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Dear Anthony

RE: The Health Education and Training Institute (HETI) Medical Portfolio Programs Review

I am writing in response to your letter of 18 September 2013 inviting the Australian Indigenous Doctors' Association (AIDA) to provide a submission on the aforementioned review.

It is with great pleasure AIDA provides a response to HETI's Medical Portfolio Programs Review. I note that the scope of the review includes the objectives, structure and governance of all HETI Medical Programs to ensure they are fit for purpose, and to pursue excellence in health education training and workforce capability, in order to improve the health of patients and the professional lives of health staff across New South Wales (NSW). It is also understood that this review is informed by *The NSW Health Professional Workforce Plan 2012-2022*. This document outlines a patient focused model of health care built on collaboration, openness, respect and empowerment.

AIDA acknowledges the leadership role HETI plays in the education and training of all clinicians, management and support staff in the NSW health sector. Further, AIDA appreciates HETI's collaborative approach taken to develop and implement its *Building Capacity of the Aboriginal Medical Workforce in NSW program*. AIDA promotes this model as an exemplar and would like to see programs like this delivered in each State and Territory. AIDA also acknowledges HETI's work with us on prevocational training and bursary opportunities and looks forward to continuing to work closely with HETI on future projects of mutual interest and benefit.

AIDA is the nation's peak body 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, reaching parity of Indigenous health professionals across the entire health sector and creating a health system that is culturally safe, high quality, reflective of need, and respects and integrates Aboriginal and Torres Strait Islander cultural values.

In keeping AIDA culturally strong and informed we have developed a broad range of links with our membership, Ngangkari traditional healers, Aboriginal and Torres Strait Islander organisations, and other Indigenous organisations from a local to an international level. Our relationships and actions are informed by a number of declarations which specify the value in, and need for respect of, Aboriginal and Torres Strait Islander knowledge, systems and frameworks. These national and international covenants provide a framework to build equitable, sustainable and appropriate

access to health services working toward the attainment of improved physical, environmental, cultural, social and emotional health and wellbeing outcomes.

AIDA believes that improving the health of Aboriginal and Torres Strait Islander people must be the responsibility, and a priority, of the entire medical workforce. A whole-of-sector approach needs to be adopted by HETI leadership in recognition that all medical professionals have a responsibility to adapt their practice to improve patient engagement and health care outcomes. This includes having knowledge of, and respect for, the cultural needs of Indigenous patients, and acknowledging the social and cultural determinants impacting on the health of Aboriginal and Torres Strait Islander people.

AIDA considers it both timely and opportune to provide this submission to HETI as we consolidate our partnerships through the Collaboration Framework between AIDA and the Confederation of Postgraduate Medical Education Councils (CPMEC) (Attachment A). The rationale for the AIDA-CPMEC Collaboration Framework correlates to the scope of the HETI Medical Review, which highlights the need:

To create greater support and mentoring for prevocational Aboriginal and Torres Strait Islander doctors in their transition from graduation to vocational training.

For enhancing the awareness and participation of Indigenous and non-Indigenous prevocational doctors and educators in improving the health of Aboriginal and Torres Strait Islander peoples.

In the context of HETI's Medical Program review, in order to achieve the above, AIDA recommends that all facets of education and training requirements contain Aboriginal and Torres Strait Islander standards, curriculum, policies and procedures and other pertinent structural supports.

I commend HETI for the work currently being undertaken on the *Building the capacity of the Aboriginal medical workforce in NSW program*, and note a number of potential opportunities for HETI to extend your engagement in this space. These opportunities could include:

- Promoting cultural safety training for HETI staff.
- Revising of advisory and governance structures to ensure there are inputs from the Indigenous medical workforce.
- Integrating Indigenous health content within the prevocational training core curriculum.
- Integrating an expanded mentoring program for Indigenous Doctors in existing HETI programs.
- Consideration of evaluation of the *Building the capacity of the Aboriginal medical workforce in NSW program*.

