



Policy Brief

Australian Indigenous Doctors' Association (AIDA) and James Cook University (JCU) Joint Research:

**Strong Futures: Strengthening the Path to Fellowship for Aboriginal and
Torres Strait Islander Medical Graduates**

Enabling the growth of the Aboriginal and Torres Strait Islander medical
workforce is imperative for improving Indigenous health outcomes.

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Introduction

Reports from 2001 and 2004 identified 90 Aboriginal and Torres Strait Islander medical doctors ⁽¹⁾ and 102 Aboriginal and Torres Strait Islander medical students ⁽²⁾ in the medical education system. Since this time, and in response to the gross health inequities experienced by Aboriginal and Torres Strait Islander Australians, significant effort has been made to increase the number of Aboriginal and Torres Strait Islander doctors within the medical workforce.

Commitment to the ongoing growth of Aboriginal and Torres Strait Islander doctors was formally established in 2006, when the Australian Medical Council (AMC) revised the Standards for Assessment and Accreditation of Primary Medical Programs. Since these revisions, substantial progress has been made by primary medical programs in recruiting and developing the Aboriginal and Torres Strait Islander medical workforce.


Many Indigenous and non-Indigenous organisations have been pivotal in this process and advocated for effective partnerships with Indigenous communities, organisations and individuals; curriculum coverage of Indigenous health and culturally competent communication and care; and recruitment of Indigenous students and staff.

In 2015, the AMC revised its standards for specialist training colleges to provide Indigenous health and medical education at all points throughout the training process. The revision of the AMC accreditation standards to address Indigenous health affects specialist medical colleges, their Fellows and trainees, Indigenous health advocacy organisations and ultimately, Indigenous communities.

Numbers have now increased with 483 Aboriginal and Torres Strait Islander medical doctors ⁽³⁾ and 310 Aboriginal and Torres Strait Islander medical students recorded in 2017 ⁽⁴⁾.

Aboriginal and Torres Strait Islander doctors can now be found providing service to the community as registered Fellows in diverse specialist careers including general practice, emergency medicine, surgery, internal medicine, anaesthetics and an increasing range of other specialties.

^aThe term Indigenous is used as an alternative to the term 'Aboriginal and Torres Strait Islander' throughout this document with respect to Aboriginal and Torres Strait Islander peoples.



Whilst this is a positive development from a decade ago, further effort is required to recruit and retain Aboriginal and Torres Strait Islander medical students through to College training and fulfil the objectives of the Commonwealth Agreement 'Partnering for Good Health for Aboriginal and Torres Strait Islander Australians' (5), and National strategies including the 'National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework 2016-2023' to ensure that the diversity of Aboriginal and Torres Strait Islander communities is appropriately serviced through a culturally and professionally competent workforce (6).

Anecdotal evidence indicates that there are a growing number of medical graduates for whom the transition to training and careers beyond medical school had not gone smoothly.

This cohort of approximately 30-40 doctors had, by choice or necessity, not completed specialist training and were non-vocationally recognised (non-VR). This situation means limited career choices and limited career progression for this cohort.

Options for doctors without a Fellowship include locum deputising work, after-hours clinics, service roles in hospitals, surgical assisting or practice that is restricted to designated areas of workforce need. While such clinical contributions are worthwhile, they are generally not the long-term careers that most medical graduates intended. Furthermore, this situation represents a lost opportunity for the community more broadly.

Strong Futures: Strengthening the Path to Fellowship for Aboriginal and Torres Strait Islander Graduates was a joint research between AIDA and James Cook University (JCU) that aimed to explore the journeys of these individuals to improve their career and fellowship opportunities and to inform key stakeholders on practices to better support Indigenous trainees in Specialist training.

During a targeted literature review no publications were identified that addressed the specialist training of Australian Indigenous doctors. However, there was a book, 'Shattering Stereotypes: Experiences of Australian and Canadian First Nations General Practitioners and Family Doctors' (7) collated by a Fellow based on her experience and that of a number of doctors and identified key themes.

