

Pathways into Specialties

A strategic approach to increasing the number of Aboriginal and Torres Strait Islander Fellows

Context

The poor status of Aboriginal and Torres Strait Islander health and the 17-year life expectancy gap is well documented. The burden of disease experienced by Indigenous Australians is estimated to be two and a half times greater than the burden of disease in the wider Australian population.

Aboriginal and Torres Strait Islander people experience higher death rates than non-Indigenous Australians across all age groups, from all major causes of death.ⁱ This – in a nation which in general, has one of the healthiest populations of any developed country and which has access to a world-class health system – is unacceptable.

Since the 2008 national *Apology to the Aboriginal and Torres Strait Islander peoples of Australia*, the Australian Government has demonstrated commitment to overcoming the disadvantages faced by Aboriginal and Torres Strait Islander people.

In signing the *Close the Gap Statement of Intent* (2008), the Australian Government commits to developing a comprehensive, long-term plan of action to achieve equality of health status and life expectancy between Aboriginal and Torres Strait Islander peoples and non-Indigenous Australians by 2030. This commitment includes the training of an adequate number of health professionals to deliver health care services.

The Council of Australian Governments (COAG) *National Healthcare Agreement* (29 November 2008) provides for a significant funding reform package that will enable this to occur through:

- \$500 million in additional Commonwealth funding for undergraduate clinical training
- An increase of 605 postgraduate training places
- 212 additional ongoing GP training places and 73 specialist training places.

The (former) National Aboriginal and Torres Strait Islander Health Council (NATSIHC) auspiced the development of the *Blueprint for Action: Pathways into the health workforce for Aboriginal and Torres Strait Islander people* - a framework for Australian, State and Territory government to retain and build the capacity of the existing Aboriginal and Torres Strait Islander health workforce by addressing ongoing support and career development needs.ⁱⁱ

In response to this key document, Ministers Gillard, Roxon and Macklin agreed to form an interdepartmental committee (IDC) to consider the recommendations of the Blueprint for Action report. The 21 recommendations raise significant implications

**The Australian Indigenous Doctors Association
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for cross-portfolio initiatives and are congruent with the Council of Australian Government's (COAG) workforce strategies under the *Closing the Gap* agenda.

The current environment provides the political will, intent and opportunities to develop and imbed a range of strategies that will have long-lasting positive benefits towards improving the health and well-being of Aboriginal and Torres Strait Islander people.

There are significant roles for key agencies such as the Australian Indigenous Doctors' Association (AIDA) to play in advocating for improved Aboriginal and Torres Strait Islander health workforce development.

Profile of Indigenous Fellowship

There are currently 140 Aboriginal and Torres Strait Islander medical graduates throughout Australia and some 137 Aboriginal and Torres Strait Islander medical students. Within the cohort of Aboriginal and Torres Strait Islander medical graduates, there are many examples of success.

Exemplar: Aboriginal and Torres Strait Islander Fellows

Australian & New Zealand College of Psychiatrists – 1 Fellow
Cardiac Society of Australia and New Zealand – 1 Fellow
Royal Australian College of General Practitioners – 10 Fellows
Royal Australasian College of Surgeons – 1 Fellow
Royal Australasian College of Physicians – 3 Fellows
Royal Australian and New Zealand College of Obstetricians and Gynaecologists – 1 Fellow

Note: There is limited data available regarding the number of Aboriginal and Torres Strait Islander Fellows. The information provided is indicative of AIDA's knowledge across the network.

These exemplars have a flow-on effect for other medical graduates in that Fellows are paving the way, supporting and championing for Registrars and others. This in turn provides an increased critical mass of the Aboriginal and Torres Strait Islander medical specialist workforce across Medical Colleges.