The following AIDA response to the review questions is provided in the context of working towards improving the health of Aboriginal and Torres Strait Islander people, reaching parity of Indigenous medical professionals and creating a health system that is culturally safe, high quality, reflective of need, and respects and integrates Aboriginal and Torres Strait Islander cultural values.

1. HETI aims to deliver excellence in health education and training and workforce delivery. Based on this consideration, and taking into account your past and current relationship with HETI medical programs, your current job role(s) and relationship to medical education and training, please comment on what you perceive HETI's objectives should be in relation to medical education and training within the NSW health system?

AIDA notes that the *Health Professionals Workforce Plan 2012 – 2022*ⁱ has a strategy (8.8) to create opportunities for Aboriginal health professionals. AIDA recommends that HETI make this explicit in all HETI strategic documents highlighting:

- HETI's commitment to supporting the Indigenous prevocational medical workforce in particular, as well as the improvement of health outcomes for all Indigenous people more broadly.
- That Indigenous doctors make a skilled and unique contribution to the Australian medical workforce and acknowledge the specific challenges they face.

In fulfilling HETI's objectives and core functions, AIDA recommends that HETI review advisory and governance structures to ensure the health and well being needs of Aboriginal and Torres Strait Islander people are at the forefront of policy makers minds, through:

- reviewing advisory and governance structures to ensure there are inputs from the Indigenous medical workforce in relevant decision-making processes.
- enhancing liaison between JMO Forums and AIDA.
- continuing to advocate for the provision of resources to support the transition of Indigenous prevocational doctors into the medical workforce (specifically specialists).
- building on the provision of positive mentorship for Indigenous doctors.

It is recommended that HETI strengthen Aboriginal and Torres Strait Islander cultural competency units in medical education training. Cultural competent supervisors, trainees and junior doctors need to have the knowledge, skills, attributes and cultural understanding to competently participate in health education and training and the delivery of services with and for Aboriginal and Torres Strait Islander people. This will have a positive impact on the health of Indigenous patients and the professional lives of Indigenous health staff across NSW. HETI may also consider:

- The promotion of cultural safety training and practical cultural experiences for HETI staff in conjunction with Indigenous people/organisations. For example, the Royal Australian and New Zealand College of Psychiatrists mandates cultural competency training under its Entrustable Professional Activities (EPA)ⁱⁱ.
- The inclusion of Indigenous health content and cultural safety training within the prevocational training core curriculum.
- HETI's continuing work with GPET and Regional Training Providers to build upon opportunities for Indigenous health training currently provided through the Prevocational General Practice Placement Program, and to implement complementary strategies for prevocational doctors training within the hospital sector.
- HETI's continued work with a range of stakeholders including employers to develop culturally safe learning environments for interns and junior doctors.
- Active promotion of the positive outcomes of providing a culturally inclusive and responsive model for Aboriginal and Torres Strait Islander interns and junior doctors through the *Building the capacity of the Aboriginal medical workforce in NSW program*.

It would be useful to consider evaluation strategies for the ongoing sustainability of this program.

2. What principles should guide HETI to ensure that medical education and training and workforce delivery needs are met now and in the future? Provide examples

The *AIDA Position Paper: Cultural Safety for Aboriginal and Torres Strait Islander Doctors, Medical Students and Patients* (Attachment B) discusses the need for health organisations to have structures, policies and programs to strengthen cultural safety for staff and patients. Aboriginal and Torres Strait Islander people are more likely to access, and will experience better outcomes from services that are respectful and culturally safe places. Similarly, Aboriginal and Torres Strait Islander students and doctors are more likely to stay and thrive in learning and working environments that consistently demonstrate cultural safety. Accordingly, AIDA recommends that HETI's principles are responsive to these fundamental needs in order to improve the health of Aboriginal and Torres Strait Islander patients and the professional lives of Indigenous health staff across NSW.

