



Best Practice in Student Support for Indigenous Medical Students

Preamble

The Australian Indigenous Doctors' Association (AIDA) is committed to best practice in student support for Aboriginal and Torres Strait Islander medical students. In 2005, AIDA released the *Healthy Futures: defining best practice in the recruitment and retention of Indigenous medical students'*¹ report that investigated robust strategies for the recruitment, retention and graduation of Indigenous doctors in medicine programs across Australia.

Fostering the growth of the Indigenous medical workforce through increasing collegiate support and cultural safety within the university environment for Indigenous medical students remains a core mission for AIDA. We advocate for best practice in developing approaches to grow the Indigenous medical workforce through the enrolment, retention and graduation of Aboriginal and Torres Strait Islander medical students.

Healthy Futures

AIDA's *Healthy Futures* report detailed the findings and targets from the Best Practice Project, which aimed to assist Australian medical schools, governments, and key stakeholders in providing the most appropriate support to Aboriginal and Torres Strait Islander medical students. The report consolidated the experiences of Indigenous medical students, existing recruitment, retention and graduation strategies in Australian medical school faculties, and current statistics on Indigenous representation within the medical student and practitioner cohorts.

In 2004, there were 102 Indigenous students enrolled in medicine, which was an unimproved figure from 2003. In 2015, this figure had increased to 265 Indigenous students enrolled in medicine, however this was still well below the population parity target of 3 per cent. The themes drawn from the *Healthy Futures* report relating to best practice in reaching the parity goal included: personal contact and community engagement, school and university visits, Indigenous health support units, Indigenous medical school staff, mentoring, Indigenous content in medical curriculum, and cultural safety. The developments since the *Healthy Futures* report can be analysed based on these themes according to the stages of study: enrolment, retention and graduation.

Enrolment

In 2015, 1.8 per cent of the total Australian domestic commencements in medicine were Aboriginal and Torres Strait Islander students.² The *Healthy Futures* report found that building trust and developing supportive relationships through personal contact and community engagement was the most important factor in encouraging the enrolment and graduation of Aboriginal and Torres Strait Islander students.³

Engaging with Aboriginal and Torres Strait Islander experts, families, networks and organisations builds a strong basis of support for Indigenous students. At the enrolment stage, these relationships encourage potential Indigenous medical students to see a place in the profession and supports prospective students through their admission journey. The development of the knowledge in this community engagement can be supported through school and university visits. The *Healthy Futures* report identified university visits by primary and high school students as an important factor in engaging potential Aboriginal and Torres Strait Islander medical students.

Actively engaging secondary-level participation of Indigenous students as part of preparation for and recruitment into medical school is within AIDA's mandate, and we emphasise the importance of early activities to encourage the growth of Australia's Indigenous medical student and doctor cohort. In the 2012 *Review of Higher Education Access and Outcomes for Aboriginal and Torres Strait Islander People Final Report*⁴ (the Behrendt review), it was identified that there needs to be an improvement in university outreach programs to encourage young Aboriginal and Torres Strait Islander students to pursue tertiary education. The Panel in the Behrendt review stated the importance of recognising schools as a conduit into higher education, and noted the need for collaboration between governments and the higher education sector in making university a possibility for all Indigenous students.⁵

AIDA advocates for best practice in student support for Indigenous medical students through a range of activities such as:

- Medical faculty outreach to Indigenous students;
- Culturally safe preparatory programs;
- University and faculty tours for primary and high school students;
- In-community activities bringing together Indigenous medical students, Indigenous school students, Indigenous medical practitioners, and community members;
- Strengthening financial and social support structures for Indigenous medical students; and
- Promoting alternative entry pathways into medicine.

AIDA recognises that it is imperative that Aboriginal and Torres Strait Islander students at the pre-tertiary level are aware of the possibilities of a career in medicine, and that they are supported to pursue this in a culturally safe way through curriculum, support services and clinical placements.