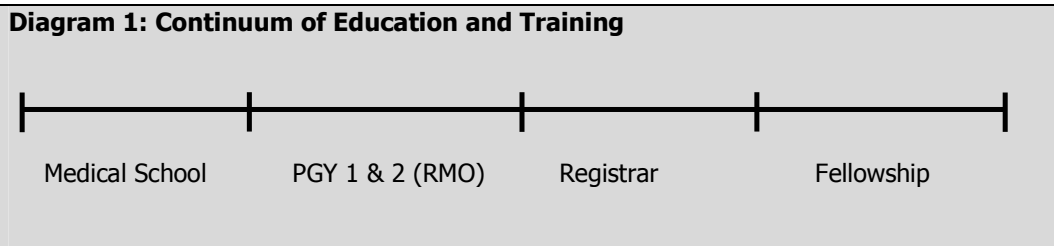
The current 137 Aboriginal and Torres Strait Islander medical students provides fertile ground with which to grow the Aboriginal and Torres Strait Islander medical workforce. Given the increasing numbers of Aboriginal and Torres Strait Islander medical students and graduates, it is feasible that a range of strategies be developed in partnership with Medical Colleges and the Committee of Presidents of Medical Colleges (CPMC) to clarify pathways into specialty training, and support the current and future Registrars in training.

There is a greater role that AIDA can play in ensuring a smoother pathway for medical graduates into Fellowship and thereby increasing the number of Aboriginal and Torres Strait Islander graduates into Fellowship.

Pathways into Specialties

AIDA's Aboriginal and Torres Strait Islander medical graduates have identified four stages in the ideal pathway into Fellowship. These comprise:

- Medical School graduation
- Post Graduate Year 1 (Intern) & Post Graduate Year 2 (Junior Medical Officers)
- Registrar Training
- Fellowship



However along the continuum of education and training, many Aboriginal and Torres Strait Islander people face barriers, including lack of knowledge of the options available, lack of access and contact with key people, and isolation from colleagues.

The AIDA graduate membership has identified a range of support strategies which would smooth the pathway for medical graduates into Fellowship. These include:

- The promotion of prerequisites for entry into Medical Colleges. For example: the Royal Australasian College of Surgeons (RACS) requires research and publication of articles.
- Information, support and assistance about the pathway into Medical Colleges. For example, exams to prepare for, introductions to influential people and networking, choosing your referees.
- Professional mentoring and cultural support along the continuum. For example, Dr Kelvin Kong's "Cutting Clubs" with surgical registrars.
- Development of an induction or "survival" kit as an Aboriginal and Torres Strait Islander Doctor. This needs to include information regarding dealing with stress, dealing with death in a culturally appropriate manner, healing yourself, and what to do if you fail an exam?
- Medical Colleges implementing an accredited Indigenous health curriculum.
- Facilitating flexible training opportunities that develop a suite of skills within the portfolio, including Indigenous health

Rationale

AIDA is dedicated to the pursuit of leadership, partnership and scholarship in Aboriginal and Torres Strait Islander health, education and workforce. AIDA is a large membership based organisation, which plays a critical role in advocating for an increase in the numbers of Aboriginal and Torres Strait Islander graduates and medical students.

AIDA operates at a range of levels to influence for an increased Aboriginal and Torres Strait Islander health workforce including; communities and schools, universities, government and Parliament.

AIDA members are unique to the medical workforce in that they not only are able to practice a high level of clinical medicine, but they also bring an understanding and knowledge of the Aboriginal and Torres Strait Islander concept of holistic health:

“Not just the physical well-being of the individual but the social, emotional, and cultural well-being of the whole community. This is a whole-of-life view and it also includes the cyclical concept of life-death-life.”ⁱⁱⁱ

In this respect, the benefits of an increased Aboriginal and Torres Strait Islander workforce are two-fold:

1. Indigenous medical practitioners offer a unique combination of clinical and cultural competence and expertise in improving the health and wellbeing of Aboriginal and Torres Strait Islander people and communities.
2. The medical fraternity and wider community are enriched by embracing the cultural diversity of Aboriginal and Torres Strait Islander professionals. Through the development of culturally safe environments for Indigenous medical graduates, more Aboriginal and Torres Strait Islander people are able to reach their potential.