In support, AIDA encourages the reviewers to refer to the AIDA-CPMEC Collaboration Framework (Attachment A) principles which underpin the working relationship. The principles outlined in this agreement, are consistent with a number of other Aboriginal and Torres Strait Islander frameworks, highlighting the need for:

- Leadership.
- Inclusiveness.
- Partnerships and engagement.
- Sustainability.
- High quality health care services.
- Health equity and a human rights approach.
- Cultural respect.
- Health sector responsibility.

3. A number of HETI programs are based on a network model (e.g. prevocational networks, BPT networks, Psychiatry networks). Please comment on the effectiveness of the network model in medical education and training.

AIDA has been involved in the planning, development and implementation of the *Building the capacity of the Aboriginal medical workforce in NSW program*. This program's evaluation highlights its inbuilt support structures, which include the ability for interns in to be placed in a network taking into account family and cultural needs, geographic considerations, relationships within the network/area, prior positive work experience and/or mentor relationship. In addition training offered is in line with graduate aspirations. AIDA views this model as exemplar due to the above mentioned features and because of the strong partnership developed between AIDA and HETI.

4. In what ways should HETI deliver and support education and training within the NSW health system to ensure that the medical education and training needs of medical trainees are met?

The 2011 *Building the capacity of the Aboriginal medical workforce in NSW program* pilot program outcomes and evaluation reportⁱⁱⁱ highlights the structures in place to allow access

to mentoring. AIDA acknowledges the considered application process which provides applicants with the flexibility of choosing the Indigenous pathway or the Rural Preferential Recruitment pathway. AIDA congratulates HETI on this delivery and support model. Further, AIDA encourages HETI to expand the program to incorporate practical strategies and initiatives that provide avenues for Indigenous prevocational doctors to complete their prevocational training and progress into vocational training. Activities could include:

- Continue the program for Indigenous interns/junior doctors to positive clinical learning experiences in Aboriginal and Torres Strait Islander Health Services.
- Expansion of existing HETI support and mentoring programs for Indigenous interns/junior doctors to better support their transition through the prevocational training and provide career guidance and mentoring on vocational training opportunities.

We note that transition points in medication education and training can be challenging times. Building on our success with the *Building the capacity of the Aboriginal medical workforce in NSW program* we welcome your interest in engaging in a discussion on how the transition process between prevocational and vocational training for Indigenous doctors can be better supported in NSW.

5. What do you consider the best use of the financial, staffing and technological resources that support medical education and training in NSW Health?

The development and implementation of activities to support Indigenous interns and junior doctors are viewed as HETI's core business and as such should be appropriately and sufficiently funded. It is important to build in resources to cover program evaluation.

6. Would you like the Governance Committee to consider any publications as evidence? If so please provide the article/paper title with author(s), source journal or web-link.

- AIDA (2012) AIDA Mentoring Framework <http://www.aida.org.au/mentoring.aspx>
- AIDA-CPMEC Collaboration Framework 2012 <http://www.aida.org.au/cpmec.aspx>
- AIDA (2013) AIDA Position Paper: Cultural Safety for Aboriginal and Torres Strait Islander Doctors, Medical Students and Patients. <http://www.aida.org.au/policypapers.aspx>
- National Congress of Australia's first peoples, Principles: <http://nationalcongress.com.au/wp-content/uploads/2013/05/CongressFactSheet.pdf>
- Health Education and Training Institute (HETI): Building Capacity of the Aboriginal Medical Workforce in NSW 2011 Pilot Program Outcomes and Evaluation (Doc 11/1353)
- NSW Health (2012) Health Professionals Workforce Plan 2012-2022, NSW Ministry of Health. <http://www0.health.nsw.gov.au/pubs/2012/pdf/hprofworkforceplan201222.pdf>
- Royal Australian and New Zealand College of Psychiatrists (2012) 2012 Fellowship Program: EPA handbook <https://www.ranzcp.org/Files/ranzcp-attachments/PreFellowship/2012-Fellowship-Program/EPA-Handbook.aspx>
- NACCHO Principles: <http://www.naccho.org.au/about-us/vision-and-principle/>
- United Nations (2007) Declaration on the Rights of Indigenous Peoples (2007) <http://social.un.org/index/IndigenousPeoples/DeclarationontheRightsofIndigenousPeoples.aspx>

I look forward to the telephone meeting with Professor Collins later this month, similarly I look forward to meeting with you when I'm next in Sydney.