The *Healthy Futures* target was that by 2010, all Australian medical schools would have established specific pathways into medicine for Indigenous Australians as a component of an effective overall recruitment strategy.⁶ The Miroma Bunbilla program at the University of Newcastle and the University of New England as part of the joint Medical Program was developed in 2012 by the Wollotuka Institute and the School of Medicine. The learning approaches in this five-day program reflect the methodologies in the medicine pathway as well as continuous assessment. Students who were not selected through this pathway were contacted and offered alternative pathways in medicine.⁷

AIDA recognises that offering alternative pathways are essential in encouraging Aboriginal and Torres Strait Islander people to enrol in medicine degrees by ensuring that these pathways are reflective of the needs of the course through approaches to learning, assessment and support. It is important to stay engaged with prospective students and communicate a range of pathways into their chosen profession that are, 'comprising of various combinations of recruitment strategies, premedical preparation, academic, social and personal support'.⁸

Retention

Aboriginal and Torres Strait Islander medical students require targeted support through the enrolment phase and continuing into their degrees. Universities have been described as isolating places for Indigenous medical students and, 'participants found medical school experiences to be 'alienating' and 'unfamiliar' and reported that the initial stages of the programme were 'very daunting... you feel like you're the minority'.⁹ Indigenous Support Units (ISU) and Indigenous health and medical school staff were identified in the *Healthy Futures* report as paramount structures for advocating for the experiences of Indigenous medical students. These

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specialist entities provide a culturally safe space for students to engage with staff on pertinent issues such as finances, academic assistance and cultural support.

The *Healthy Futures* report found that 86 per cent of Indigenous medical graduates interviewed identified financial hardship as one of the difficulties they experienced during their studies. The graduates surveyed mentioned that they had deferred training during their course for financial reasons.¹⁰ There are many bursaries and scholarships for Indigenous medical students however AIDA notes that many of these funds are not awarded due to lack of applicants.

The Indigenous Tutorial Assistance Scheme (ITAS) was the foundation of academic support for Aboriginal and Torres Strait Islander medical students until 2015 when funding arrangements transitioned to the Indigenous Advancement Strategy (IAS). This change caused concern in the sector that the funding would not be accessible to speciality cohorts.¹¹ Providing ongoing academic and financial support where required, is central to the retention of Aboriginal and Torres Strait Islander medical students. AIDA notes that there is scope for improving the tutorial support to include specialist mentoring for final exams as this is a stage where Aboriginal and Torres Strait Islander medical students often reach out to AIDA.

In 2013 Aboriginal and Torres Strait Islander medical students identified that exams and study were the main cause of stress, and that racism was a theme.¹² The clinical setting was a recurrent space where Indigenous medical students cited that they experienced cultural alienation.¹³ Cultural support mechanisms in these contexts are recognised as a way to engage Indigenous medical students in their placements and continue in their course. AIDA offers a mentoring program that supports medical students and junior medical officers by facilitating a relationship with a specialist practitioner as a practical step towards supporting retention.

Graduation

In 2014, the number of Aboriginal and Torres Strait Islander graduates had increased by 46 per cent from 2013 however this figure was only 1.2 per cent of the total Australian domestic graduates.¹⁴ Cultural safety in the curriculum and entire university context is integral to ensuring that Indigenous students complete their studies successfully. The *Healthy Futures* report found that 'Almost all Indigenous medical students surveyed in this project (there was one exception) were disappointed with the lack of Indigenous content in the medical curriculum and the inappropriateness of that content'.¹⁵ Universities Australia's *Indigenous Cultural Competency Framework* outlines national best practice for Indigenous cultural competency in Australian universities. The emphasis is on a whole of university approach including; governance, teaching and learning, research, human resource management, and external engagement.¹⁶ This approach takes pressure from the ISUs by acknowledging that Aboriginal and Torres Strait Islander student curriculum, support and progression is everyone's business.

A recommendation made by Aboriginal and Torres Strait Islander Higher Education Advisory Council (ATSIHEAC) and affirmed by AIDA is the importance of inter-university knowledge sharing about best practice models in Indigenous medical student recruitment, retention and completion strategies.¹⁷ AIDA extends this recommendation to Australia's specialist medical colleges, supporting dialogue between colleges, and between colleges and universities, to address the means by which institutions can best foster an inclusive and culturally safe environment for Aboriginal and Torres Strait Islander medical students and registrars. As stated in *Healthy Futures*, medical faculties and colleges have the potential to demonstrate leadership in culturally safe education for Indigenous students to the wider university community.¹⁸

AIDA and Best Practice in Student Support

AIDA advocates for best practice in support for Aboriginal and Torres Strait Islander medical students at all stages of their learning journey. The AIDA Student Representative Committee (SRC) is comprised of a student

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representative from each of the eighteen universities that offer medicine. In 2014 the SRC developed the *Indigenous Medical Students' Guide to Medical School* that provides advice on key areas such as purchasing textbooks, campus services, getting ready for university and approaching the clinical years.¹⁹ This resource was student-led and responded to the questions that many prospective and continuing students have in relation to studying medicine at university. The 2016 SRC project developed a video resource whereby AIDA engaged with experienced medical professionals to debunk some of the myths confronting students in clinical and academic settings.

