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Mr David Meredyth
Assistant Secretary (Acting)
Health Training Branch
Health Workforce Division

Dear Mr Meredyth

Re: Review of the Specialist Training Programme and the Emergency Medicine Programme

I am writing to you in my capacity both as President of the Australian Indigenous Doctors' Association (AIDA) and as a member of the National Medical Training Advisory Network (NMTAM) with regard to your letter to Professor John Horvath dated 25 February 2016. AIDA would like to take this opportunity to offer some comments on the attached paper to that letter and we appreciate the extension to 22 March 2016 that has enabled us to do so.

As you would be aware, 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. AIDA also works 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.

With regard to the review of the Specialist Training Programme (STP) and the Emergency Medicine Programme (EMP), AIDA has provided submissions dated 11 August 2015 and 9 October 2015 outlining our concerns and advice as to how the STP might better support Aboriginal and Torres Strait Islander doctors. AIDA read with interest the proposed reforms to the STP and EMP in the most recent paper, and we note that these that may be put to the Minister for Health as recommendations of the review. In light of this, we would like to make the following comments.

As stated in our previous submission, AIDA notes that there is a significant need to enable further specialty training, both in the context of growing the Aboriginal and Torres Strait Islander workforce, and aligning appropriate specialist medical care and expertise with the actual health needs of Indigenous communities. AIDA advocates for identified STP training posts for Aboriginal and Torres Strait Islander trainees across medical specialisations, and we are disappointed this possibility has not been reflected in the current draft recommendations.

With specific regard to the content in 6) *Dedicated Indigenous Training Posts*, AIDA questions the reasoning of "insufficient Indigenous students graduating as doctors" (p.5) for not considering dedicated Indigenous training posts. Based on the graduate numbers provided in the *Medical Deans Workforce Data Report 2015*, AIDA notes an increase in Indigenous medical graduates every year from 2010 (11 graduates) to 2014 (35 graduates). At the time of writing, final numbers for the 2015 cohort were not available, however we make the point that 35 Indigenous medical graduates is a significant number, and available STP training posts for Aboriginal and Torres Strait Islander trainee doctors is essential for supporting and growing this workforce.

AIDA notes the paper states “Increased training of Indigenous doctors is a priority for the Commonwealth government” (p.5). While we are pleased to see this formal statement, we assert that dedicated STP training posts are an optimal way to ensure meaningful pathways into specialisation for Aboriginal and Torres Strait Islander trainee doctors. As we have stated previously, from a student perspective, dedicated training positions play a big role in motivating students through medical school. This initiative offers students insight into possible future pathways, especially as selection for speciality training is very competitive. This can feel overwhelming for Aboriginal and Torres Strait Islander students as they often face many more complex barriers to their medical education, and many lose hope of training with the more coveted colleges. Having identified training positions within the specialty colleges offers a clear, tangible goal that students and junior doctors can aim towards and focus their study and work towards.

Although AIDA is always supportive of mentoring opportunities and advocate for these across the medical education and training sector, we assert that one of the strongest examples of mentoring is actually seeing success and career development of Aboriginal and Torres Strait Islander doctors. While we agree that “..to provide Indigenous trainees with mentoring and dedicated support services during their Fellowship training” (p.6) is important, AIDA argues that dedicated STP training places is a higher priority for increasing the number of Aboriginal and Torres Strait Islander doctors. Although the paper notes that “..colleges may have the flexibility to identify Indigenous training posts” (p.6), AIDA notes that this is in no way binding and therefore unlikely to have any meaningful impact on growing Aboriginal and Torres Strait Islander doctors.

We would also like to take this opportunity to reiterate that AIDA advocates for improved data collection to identify Aboriginal and Torres Strait Islander trainees in STP training posts. We recommend that future training positions supported by the Australian Government identify Aboriginal and Torres Strait Islander trainees and where they are undertaking their training. This requirement would be strengthened by being made a contractual obligation of the specialist medical colleges or any organisation being funded to manage either these programs or in receipt of Australian Government funding.

Regarding workforce modelling into the future, we note that Aboriginal and Torres Strait Islander doctors are under-represented across all medical specialties. AIDA has previously written to outline our concerns that with the growing number of Australian medical graduates, entry requirements for specialist training programs are becoming increasingly competitive. This is sometimes disproportionate to what is actually required to successfully complete the training program. AIDA advocates that population parity should extend across all fields of medicine, noting that in 2015 Aboriginal and Torres Strait Islander doctors do not constitute three percent of the fellows and trainees of any medical specialty college.

It is important to consider this issue in the context of potential over and under-supply of medical specialists in Australia. Some medical specialties that are considered to be over-supplied still do not have enough Aboriginal and Torres Strait Islander doctors within the college as trainees or fellows to bring their numbers up to parity. AIDA advocates that change is necessary and that the issue of parity needs to be addressed now and into the future.

AIDA would like to note that although important – supported training opportunities for specialist registrars working in Indigenous health settings is not a strategy that will directly impact on growing Indigenous doctors, and we do not see this as directly relevant to *Dedicated Indigenous Training Posts*, as it is currently located in the paper. Rather, we reiterate the important role Aboriginal and Torres Strait Islander health professionals play 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. This has been demonstrated within the medical profession, where Indigenous

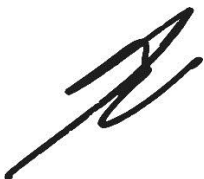
doctors have contributed to improved health outcomes for Aboriginal and Torres Strait Islander patients by providing clinically competent medicine in a culturally safe way. This reinforces the importance of supporting Aboriginal and Torres Strait Islander people to become health professionals as well as supporting existing health professionals to retain the current health workforce.

Finally, AIDA would like to highlight the success of identified STP training places at the Australasian College of Dermatologists (ACD). This specialist medical college has taken leadership regarding identified STP training posts, and through goodwill, motivation, and a whole-of-organisation endorsement there are now two Aboriginal/Torres Strait Islander Dermatology trainees currently progressing through the training post. Previously there were none. The first trainee has successfully progressed into second year and is now training on secondment to the UK. The second position is also a success to date.

AIDA acknowledges the potential influence the success story of ACD identified STP training posts could yield with other specialist medical colleges. This is a clear and tangible example of opportunities being both needed and embraced by the emerging Aboriginal and Torres Strait Islander health workforce. As stated above, we emphasise that the growing number of Indigenous medical graduates is a call for medical colleges to respond with appropriate pathways into specialisation for Aboriginal and Torres Strait Islander trainees. While the goodwill and pro-active measures taken by the ACD have had very positive results, AIDA maintains a stronger approach is required to ensure opportunities such as these are available across all medical colleges.

AIDA is grateful for the opportunity to offer this additional input into the STP review process. We would be happy to further engage with you regarding any of the above issues should this be useful. Please direct further queries to Ms Kate Thomann, Chief Executive Officer, AIDA on (02) 6273 5013 or by email at Kate.Thomann@aida.org.au .

Yours sincerely

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

Dr Kali Hayward
AIDA President

22 March 2015