Please feel free to contact either Dr Ray Warner, AIDA Medical Officer on 0457 872 135 or rayw@aida.org.au or myself at romlie@aida.org.au or (02) 6273 5013 if you have any queries regarding this submission.

Yours sincerely



Romlie Mokak
Chief Executive Officer

Attachment A: AIDA-CPMEC Collaboration Framework.
Attachment B: AIDA Position Paper: Cultural Safety for Aboriginal and Torres Strait Islander Doctors, Medical Students and Patients.

ⁱ NSW Health (2012) Health Professionals Workforce Plan 2012-2022, NSW Ministry of Health.
<http://www0.health.nsw.gov.au/pubs/2012/pdf/hprofworkforceplan201222.pdf>

ⁱⁱ Royal Australian and New Zealand College of Psychiatrists (2012) 2012 Fellowship Program: EPA handbook <https://www.ranzcp.org/Files/ranzcp-attachments/PreFellowship/2012-Fellowship-Program/EPA-Handbook.aspx>

ⁱⁱⁱ Clinical Education and Training Institute (HETI): Building Capacity of the Aboriginal Medical Workforce in NSW 2011 Pilot Program Outcomes and Evaluation (Doc 11/1353)



The Australian Indigenous Doctors' Association Ltd
Yaga Bugaul Dungun

Collaboration Framework

Between

**Australian Indigenous Doctors'
Association (AIDA)**

and the

**Confederation of Postgraduate
Medical Education Councils
(CPMEC)**



CPMEC

CONFEDERATION OF POSTGRADUATE MEDICAL EDUCATION COUNCILS



Collaboration Framework between Australian Indigenous Doctors Association (AIDA) and the Confederation of Postgraduate Medical Education Councils (CPMEC)

A. Introduction:

AIDA is the peak body representing Aboriginal and Torres Strait Islander doctors and medical students. CPMEC is the peak body for the Postgraduate Medical Councils or equivalent bodies (PMCs)¹ that provide leadership in education and training for prevocational doctors.

This Collaboration Framework sets out principles that will underpin the joint work of AIDA and CPMEC and its member Postgraduate Medical Councils (PMCs). It signals the commitment of both parties to partner to create greater support and mentoring for prevocational Aboriginal and Torres Strait Islander doctors in their transition from graduation to vocational training.

The Framework will also form the basis of cooperation aimed at enhancing the awareness and participation of Indigenous and non-Indigenous prevocational doctors and educators in improving the health of Aboriginal and Torres Strait Islander peoples.

This partnership is consistent with firm commitments made by all governments to close the gap in life expectancy between Aboriginal and Torres Strait Islander peoples and non-Indigenous Australians within the next generation.

B. Guiding Principles:

This Framework draws upon the principles outlined in the Collaboration Agreement between the AIDA and Medical Deans of Australia and New Zealand. As such, both parties commit to:

- Acknowledgement of the sovereignty of the Aboriginal and Torres Strait Islander peoples and their self-determination, ongoing relationship with land and cultural continuity;
- Mutual regard and respect;
- Inclusive consultation and decision making processes;

¹ 'PMCs' is a generic acronym referring to Postgraduate Medical Councils or the equivalent body in each jurisdiction

- Valuing each other's contributions;
- Promoting Cultural safety for all peoples in all spheres, with an understanding of the issues for Aboriginal and Torres Strait Islander peoples.

All parties agree that this Framework should have sufficient flexibility to reflect local capacity and circumstances whilst ensuring general adherence to the underlying principles expressed elsewhere in this Framework. While it is recognised that some jurisdictions may have higher numbers of Aboriginal & Torres Strait Islander prevocational doctors, it is expected that all jurisdictions will demonstrate commitment to the actions highlighted below.