Many of the issues identified in medical school training were likely to apply to specialist training. For example, Aboriginal and Torres Strait Islander medical students withdraw from medical school at far higher rates than non-Indigenous students (1).

Barriers to completing training have been found to include; "cultural differences, marginalisation and racism from other students, faculties and hospital environments resulting in a fear of prejudice, the threat of being questioned about identity and tokenistic or stereotypical expectations leading to emotional and moral burnout" (1).

In addition, economic circumstances and a lack of academic support form significant barriers to continuing medical study. Similar issues were anticipated to affect Indigenous doctors completing specialist training. Positive and protective factors were also sought building on current evidence that Aboriginal and Torres Strait Islander medical students identify family members and role models as their biggest support in overcoming barriers and continuing their medical studies².

Current literature tended to focus on academic issues that doctors face when completing training and label the doctor the "problem" (8-13).

Further insight was required to better understand the impact that psychological, social and cultural influences have on becoming an Aboriginal and/or Torres Strait Islander medical specialist.

This research served to:

1. Improve specialist medical colleges' ability to provide tailored support to Aboriginal and Torres Strait Islander trainees
2. Inform organisations on strategies to improve support during training for fellowship for their graduate members
3. Increase the number of Aboriginal and Torres Strait Islander medical specialists in the health care system.

Currently, no central database exists which monitors the progress of Aboriginal and Torres Strait Islander students and graduates.

Anecdotally, there are up to 40 Aboriginal and/or Torres Strait Islander doctors who, by choice or necessity, have not completed Fellowship training. Ten of this cohort agreed to be interviewed for the Strong Futures Research.

A summary of findings and recommendations from these interviews, and a further five undertaken with Aboriginal and Torres Strait Islander Fellows, is outlined below.

A summary of participants' demographics

- A similar number of male and females participated
- Most participants were aged between 44 to 50 at the time of the project
- Most participants had children and significant family responsibilities during training
- Some participants had been single parents and/or their family's sole income provider during training
- Participants had undertaken their medical degrees at nine different universities
- Participants had undertaken their training with eight separate training bodies
- All participants had participated in College specialist training programs

Participants overall expressed confidence that the clinical services they provided were of a high professional and ethical standard and their services were valued by their patients.

Findings Key Themes and Sub Themes

Theme 1: Social Cultural Considerations

- Participants felt culturally and socially different from their peers.
- Juggling family and cultural commitments (including Sorry Business and attendance at funerals) particularly around exam times contributed significantly to the stress of training.
- Participants had a strong commitment to Aboriginal health with over half working in Aboriginal health.
- Doctors working in Aboriginal communities noted the challenge in prioritising exam preparation over the complex patient issues and holistic Indigenous understandings of health.
- Training felt like a foreign culture in which they did not belong.
- Exams were perceived as being designed for urban private practice and not for Aboriginal health.
- Doctors in Aboriginal health had been consulted for their professional and cultural insight by their Fellowed peers and seniors.
- Several participants thought their Colleges and training organisations did not see that the determinants of health impacting Aboriginal and Torres Strait Islander peoples more broadly, also affected them as individuals.
- Most participants did not consider that their College or training organisation understood their journey or valued them as Aboriginal and Torres Strait Islander doctors.

Theme 2: Support Networks

- Most participants could identify individual champions, both Indigenous and non-Indigenous, who they had found helpful during their studies and training.
- Participants commented on both the negative and positive impact that particular individual educators had on their journey.
- In general, participants had found AIDA and the annual conference a space for supportive opportunities and mentoring relationships to develop during medical school. However, following graduation they had felt less supported by AIDA.
- Personal relationships and positive family support were critical for a number of participants.
- For the general practice cohort, the Indigenous GP Registrar network (IGPRN) had been a valued body during training, providing collegiate support, education and information about examinations in a culturally safe space.
- Fellows interviewed had been highly resourceful and created effective supports for themselves through well-matched study buddies, study groups, mentors and supervisors.
- Following training, participants had felt a lack of support in navigating the post-training space and had further disengaged from key networks.