Aims

This paper forms part of AIDA's policy framework and engagement with key stakeholders and aims to:

- ❖ Increase the number of Aboriginal and Torres Strait Islander graduates recruited, supported and retained by specialist Medical Colleges.
- ❖ Ensure smoother pathway into and through specialty training for Aboriginal and Torres Strait Islander medical graduates.

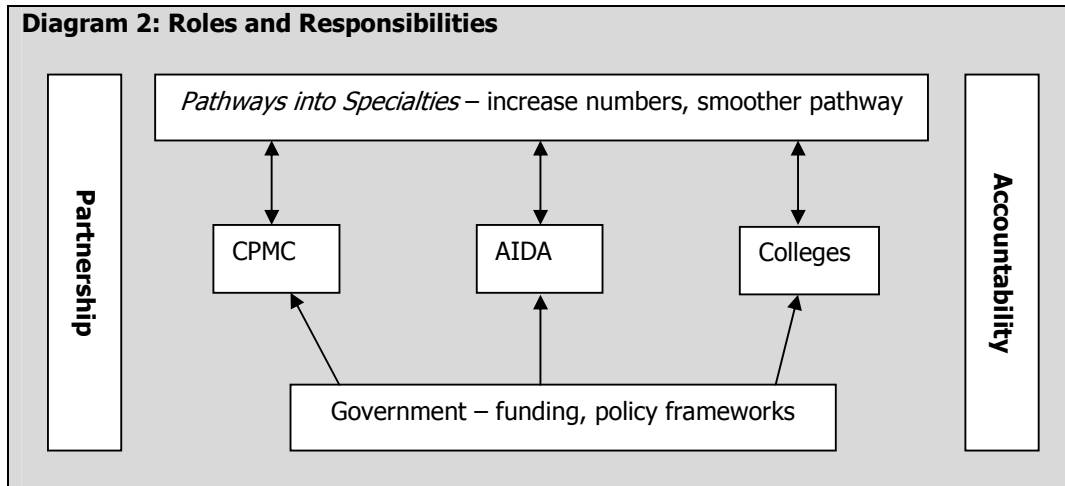
Targets

1. All government policy and programs regarding workforce development commit to resourcing the capacity of Aboriginal and Torres Strait Islander medical graduates into Fellowship.
2. CPMC and Medical Colleges provide advocacy and leadership in relation to improving Aboriginal and Torres Strait Islander health.
3. CPMC establish an integrated plan that encourages, supports and resources cross-College initiatives on Aboriginal and Torres Strait Islander projects and programs.
4. All Medical Colleges develop and implement a recruitment and retention plan to support Aboriginal and Torres Strait Islander medical graduates into Fellowship.
5. All Medical Colleges identify, record and collate Aboriginal and Torres Strait Islander status of Fellows and Registrars.
6. All Medical Colleges provide culturally competent and safe support to Aboriginal and Torres Strait Islander medical graduates, Registrars and Fellows.

Roles and Responsibilities

AIDA is not able to achieve the aims of increasing the numbers of Aboriginal and Torres Strait Islander Fellows and ensuring a smoother pathway alone.

Key roles and responsibilities for the pathway into specialist medical education, training and Fellowship are held with key organisations including Government, CPMC, and Colleges.



- ❖ Government - the Australian and State Governments play dual roles in establishing the policy frameworks for medical education and enabling the resourcing of training positions and posts.
- ❖ AIDA is committed to advocating, supporting and growing the number of Aboriginal and Torres Strait Islander medical graduates into Fellowship.
- ❖ The CPMC ensures that medical specialties have a broad base of intercollegiate knowledge to provide the highest quality of medical care to the Australian public.
- ❖ Medical Colleges are responsible for the training, assessment, and representation of specialist medical doctors throughout Australia and in some cases New Zealand.