C. Key Commitments and Actions:

The following commitments and actions underpin this Collaboration Framework:

1. Commitment

CPMEC and all Australasian PMCs will articulate their commitment to enhancing Indigenous health and prevocational training experiences for Indigenous doctors. AIDA will work with CPMEC/PMCs to provide a national perspective on issues of concern to Indigenous prevocational doctors and act as conduit between CPMEC, PMCs and Indigenous prevocational doctors.

1.1 Actions:

- CPMEC and all PMCs will ensure that there is a statement of intent included in their strategic priorities to emphasise their commitment to supporting the Indigenous prevocational medical workforce in particular and to the improvement of health outcomes for all Indigenous people.
- CPMEC and all PMCs will acknowledge that Indigenous doctors make a skilled and unique contribution to the Australian medical workforce and will also acknowledge the specific challenges they face.
- The CPMEC Chair and the AIDA President will address the Boards of partner organisations annually or as otherwise mutually agreed.

2. Leadership

CPMEC and PMCs, working with AIDA, will make support and mentoring programs for Indigenous prevocational doctors a priority, and will demonstrate leadership in the postgraduate training community to promote Indigenous health outcomes.

2.1 Actions:

- CPMEC and PMCs will review their advisory and governance structures to ensure there are inputs from the Indigenous medical workforce in relevant decision-making processes.
- CPMEC and PMCs will seek to develop closer liaison between JMO Forums and AIDA

- CPMEC and PMCs will advocate for the provision of resources to support the transition of Indigenous prevocational doctors into the medical workforce.
- CPMEC and PMCs will provide positive mentorship for Indigenous doctors.

3. Cultural Safety

CPMEC and PMCs will promote cultural safety through engagement with Indigenous people on prevocational training and education matters.

3.1 Actions:

- CPMEC and PMCs will promote cultural safety training and practical experiences for PMC staff in conjunction with AIDA and other Indigenous community groups.
- CPMEC and PMCs will include Indigenous health training within the prevocational training core curriculum.
- CPMEC and PMCs will work with GPET and Regional Training Providers to build upon opportunities for Indigenous health training currently provided through the Prevocational General Practice Placement Program (PGPPP), and to implement complementary strategies for prevocational doctors training within the hospital sector.
- CPMEC and PMCs will work with employers to develop culturally safe learning environments for junior doctors.

4. Support for Prevocational Indigenous Doctors

CPMEC and PMCs will adopt practical strategies and initiatives that provide avenues for Indigenous prevocational doctors to complete their prevocational training and progress into vocational training

4.1 Actions:

- CPMEC and PMCs will set up support and mentoring programs for Indigenous medical graduates to help manage their transition through the prevocational training and provide career guidance on vocational training opportunities. These programs may build on local initiatives (such as that undertaken by NSW Clinical Education and Training Institute) to identify personal/institutional barriers and implement solutions to overcome them.
- CPMEC and PMCs will initiate or enhance access for junior doctors to positive clinical learning experiences in Aboriginal and Torres Strait Islander Health Services.
- In relation to the *Australian Curriculum Framework for Junior Doctors* (ACF) CPMEC and PMCs will:
 - i. Undertake an audit of existing educational programs that meet the learning objectives that relate to dealing with

Indigenous patients; culture, society and healthcare; and access to healthcare under the Professionalism domain.

- ii. Work with Universities, Colleges and other educational institutions to identify resources that will support the delivery of Indigenous health curricula in the ACF
- iii. Build a network of Indigenous and non-Indigenous doctors and supervisors that will provide mentoring (including career advice) support to Indigenous prevocational doctors at local PMC and CPMEC levels.

5. Building Sustainability

CPMEC and PMCs will work towards adoption of strategies to support Indigenous doctors, which are sustainable in the long term, appropriately resourced, and evaluated.

