

# Policy Statement

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## Federal Election 2019 – Aboriginal and Torres Strait Islander Medical Workforce

The Australian Indigenous Doctors' Association (AIDA) is the national peak body representing Aboriginal and Torres Strait Islander medical students and doctors. AIDA advocates for best practice approaches to grow the Indigenous medical workforce and seeks an evidence-based approach to health policy development. We are committed to improving the health of Aboriginal and Torres Strait Islander Peoples and enriching the health profession by growing the number of Aboriginal and Torres Strait Islander doctors. AIDA strives to create a high quality, culturally safe and responsive health care system for all Australians, including Aboriginal and Torres Strait Islander Peoples.

Growth of the Indigenous medical workforce is imperative to address the health disparities of Aboriginal and Torres Strait Islander Peoples. We believe this can be achieved through genuine commitment to improve health services, the development of evidence-based policy, and appropriate allocation of needs-based funding to deliver health services where they are needed the most.

AIDA recognises that a well-trained and culturally safe health workforce is essential to closing the health gap from the current unacceptable levels of disparity. To this end, we outline the following priority areas for the health system and health workforce as we move towards the upcoming Federal election.

### 1. A culturally safe health system that is free of racism

The vision statement of the Australian Government's *National Aboriginal and Torres Strait Islander Health Plan 2013-2023* leads with the goal of an '*Australian health system [that] is free of racism and inequality*'. We know that Aboriginal and Torres Strait Islander patients are more likely to access health services and the necessary follow up when they feel culturally safe and receive appropriate standards of care.

AIDA recognises Aboriginal and Torres Strait Islander cultures as a source of strength, resilience, happiness, identity and confidence that have a positive impact on the health. To improve Indigenous health outcomes, health services need to be responsive to cultural differences and the impacts of conscious and unconscious racism and systemic biases. Just as Aboriginal and Torres Strait Islander Peoples are more likely to access and experience better outcomes from services that are respectful and culturally safe, Indigenous medical students and doctors are more likely to remain in learning and working environments that consistently demonstrate cultural safety.

For these reasons, AIDA has long advocated for cultural safety to be embedded at all levels of medical education and healthcare. However, if Australia is to meaningfully address the disparities in health between Indigenous and non-Indigenous Australians, then more must be done to effect change at the structural level. We therefore propose that all people and workplaces responsible for the development of Indigenous health policy are supported by cultural safety training. These measures seek to address structural barriers to closing the gap in health inequity. Dismantling racism must be actively addressed at all levels of government and it is incumbent on the Federal Government to demonstrate leadership in this area.

### 2. Growing the Aboriginal and Torres Strait Islander health workforce

Department of Health data indicates there were 399 registered Aboriginal and Torres Strait Islander medical practitioners in Australia out of a total of over 110,000 medical practitioners in 2017.<sup>1</sup> 2018 data from the

Australian Medical Deans puts the current number of Indigenous medical students at 327, or 2.3% of total domestic enrolments.<sup>2</sup>

Aboriginal and Torres Strait Islander health professionals possess a unique ability to align clinical and socio-cultural skills to improve access to services and provide culturally appropriate care. As such, they play a vital role in strengthening healthcare settings in which they practice by enhancing culturally safe and accessible healthcare systems that benefit all Australians, including Aboriginal and Torres Strait Islander patients.

Achieving successful growth of a sustainable Indigenous medical workforce requires evidence-based and needs-based policy development in workforce distribution, appropriate medical curriculum, alternative education and training pathways for Aboriginal and Torres Strait Islander medical students and doctors, and reliable workforce data and modelling.

AIDA supports the current efforts of Federal, State and Territory governments through the Council of Australian Governments (COAG) to develop *The National Aboriginal and Torres Strait Islander Health and Medical Workforce Plan*, agreed by COAG Health Council on 1 August 2018. We are committed to working with governments in this process to ensure that a meaningful, sustainable and well-resourced implementation plan arises from this commitment.

### **3. Social and cultural determinants of health**

AIDA recognises the significant influence of social, environmental and cultural factors in the health and wellbeing of Aboriginal and Torres Strait Islander Peoples. Social determinants include factors like housing, education and employment, but also individual and systemic racism. These factors must be considered in the development of all Indigenous health policy.

As a member of the Close the Gap Campaign Steering Committee, AIDA supports the calls for increased investment into Indigenous housing made in the 2019 report – *Our Voices our Choices*. This includes investment into new housing stock, ongoing maintenance and repairs and increased options for low cost housing based on socio-economic factors. Adequate, well-designed, culturally appropriate housing is inextricably linked to good health outcomes and AIDA recognises this as a critical social determinant of health.