Australian Indigenous Doctors' Association (AIDA)

AIDA is dedicated to the pursuit of leadership, partnership and scholarship in Aboriginal and Torres Strait Islander health, education and workforce. AIDA provides advocacy, information and collegiate support across the membership network of Aboriginal and Torres Strait Islander doctors and medical students.

Priorities

AIDA is committed to growing the numbers of Aboriginal and Torres Strait Islander medical graduates into Fellowship and identifies the following priorities for the next 3-5 years:

- ❖ Data on Aboriginal and Torres Strait Islander medical graduates
 - AIDA will establish the infrastructure to collate and maintain data and information regarding the numbers of Aboriginal and Torres Strait Islander medical graduates.
 - AIDA will synthesise, analyse and promote the trends, patterns, and identifiable gaps in data.
 - AIDA will advocate the needs and career aspirations of our members to CPMC, Medical Colleges, governments and other key organisations.
- ❖ Build knowledge and expertise amongst the AIDA network regarding postgraduate options
 - AIDA will promote, support and facilitate access of our medical graduates along the pathway to Fellowship.
 - AIDA will facilitate knowledge and development of AIDA members in research and writing for publication.
 - AIDA will establish an AIDA Fellows network to draw on and provide advice on increasing the numbers of Aboriginal and Torres Strait Islander Fellows.
- ❖ Support and Mentor Aboriginal and Torres Strait Islander medical graduates
 - AIDA will implement a mentoring program that provides collegiate support and connects members with professional mentors.
 - AIDA will develop a range of support tools. For example: a survival kit with career guidance and an "Old fullas" network.
 - AIDA will facilitate skills development and capacity building. For example: how to operate a small business and life planning.
- ❖ Maintain a high level of partnership
 - AIDA will establish a framework that outlines key partners for engagement and priorities for review.
 - AIDA will monitor and evaluate progress against the framework in increasing the numbers of Aboriginal and Torres Strait Islander medical graduates into Fellowship.

Exemplar: AIDA Graduate and Student Workshops

Each year at the AIDA Symposium, targeted workshops are held for AIDA graduates and AIDA medical students on a range of issues which members have identified as priority. The AIDA Graduate and Student Workshops provide an opportunity for the dissemination of information, training and collegial support in a culturally-safe, supportive family environment.

Government

There are several key roles that the Australian government and State government play in the area of medical workforce development.

The Australian government establishes national policy frameworks for workforce development and accreditation of medical education. The Australian government also provides funding to State governments and Medical Colleges to implement these frameworks and regulates the number of medical school places and GP training place available.

State Governments determine the distribution of government funding for public hospital and community health services, including medical services and specialist or 'vocational' training. State Governments also set medical registration standards and conditions and employ a significant number of practitioners for hospitals and the community health sector.

Priorities

Government at both the Australian Government level and State government level need to commit to improving the representation of Aboriginal and Torres Strait Islander people into and through the continuum from medical schools to Fellowship. In achieving this aim, the following actions need to be a priority over the next 3-5 years:

- ❖ Data on Aboriginal and Torres Strait Islander medical graduates
 - State Governments will establish the infrastructure to collate and maintain data and information regarding the numbers of Aboriginal and Torres Strait Islander medical graduates in Post Graduate Internships.
- ❖ Prioritise Aboriginal and Torres Strait Islander medical graduates
 - Governments will prioritise Aboriginal and Torres Strait Islander medical graduates for internships within hospital and community health setting.
- ❖ Required training in Aboriginal and Torres Strait Islander health
 - Governments will require Colleges to demonstrate curriculum in Aboriginal and Torres Strait Islander health.
- ❖ Advocacy on Aboriginal and Torres Strait Islander medical workforce development
 - Governments will work with AIDA and other Indigenous health leadership organisations in the spirit of partnership to improve the Aboriginal and Torres Strait Islander workforce.