5.1 Actions:

- CPMEC and PMCs will undertake annual reviews of initiatives aimed at promoting greater awareness of the needs of Indigenous prevocational doctors; and enhancing the participation of Indigenous and non-Indigenous prevocational doctors and educators in closing the gap and improving Indigenous health.
- CPMEC and PMCs will ensure sustainability of Indigenous doctor support and mentoring programs by identifying and reinforcing critical success factors.
- CPMEC and PMCs will disseminate results from national programs and initiatives through the annual Prevocational Forum, the LIME Network, and other communication vehicles.
- CEOs of AIDA and CPMEC will meet at least annually to review progress and report to their respective Boards.



.....
Associate Professor Peter O'Mara
President, Australian Indigenous Doctors' Association



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Professor Simon Willcock
Chair, Confederation of Postgraduate Medical Education Councils

Dated: 1 June 2012



POSITION PAPER

CULTURAL SAFETY FOR ABORIGINAL AND TORRES STRAIT ISLANDER DOCTORS, MEDICAL STUDENTS AND PATIENTS

Preamble

Aboriginal and Torres Strait Islander culture is 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. Quality health care for Indigenous patients needs to be responsive to cultural differences and the impacts of racism (conscious and unconscious).

Recognition of these impacts on environments and interactions, and applying this awareness to practice is part of demonstrating culturally safe standards of care. Aboriginal and Torres Strait Islander people experience a disproportionate burden of illness and social disadvantage when compared with non-Indigenous Australians. Because of this imbalance in power and health status, Aboriginal and Torres Strait Islander patients often need to be treated differently than non-Indigenous patients to be treated fairly.

The Australian Indigenous Doctors' Association (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. This Position Paper provides guidance and parameters for the organisation to advocate for initiatives and accountability mechanisms to 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. This Position Paper will also strengthen the application of AIDA's Values and Code of Conduct which serve to protect and strengthen our relationships with members, stakeholders and communities through appropriate and respectful values and behaviour.

Background

Cultural safety refers to the accumulation and application of knowledge of Aboriginal and Torres Strait Islander values, principles and norms. In this Position Paper the process is applied to institutions and interactions that an Aboriginal and Torres Strait Islander doctor, medical student or patient may experience. Cultural safety is about overcoming the cultural power imbalances of places, people and policies to contribute to improvements in Aboriginal and Torres Strait Islander health. When applied to an AIDA context specifically it is also about increasing numbers within and support for the Indigenous medical workforce.

AIDA views cultural safety on a continuum of care with cultural awareness being the first step in the learning process (which involves understanding difference), cultural sensitivity being a next step (where self exploration occurs) and cultural safety being the final outcome of this process. This is a dynamic and multidimensional process where an individual's place in the continuum can change depending on the setting or community.

Aboriginal and Torres Strait Islander people are more likely to access, and will experience better outcomes from services that are respectful and culturally safe places. Likewise, Aboriginal and Torres Strait Islander medical students and doctors are more likely to stay and thrive in learning and working environments that consistently demonstrate cultural safety.

Cultural safety is an overarching theme of AIDA's Values and Code of Conduct and is a key principle in all of AIDA's Collaboration Agreements. Much of our work is aimed at promoting culturally safe learning environments for Indigenous students, doctors and service delivery to patients. As an Aboriginal and Torres Strait Islander peak health organisation, AIDA is strongly positioned to report on areas lacking cultural safety, as well as leading effective strategies to enhance spaces where cultural differences are respected.

AIDA Position

AIDA strongly advocates for efforts to strengthen cultural safety through:

- The leadership of Aboriginal and Torres Strait Islander people and peak health organisations;
- genuine partnerships between governments, institutions and other key stakeholders with Indigenous organisations and communities;
- the ongoing accumulation of knowledge of past and current Indigenous values, principles and norms; and
- accountability mechanisms to ensure awareness of Indigenous values, principles and norms is applied appropriately.

