

Policy Statement

Aboriginal and Torres Strait Islander medical student retention

Introduction

The Australian Indigenous Doctors' Association (AIDA) works to ensure that all Aboriginal and Torres Strait Islander medical students are provided with adequate opportunity and support to complete their studies. Through our work with organisations, such as the Medical Deans of Australia and New Zealand (MDANZ), Leaders in Indigenous Medical Education (LIME) and the Australian Medical Students' Association (AMSA), AIDA advocates for Indigenous medical student¹ wellbeing and retention to remain at the forefront of discourse and policy making. We recognise the important leadership role universities can perform through well-resourced Indigenous Support Unit (ISU) at all medical schools, mentoring opportunities and fostering a culturally-safe learning environment.

This statement follows the 2016 publication of AIDA's *Best Practice in Student Support for Indigenous Medical Students*² paper, which outlines that despite improvements in the overall commencement and enrolment figures for Aboriginal and Torres Strait Islander medical students, graduate numbers remain low. This indicates that Indigenous medical student retention will continue to be a major barrier to achieving an adequate workforce representation of Aboriginal and Torres Strait Islander doctors.

AIDA suggests that further targeted research is required to understand student experiences of medical education. It is important to understand the reasons why many Indigenous medical students discontinue their studies. This information can then be used to develop appropriate policies and targeted support initiatives for Indigenous medical students within their respective universities.

Enrolment and graduation snapshot

AIDA uses data sourced by the MDANZ to indicate enrolment and retention rates for Indigenous medical students. Aboriginal and Torres Strait Islander population parity of 3 percent is used as one measure of progress towards overall growth in the number of Indigenous medical students relative to the growth of non-Indigenous medical students. The figures below indicate a general increase in both enrolments and graduations for Aboriginal and Torres Strait Islander medical students over the past 10 years (Table 1). Enrolments and retention rates need to be understood at the university level and further comparative analysis across the entire domestic cohort is required if we are to gain a comprehensive understanding of patterns and trends.

Table 1 – Australian Indigenous medical student commencements, graduates and enrolments 2007-2017³

| | 2007 | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 | 2017 |
|---------------------|------|------|------|------|------|------|------|------|------|------|-------|
| Commencement | 41 | 44 | 38 | 50 | 80 | 70 | 76 | 81 | 65 | 83 | 78 |
| Graduation | 12 | 8 | 13 | 11 | 15 | 14 | 24 | 35 | 44 | 35 | 51(*) |

* Number is an estimate based on current final year Indigenous enrolments across Australian Medical Schools

National data sets, such as the one above, do not account for varying minimum medical degree completion lengths (ranging from four to six years), deferments, or students taking longer than the minimum time to complete their studies.

While we are pleased to note that there is a marked increase in overall enrolments and graduations of Indigenous medical students, we note that gaps in overall parity remain. The MDANZ 2016/2017 graduation data (Table 2) highlights these gaps. On the basis of these figures, as well as a range of anecdotal feedback received from AIDA Indigenous student members, we suggest further research is required to better understand how to improve retention rates.

Table 2 – Australian Indigenous medical student snapshot⁴

| | Total | % of domestic total |
|---------------------------|--------------|----------------------------|
| Enrolments 2017 | 327 | 2.3 |
| Commencements 2017 | 78 | 2.4 |
| Graduations 2016 | 35 | 1.1 |

AIDA’s work

We acknowledge that AIDA has a role in supporting and improving the retention rates of Aboriginal and Torres Strait Islander medical students. In order to receive direct input from our student members, AIDA maintains a Student Representative Committee (SRC) comprising Indigenous medical student representatives from most Australian medical universities. They are leaders among our Indigenous medical students and provide advice and guidance on the development of initiatives that support students throughout their medical education.

The SRC undertakes an annual project and the past two projects have focussed on aspects associated with student retention, support and mentoring. In 2016, the SRC produced a video series entitled ‘Debunking the Myths’, which addressed many of the challenges that Aboriginal and Torres Strait Islander medical students encounter during university. The project featured senior AIDA members reflecting on their experiences and providing insights and useful advice for student members.

In 2017, the SRC project was a pilot version of a mentoring program. The process included trialling a mentoring app used to match and manage mentoring relationships. As the peak representative body for Aboriginal and Torres Strait Islander medical students and doctors and with over 500 members, AIDA is well positioned to facilitate mentoring relationships. Our membership spans a broad range of locations, universities and medical specialities, and through targeted surveys our members have identified general support, career development and cultural support as reasons for seeking out mentoring relationships.

To further facilitate exchanges between students, AIDA also hosts a series of campus events for our members to network, share experiences and celebrate successes in a culturally-safe environment.

Conclusion

AIDA encourages further research in medical education that will identify factors contributing to Aboriginal and Torres Strait Islander medical students leaving their studies. Longitudinal and qualitative research, conducted by MDANZ and the medical schools, into Aboriginal and Torres Strait Islander medical student retention is needed to create an evidence base to inform the support structures that students require.

Understanding how to better facilitate entry pathways, introduce students to courses, provide support to adjust to university life, provide other ongoing support and specialised support for high-risk students may all contribute to improvements in student retention rates. Increasing student retention through to graduation is a significant step toward achieving adequate workforce representation for Aboriginal and Torres Strait Islander doctors.

Recommendations

AIDA advocates for further transparency and consistency in publicly available data on student retention to allow organisations and policy makers who work with Aboriginal and Torres Strait Islander medical students a better understanding of the needs of students.

In addition to the use of data to support the development of evidence-based strategies, AIDA recommends:

1. Continued funding of grants, scholarships and bursaries that support Aboriginal and Torres Strait Islander medical students.
2. Structured academic and cultural support for students, including well-resourced Indigenous Support Units at all university campuses.
3. Promotion of culturally-safe learning environments, including:
 - the recruitment of Aboriginal and Torres Strait Islander university staff
 - the prominent use and display of Aboriginal and Torres Strait Islander flags, language and art
 - policies that support the use of respectful practices including Welcome to Country and Acknowledgement of Country.
4. Ensuring subsidised tutoring, previously administered under the Indigenous Tutorial Assistance Scheme (ITAS), remains accessible to all universities and students under the current Indigenous Student Success Program (ISSP) arrangement.

¹ AIDA prefers the use of 'Aboriginal and Torres Strait Islander people' to describe individuals who are First Nations Peoples of Australia. In order to remain consistent with terminology used in national data sets and within AIDA member demographics, the term 'Indigenous medical student' is used intermittently throughout this document.

² Australian Indigenous Doctors' Association 2016, [Best Practice in Student Support for Indigenous Medical Students](#).

³ Medical Deans Australia and New Zealand Inc. 2017, [Medical Deans of Australia and New Zealand Workforce Data Report 2017](#)

⁴ Ibid.