Theme 3: Structural Barriers

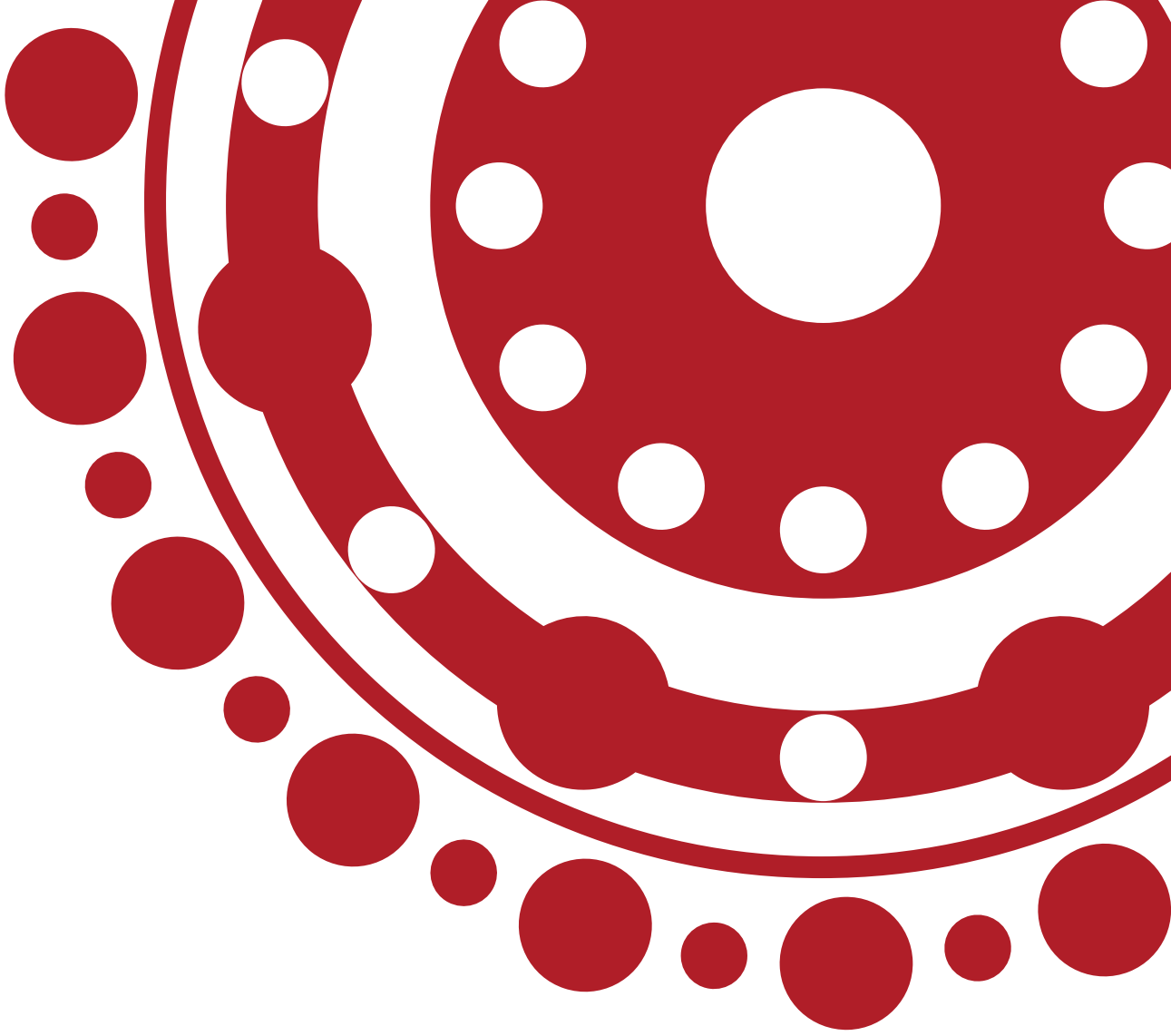
- Inflexibility in training programs was considered a barrier to successful Fellowship and specifically, restrictive time limitations.
- Some participants felt disadvantaged compared to their peers who had continued study from high school through to University.
- Among the non-GP cohort, some training sites were considered more culturally safe than others.
- Successful examination preparation for Fellows had been highly individualised and included non-medical training in communication and the use of effective body language.
- Written (computer based) exams and multiple-choice exams were generally seen as the major hurdles to Fellowship for the GP cohort.
- Some participants had sat exams multiple times and felt that the College examinations did not appropriately assess their competency, experience and expertise particularly in Aboriginal health.
- Exam preparation courses facilitated by their Colleges and training organisations were not considered helpful. Participants said that they did not have a clear understanding of what was required to best prepare for exams.
- Practice based assessment had been previously available through the Royal Australian College of General Practitioners and was considered by some as a more appropriate method of assessment. Three or four known Aboriginal and Torres Strait Islander trainees had successfully obtained Fellowship via this pathway.
- Costs related to multiple exam attempts had been extensive and a financial burden.
- Financial assistance and scholarships were a key factor in assisting participants through medical school.
- One GP Fellow noted that exam practice undertaken through a commercial provider had been beneficial and a key factor to their success after failing exams previously.
- Costs of participating in commercial programs were considered a barrier.
- Participants in Aboriginal Medical Services thought that they had a lack of guidance in preparing for exams as some supervisors had not completed Fellowship exams.