AIDA affirms the following principles:

1. That, as an Aboriginal and Torres Strait Islander peak health organisation, AIDA plays a key assessment role in ensuring the values of cultural safety are reflected in national health policies that relate to Indigenous doctors and medical students as well as Aboriginal and Torres Strait Islander health and wellbeing.
2. That all doctors should provide leadership in the health sector through adapting their practice to improve patient engagement and health care outcomes. This includes acknowledging the socioeconomic and cultural factors influencing the health and wellbeing of Aboriginal and Torres Strait Islander people. All doctors should comprehend this relationship and have knowledge of, and respect for, the cultural needs of Indigenous patients.
3. That Aboriginal and Torres Strait Islander Community Controlled Health Organisations play a central role in the provision of culturally safe health services. The non-Indigenous mainstream health workforce also has a critical role in delivering culturally safe services for Aboriginal and Torres Strait Islander people - one which needs to be highlighted and strengthened.
4. That approaches to strengthening cultural safety need to be consistent with the United Nations Declaration on the Rights of Indigenous Peoples, and in doing so be developed through partnerships between governments, Indigenous organisations and communities which are consultative and collaborative, guarantee Indigenous participation in decision making and engage Indigenous leadership in communities.

AIDA Resolves to

1. Call on health services to have structures, policies, and programs that strengthen cultural safety and contribute to improvements in Aboriginal and Torres Strait Islander health and wellbeing with the provision of adequate funding for this to occur. This includes building and supporting health services to:

- Teach and conduct research to benefit Aboriginal and Torres Strait Islander health;
- Have Continuous Quality Improvement processes;
- Integrate specialist care into primary health care services;
- Deliver cultural awareness and safety training for staff; and
- Value and incorporate traditional medicine/healing.

2. Advocate for health services to host culturally safe interactions for Aboriginal and Torres Strait Islander patients and their families. This includes having welcoming staff upon arrival, an Aboriginal and/or Torres Strait Islander doctor or health practitioner, a culturally safe doctor and engaging an Indigenous patient's family where appropriate.

3. Advocate for health services to adapt their practice to be culturally safe for Aboriginal and Torres Strait Islander patients and their families. This includes having spaces for family members, have Aboriginal and Torres Strait Islander culture on display and utilise Indigenous languages in naming of the health service, buildings and programs.

4. Advocate for health services to provide high quality and culturally safe standards of care for Aboriginal and Torres Strait Islander patients including:

- Responsive avenues for patients to provide feedback regarding treatment;
- Comprehensive screening for Indigenous patients;
- Training provision for the Commonwealth Government's Practice Incentives Program;
- Screening processes for Indigenous patients that are based on risk factors not stereotypes;
- Acknowledgment of a patients' Aboriginality by doctors to occur only when purposeful to diagnosis and treatment;
- Clear articulation of where a patient can go for further assistance;
- Patient follow-up care; and
- Outreach services.

5. Advocate for health services to have processes and structures that contribute to a sense of local Indigenous community ownership by working with the community to identify needs, build confidence that their priorities will be valued and incorporated and involve the community in decision making with a cross section of age and gender representation where relevant.

6. Call on medical schools to implement the recommendations of AIDA's *Healthy Futures*¹ and the *Indigenous Health Curriculum Framework* developed by the Medical Deans of Australia and New Zealand², and strongly advocate for medical schools to:

- Have somewhere and someone for Indigenous medical students to go to for support in universities and clinical placements;
- Building a sense of group support through recruitment and retention of other Indigenous medical students;

¹ Australian Indigenous Doctors' Association. *Healthy Futures Defining Best Practice in the recruitment and retention of Indigenous Medical Students*. Canberra: Australian Indigenous Doctors' Association, 2005.

² Committee of Deans of Australian Medical Schools *Indigenous Health Curriculum Framework*, Melbourne: Committee of Deans of Australian Medical Schools, 2004.

- Implement and strengthen mentoring initiatives for Aboriginal and Torres Strait Islander medical students; and
- Have culturally safe education resources and content.

7. Call on medical colleges to contribute to increasing the Aboriginal and Torres Strait Islander specialist medical workforce and for medical specialists to understand the social, cultural and political context of Australia's Indigenous peoples' lived experience, and practice cultural safety when working with, and treating Aboriginal and Torres Strait Islander people and families.