AIDA believes that culture is central to Aboriginal and Torres Strait Islander wellbeing, both as a protective factor and enabler of health and wellbeing. The cultural determinants of health encompass the cultural factors that promote resilience, foster identity and support good mental and physical health and wellbeing for individuals, families and communities.

AIDA supports the *Mayi Kuwayu National Study of Aboriginal and Torres Strait Islander Wellbeing*, the ground-breaking longitudinal national study currently investigating what culture means to our people. This is important research to help create better understanding about how culture affects our wellbeing including health outcomes.<sup>3</sup>

### **4. Constitutional recognition and self determination**

AIDA is committed to – and wholeheartedly supports – the *Uluru Statement from the Heart*. Recognition, through a First Nations Voice enshrined in the Australian Constitution, would promote opportunities for full participation in all that Australia has to offer and be a significant step towards equity between Indigenous and non-Indigenous Australia.

To address the intergenerational effects colonisation and dispossession continue to have on Aboriginal and Torres Strait Islander Peoples, it is imperative that Indigenous communities are entitled and empowered to exercise control over matters that affect them. In terms of health, this means ensuring that genuine opportunities exist for Aboriginal and Torres Strait Islander Peoples to guide and be directly involved in the development, implementation and monitoring of policies and programs. Self-determination must be adopted as a standard principle in the development of health policy for Aboriginal and Torres Strait Islander Peoples.

Recognition, participation and equity would, in turn, have profound positive consequences for wellbeing, and therefore health. There is substantial evidence from health research to indicate that being connected to the wider community, having a strong identity and feeling socially supported, all have significant positive impacts on health.

## 5. Closing the Gap

It is of grave concern to AIDA that more than 10 years after the establishment of the Closing the Gap strategy, the target to close the gap in life expectancy between Aboriginal and Torres Strait Islander Peoples and non-Indigenous people by 2031 is widening – rather than closing.

AIDA welcomes the recent signing of the Partnership Agreement on Closing the Gap, which sets out how the Coalition of Aboriginal and Torres Strait Islander Peak Bodies (Coalition of Peaks) will work together with the Council of Australian Governments to define revised targets and monitoring arrangements.

Importantly, this 10-year partnership provides for Indigenous-led reviews every three years. While this is a preferred model to the government program of the past decade, it is essential that adequate resourcing is provided to ensure the partnership's success into the future. We look forward to engaging in consultations with the Coalition of the Peaks, of which AIDA is a member, particularly in relation to setting Closing the Gap targets for health, education and employment.

If we are to learn anything from the failure of the Closing the Gap strategy to deliver meaningful improvements for Indigenous health, it is that targets are only of use when they are underpinned by genuine commitment, a strong evidence base, and adequate resourcing. The above partnership agreement creates the opportunity for Indigenous health policy development to be informed by the practice of self-determination, whereby Aboriginal and Torres Strait Islander communities have decision-making powers to address issues that affect them.

### Recommendations

To improve representation of Aboriginal and Torres Strait Islander Peoples in the Australian healthcare system, AIDA calls on government to:

1. Commit to mandate cultural safety training across the health system and to all public sector workers who are involved in the development or delivery of Indigenous health policy and services.
2. Ensure meaningful co-design with Indigenous health peak organisations and adequate resourcing to implement *The National Aboriginal and Torres Strait Islander Health and Medical Workforce Plan*.
3. Fund the *Implementation Plan of the National Aboriginal and Torres Strait Islander Health Plan 2013-2023* and associated frameworks, including a commitment to co-design policies and programs with Aboriginal and Torres Strait Islander organisations and subject matter experts.
4. Recognise the linkages between self-determination and health for Aboriginal and Torres Strait Islander Peoples by providing full support for the recommendations in the *Uluru Statement from the Heart*.
5. Continue to work in partnership with Aboriginal and Torres Strait Islander peoples to develop the next Closing the Gap framework and other relevant health and workforce strategies.

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<sup>1</sup> Department of Health, National Health Workforce Dataset, accessed 9 May 2019 via <https://hwd.health.gov.au/datatool.html>

<sup>2</sup> Medical Deans Australia and New Zealand Inc. 2018, [Medical Deans of Australia and New Zealand Workforce Data Report 2018](#)

<sup>3</sup> <https://mkstudy.com.au/about-mayi-kuwayu/>