Theme 4: Personal Factors / Influences

- Participants showed significant self-efficacy in achieving their career goals and had been trail-blazers in their families, communities, Colleges and training organisations.
- Trainees who were the first or only Aboriginal and/or Torres Strait Islander person in their specialty or training organisation had experienced many institutional barriers.
- Exam failure had been detrimental to doctors' self-esteem, confidence and trust in College systems.
- Shame related to exam failure had led to further isolation from support networks.
- Many participants felt angry about the exam process, costs and perceived lack of feedback on topic areas where they needed to improve.
- Some trainees had received significant criticism from visiting educators about their approach to practicing medicine by educators unfamiliar with their skills and commitment.
- Some participants were further challenged about their dedication to the profession and to Indigenous health by non-Indigenous people and medical educators.

Overarching Recommendations

1. Initiatives are introduced to ensure that Aboriginal and Torres Strait Islander doctors are retained in the medical workforce and supported to complete specialist training and/or career progression.
2. Colleges and Training organisations become more accountable for the success of Aboriginal and Torres Strait Islander trainees by monitoring their progress and providing any necessary support.
3. Training programs are flexible so that diverse familial and cultural circumstances of trainees are accommodated and supported. This includes ensuring part time training options, extended familial, cultural and bereavement leave.
4. Colleges acknowledge the impact of exam failure on doctors' health and provide culturally appropriate psychological services
5. Alternative practice based and/or workplace-based assessments are available to Aboriginal and Torres Strait Islander trainees.
6. Expertise in Aboriginal and Torres Strait Islander health is valued and appropriately assessed via establishment of an Aboriginal and Torres Strait Islander Health specific Fellowship pathway.
7. Culturally appropriate training support is provided to all trainees across all specialties.
8. A tailored scholarship program of support is available to trainees including exam subsidies, exam readiness assessment, tutoring and exam preparation.
9. Exam processes are transparent and feedback is comprehensive enabling trainees to feel confident in overcoming their knowledge and technique gaps.



Researchers Observations

Whilst we teach Indigenous understandings of health and wellbeing within medical training, the system views Aboriginal doctors as Western doctors and therefore measures progress within the same framework. This approach may be acceptable for effectively producing many specialists, however, it will not necessarily ensure the diversity required to effectively service the diverse needs of Australian communities, particularly Aboriginal and Torres Strait Islander communities.

Following graduation from medical school, a proportion of doctors return to community and work predominantly in Aboriginal and Torres Strait Islander health, they deconstruct their learned attitudes and behaviours to readopt their Indigenous ways of knowing and being including communication styles and language appropriate to their communities. The methods of measuring progress and examination within an Indigenous community context seem incongruent.