8. Call on the Australian Medical Council to have policies and processes to evaluate and assess the delivery of Aboriginal and Torres Strait Islander health education within medical schools, postgraduate medical education councils and medical colleges.

9. Support the criterion that a culturally safe Aboriginal and Torres Strait Islander person should demonstrate:

- Knowledge of who they are and where they are from, and have a level of comfort with knowing this;
- Self-awareness of personally held cultural knowledge and strength of identity, and be aware of what is yet to be learned without an overestimation of personal cultural knowledge;
- A constant willingness to learn and humility;
- The ability to apply knowledge of Indigenous values, principles and norms to behaviour;
- Broader intentions that can be linked back to a sense of responsibility to the Aboriginal and Torres Strait Islander community now and into the future;
- Respect for and awareness of spirituality, cultural protocols and communication styles;
- Respect for and awareness of past and current Aboriginal and Torres Strait Islander values, principles and norms; and
- Respect towards other Aboriginal and Torres Strait Islander people and not engage in or tolerate lateral violence.

10. Support the statement that Aboriginal and Torres Strait Islander leaders should have an appropriate level cultural knowledge that reflects reasonable expectations of cultural credibility.

11. Call on all non-Indigenous doctors and medical students to take actions to be aware of how their own cultural perspective, privilege and power may impact on the delivery of healthcare for Aboriginal and Torres Strait Islander patient and their families, and seek to minimise this impact. This includes:

- Completion of cultural awareness and cultural safety training;
- Demonstration of a constant willingness to learn and humility;
- Identify and reject assumptions about Aboriginal and Torres Strait Islander people;
- Practice cultural respect in waiting for Indigenous people to talk, requests for guidance on appropriate conduct and the most appropriate person to speak with; and
- Be aware that it is impossible to know the intricacies of all Indigenous cultures in Australia, but still be accountable for practicing cultural respect in all communities.

12. Advise for caution on the process of assessing the cultural safety of a place, person and/or interaction as there are significant risks involved, AIDA also affirms that any disagreement on an assessment of a person's level of cultural safety needs to remain respectful.

Linked documents:

Australian Indigenous Doctors' Association. *Healthy Futures Defining Best Practice in the recruitment and retention of Indigenous Medical Students*. Canberra : Australian Indigenous Doctors' Association, 2005.

Australian Indigenous Doctors' Association. *Values & Code of Conduct*, 2012

Australian Indigenous Doctors' Association. *AIDA Mentoring Framework*, 2012

Australian Indigenous Doctors' Association – Committee of Presidents of Medical Colleges. *AIDA – CPMC Collaboration Agreement 2013-2015*, 2013

Australian Indigenous Doctors' Association – Confederation of Postgraduate Medical Education Councils, *Collaboration Framework between AIDA – CPMEC*, 2012

Australian Indigenous Doctors' Association – Medical Deans Australia and New Zealand, *AIDA – Medical Deans Collaboration Agreement, 2012 – 2015*, 2012

Committee of Deans of Australian Medical Schools. *Indigenous Health Curriculum Framework*, Melbourne: Committee of Deans of Australian Medical Schools, 2004.

National Aboriginal and Torres Strait Islander Health Council. *A Blueprint for Action: Pathways in the Health Workforce for Aboriginal and Torres Strait Islander People*. Canberra : Commonwealth of Australia, 2008.

Medical Deans Australia and New Zealand & Australian Indigenous Doctors' Association. *National Medical Education Review: A Review of the Implementation of the Indigenous Health Curriculum Framework and the Healthy Futures Report within Australian Medical Schools*, 2012.

Medical Deans Australia and New Zealand, *Indigenous Health Project, Critical Reflection Tool*, Melbourne: Medical Deans Australia and New Zealand, 2007

United Nations Declaration on the Rights of Indigenous Peoples, GA Resolution 61/295 (Annex), UN Doc A/RES/61/295 (2007). At <http://www.un.org/esa/socdev/unpfii/en/drip.html>. (viewed 11 August 2010).