community-controlled health services, are often not as well paid as their mainstream counterparts. This reinforces the perception that working in Aboriginal and Torres Strait Islander health is less valuable and has led to a high turnover of doctors and difficulty in attracting Australian-trained medical professionals. To reduce pay inequity and encourage more health professionals to actively pursue careers in Aboriginal and Torres Strait Islander health, an equitable and standardised salary-based remuneration model must be considered. If you would like to discuss any of the feedback provided, please contact Ms Kate Thomann, AIDA Chief Executive Officer, via the AIDA secretariat on (02) 6273 5013 or via email at katet@aida.org.au.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Tammy Kimpton', with a stylized, cursive flourish at the end.

Dr Tammy Kimpton
President

30 April 2015