Committee of Presidents of Medical Colleges (CPMC)

The Committee of Presidents of Medical Colleges (CPMC) is the unifying organisation of and support structure for the 12 specialist Medical Colleges of Australia. The CPMC seeks to ensure the ready availability of high quality medical care in all medical disciplines, delivered in accordance with accepted ethical principles.

Priorities

CPMC aims to support Medical Colleges in the provision of an adequate, well-qualified, experienced and capable medical workforce to serve the best needs of the community. In achieving this aim for Aboriginal and Torres Strait Islander people, the following actions need to be a priority over the next 3-5 years:

- ❖ Working effectively with AIDA in the spirit of partnership.
- ❖ Establishment of the CPMC National Aboriginal and Torres Strait Islander Medical Specialist Framework
 - CPMC will increase the number of Aboriginal and Torres Strait Islander medical specialists by actively promoting options to general practitioners and doctors during their early postgraduate years.
 - CPMC will integrate Aboriginal and Torres Strait Islander health issues into existing specialist medical training programs across all disciplines and Medical Colleges, to build a greater understanding amongst mainstream health services of the issues in the provision of specialist health care to Aboriginal and Torres Strait Islander people.
 - CPMC will identify and develop a professional development support program for Aboriginal and Torres Strait Islander medical specialists.
- ❖ Leadership on Cultural Safety Training across all Colleges
 - CPMC will ensure that all Colleges are properly trained and competent to provide the highest standards of culturally appropriate, safe and respectful care to Aboriginal and Torres Strait Islander patients and their families. Health care delivery to Aboriginal and Torres Strait Islander communities must be provided in an acceptable manner that observes social and cultural sensitivities.
- ❖ Advocacy on *Closing the Gap* in Aboriginal and Torres Strait Islander health disadvantage
 - CPMC will develop position statements and guidelines, in partnership with AIDA, that advocate for improved Aboriginal and Torres Strait Islander health care.

Exemplar: Australian Indigenous Health Subcommittee (AIHS)

In 2008, CPMC established an AIHS to provide develop and facilitate activities to:

- increase the number of Indigenous doctors and medical specialists
- develop mentoring and other programs to support Indigenous medical students and doctors in training
- enhancing training in Indigenous health for doctors and
- establishing collaborative cross-college projects designed to address the gap in Indigenous life expectancy.

The AIHS is co-chaired by Peter O'Mara, AIDA President and Geoffrey Metz, President of the Royal Australasian College of Physicians (RACP).

Medical Colleges

Medical Colleges are responsible for the training, assessment and representation of specialist medical doctors throughout Australia and in some cases New Zealand. Medical Colleges have a duty to better the health of all Australians and New Zealanders through development of health and social policy and advocating for its implementation.

Priorities

All Medical Colleges need to improve the representation of Indigenous Fellows and Registrars in order to close the gap in workforce underrepresentation. In achieving this aim, the following actions need to be a priority over the next 3-5 years:

- ❖ Development relationships, in the spirit of partnership with Indigenous health leadership and organisations
- ❖ Development and Implementation of Indigenous health curriculum
 - Medical Colleges will develop and implement cultural safety, cross-cultural training for all Registrars
 - Medical Colleges will integrate Aboriginal and Torres Strait Islander health content into existing specialist medical training programs
 - Medical Colleges will facilitate flexibility in secondments to Indigenous training posts and sites
- ❖ Support and Development of Indigenous Fellows
 - Medical Colleges will develop and implement a recruitment and retention plan for Aboriginal and Torres Strait Islander medical graduates into Fellowship. This will include quotes and targets for Indigenous people.
 - Medical Colleges will identify and collate information regarding the numbers of Aboriginal and Torres Strait Islander Registrars and Fellows.
- ❖ Mentor and Support Aboriginal and Torres Strait Islander Registrars
 - Medical Colleges will recognise the breadth and depth of community work undertaken by Registrars in support of and improvement to Aboriginal and Torres Strait Islander health.
 - Medical Colleges will facilitate a space for mentors to be mentors
 - Medical Colleges will provide financial support to Aboriginal and Torres Strait Islander Registrars through such initiatives as scholarships, fees (subsidy or waiver), etc.
- ❖ Advocacy on *Closing the Gap* in Aboriginal and Torres Strait Islander health disadvantage
 - Medical Colleges will develop positions statements and guidelines ensuring the provision of high quality, culturally appropriate, safe and respectful care to Aboriginal and Torres Strait Islander patients and their families.