Stakeholder Specific Recommendations:

Australian Indigenous Doctors' Association

1. Establish a system to monitor and support members' transitions throughout their career.
2. Support trainees to appeal specialist training colleges examination outcomes. These should include both financial and emotional assistance.
3. Establish an internal referral process to provide immediate support to members in crisis.
4. Investigate what makes training posts more culturally safe for Indigenous trainees and explore preferential application for Indigenous registrars in those areas.
5. Consider the rationale and explore the feasibility of establishing an Aboriginal and Torres Strait Islander Health Specialty and College.
6. Establish opportunities to strengthen collegiate support for all non-VR doctors.
7. Establish a network for registrars across non-GP specialities.
8. Support connection to country for members.
9. Consider strategies to ensure all members are valued regardless of their VR status.
10. Support other stakeholders to address the recommendations below.

Indigenous General Practice Registrar's Network

11. Consider how current IGPRN activities can be strengthened to provide further support to the GP cohort including assessment of exam readiness and greater levels of support and encouragement.
12. Collaborate with AIDA to ensure that members who have terminated from AGPT are re-engaged and supported as appropriate by each organisation.
13. Provide advice to doctors being terminated from AGPT on securing Medicare provider numbers, pursuing Fellowship outside of AGPT and the support available to them.

Australian Medical Council

14. Include measures for monitoring and ensuring accountability for each Aboriginal and Torres Strait Islander trainee's success.
15. Include measures for Colleges to provide alternative assessments such as practice based, recognition of prior service and verbal assessments by Aboriginal and Torres Strait Islander Fellows.
16. Work with AIDA to identify how to assess and accredit training posts to ensure that they are culturally safe.

Specialty Colleges and Training Organisations

17. Ensure training programs support greater equity and are flexible for Aboriginal and Torres Strait Islander doctors, allowing part-time study and work options and additional leave for familial and cultural responsibilities, including attendance at funerals.

18. Establish committees or a function within existing committees that monitor and are accountable for each Aboriginal and Torres Strait Islander trainees' success. Committees should include Aboriginal and Torres Strait Islander Fellows with similar life and work experiences as their trainees to ensure their cultural context is appreciated.
19. Appoint a medical educator to provide tailored, regular support, coaching, exam preparation and feedback to each Aboriginal and Torres Strait Islander trainee and advocate on their behalf within the College. The trainee should be consulted to ensure that the educator is a person the trainee trusts and feels comfortable and supported by. This relationship should be monitored, and educators changed if necessary.
20. Establish an early assessment method to assess clinical knowledge, exam technique and develop an individualised study plan.
21. Establish a process to assess exam readiness for each trainee when they feel ready prior to sitting exams.
22. Provide and fund scholarship programs for Indigenous trainees and non-VR doctors including mentoring, quarantined study time, appropriate education, exam technique to meet any identified insufficiencies in clinical knowledge and exam technique. Should this involve independent commercial exam courses, individual participation or a collective use should be funded where necessary.

23. Provide alternative assessment methods to Indigenous registrars.

Council of Presidents of Medical Colleges

24. Consider how the CPMC may further support member Colleges implement the recommendations above.

Department of Health

25. Fund a tailored support program for Aboriginal and Torres Strait Islander Specialist trainees at risk of incompleteness of Fellowship training. This should include assessment of exam readiness, tailored support to address gaps and subsidies for examinations costs including alternative pathways.
26. Establish vocational recognition for Aboriginal and Torres Strait Islander medical graduates who are working in areas of need to enable these doctors to work without being attached to a Rural Other Medical Practitioners Program (ROMPS) and continue to access items on the Medicare Benefits Scheme.

Trainees

27. Embark on their examination process after robust preparation and only attempt examinations when ready.
28. Ensure that they are in the best frame of mind and have both physical and emotional capacity to embark on training and exam preparation.
29. Engage in continuing self-reflection and, where possible decrease any additional responsibilities during training and increase personal supports

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