AIDA provides collegiate support to our members, developing opportunities for students to meet and draw inspiration from senior Indigenous medical professionals. AIDA's publication *Journeys into Medicine* is for high school students, medicine students, and those who work in partnership with Indigenous doctors.²⁰ The book tells the story of Aboriginal and Torres Strait Islander peoples' journey into medicine including experiences at university. These stories and support are extended into AIDA networking events that are held at major membership hubs around the country. These events include student, doctor and associate members meeting other members in a social and collegiate environment.

Taking Healthy Futures Forward

AIDA is committed to growing the Indigenous doctors' workforce. We have identified the promotion of pathways through medicine and supporting students and doctors as strategies to reaching this priority. There are many elements that are reflected in the literature that are still relevant from the *Healthy Futures* report. AIDA continues to recommend:

- 1. Australian universities to establish specific pathways into medicine for Aboriginal and Torres Strait Islander students;
- 2. Ensure cultural safety and engage with Indigenous peoples in medical education through curriculum and staff development;
- 3. Ensure strategies for enrolment, retention and graduation are relevant and sustainable;
- 4. Active and meaningful engagement with Aboriginal and Torres Strait Islander students, doctors and communities in university decision-making; and
- 5. Provision of bursaries and scholarships to support Aboriginal and Torres Strait Islander medical students during the entirety of their degree.

Notes

² Medical Deans Australian and New Zealand Inc. 2015, *Workforce Data Report*, pp. 6.

³ AIDA 2005, *Healthy Futures: defining best practice in the recruitment and retention of Indigenous medical students*, pp.23.

⁴ Behrendt, L, Larkin, S, Griew R, & Kelly, P 2012, *Review of Higher Education Access and Outcomes for Aboriginal and Torres Strait Islander People Final Report*, pp. 27-28.

⁵ Ibid, pp. 17.

⁶ AIDA 2005, *Healthy Futures: defining best practice in the recruitment and retention of Indigenous medical students,* pp.20.

⁷ Holliday, V, O'Mara, P & Watts, A, *The Miroma Bunbilla Pre-entry to Medicine program for Aboriginal and Torres Strait Islander people*, pp. 1.

⁸ Lawson, K, Armstrong, M & Van Der Weyden, M 2007, Training Indigenous doctors for Australia:

Shooting for goal, Medical Journal of Australia, 186, 10, pp. 548.

⁹ Garvey, G, Rolfe, IE, Pearson, SA & Treloar, C 2009, Indigenous Australian medical students' perception of their medical school training, *Medical Education*, 43, 11, pp. 1052.

¹⁰ AIDA 2005, *Healthy Futures: defining best practice in the recruitment and retention of Indigenous medical students,* pp. 35.

¹¹ Liddle, C 8 Oct. 2014, Changes to funding arrangements for the Indigenous Tutorial Assistance Scheme (ITAS), *National Education Tertiary Union*.

¹² Beyondblue 2013, pp. 107.

¹³ Garvey, G, Rolfe, IE, Pearson, SA & Treloar, C 2009, Indigenous Australian medical students' perception of their medical school training, *Medical Education*, 43, 11, pp. 1054.

¹⁴Medical Deans Australian and New Zealand Inc. 2015, *Workforce Data Report*, pp. 1.

¹⁵ AIDA 2005, *Healthy Futures: defining best practice in the recruitment and retention of Indigenous medical students*, pp. 28.

¹⁶ Universities Australia 2014, Indigenous Cultural Competency Framework.

¹⁷ Aboriginal and Torres Strait Islander Higher Education 2015, *Whole-of-university approaches to improving outcomes for Indigenous people at university.*

¹⁸ AIDA 2005, *Healthy Futures: defining best practice in the recruitment and retention of Indigenous medical students*, pp. xii.

¹⁹ AIDA 2014, The Indigenous medical students' guide to medical school.

²⁰ AIDA 2009, Journeys into Medicine.

¹ Australian Indigenous Doctors' Association (AIDA) 2005, *Healthy Futures: defining best practice in the recruitment and retention of Indigenous medical students.*