Exemplar: Medical Colleges in Aboriginal and Torres Strait Islander health

As key partners in the Close the Gap Campaign – that includes Australia’s leading health, human rights and Aboriginal organisations – the Royal Australian College of General Practitioners (RACGP) and the Royal Australasian College of Physicians (RACP) are leading the way in growing the number of Aboriginal and Torres Strait Islander Registrars in training and Fellows.

Exemplar: The Royal Australasian College of Physicians (RACP)

The RACP has established an Aboriginal and Torres Strait Islander Health Expert Advisory Group that provides expert advice across the College on Aboriginal and Torres Strait Islander issues. Activities thus far have included:

- Close the Gap Summit (with AIDA)
- Cultural Competency (with AIDA)
- Mentoring Project (with AIDA)
- Increased Pathways for Physicians in AMSs via the Outer Metropolitan Specialist Trainees Program (OMSTP) & Expanded Settings for Specialist Training Program (ESSTP)
- Aboriginal and Torres Strait Islander Trainee Scholarship fund
- *Strategic Plan 2008-2012* commits to improving the health of Aboriginal and Torres Strait Islander communities
- Reconciliation Action Plan
- Heads of Agreement with NACCHO to build capacity of ACCHSs and their access to physicians
- Advocacy through an RACP Indigenous representative on the National Indigenous Drug and Alcohol Committee (NIDAC)
- Advocacy through an RACP Indigenous representative on the Committee of Presidents of Medical Colleges' (CPMC) Australian Indigenous Health Sub-Committee (AIHS)

Recommendations

The following recommendations are strongly advocated by AIDA in order to increase the number of Aboriginal and Torres Strait Islander graduates into Fellowship:

1. The CPMC and Medical Colleges commit and advocate to improving the inequalities in health outcomes for Aboriginal and Torres Strait Islander peoples.
2. The CPMC and Medical Colleges partner with AIDA to identify and support existing, new and potential Indigenous medical students, graduates and Fellows to increase the number of Indigenous medical specialists by 2013.
3. The CPMC and Medical Colleges develop College wide plans regarding the implementation of a range of systemic support for Indigenous Fellows and Registrars by 2010.
4. AIDA commits to the partnership with other stakeholders and seeks to review progress to improve the pathways into specialties for Aboriginal and Torres Strait Islander people.
5. Governments will prioritise Aboriginal and Torres Strait Islander medical graduates for internships in hospital and community health.

Accountability

Aboriginal health change can only be realised when all key stakeholders commit to and take responsibility for improving the abysmal status of Aboriginal and Torres Strait Islander health.

In advocating leadership, partnership and scholarship in Aboriginal and Torres Strait Islander health, education, and workforce development, AIDA will continue to monitor progress in smoothing the pathway and increasing the numbers of Aboriginal and Torres Strait Islander medical graduates into Fellowship. The barometer of progress in this area will become a standing item at the annual AIDA Symposium.

In the spirit of partnership and collaboration, it is opportune for facilitate multiple engagement points and bi-lateral relationships with such bodies as CPMC and Medical Colleges. The CPMC AIHS is well placed to monitor improvement of pathways into specialties (annually).

Final Note

As a number of Medical Colleges include New Zealand medical specialists, it is necessary that any developments to increase the participation for Aboriginal and Torres Strait Islander people should also consider improvements for the participation of our Maori brothers and sisters.

ⁱ Australian Bureau of Statistics (ABS) 2008.

ⁱⁱ Commonwealth of Australian 2008. *A Blueprint for Action: Pathways into the health workforce for Aboriginal and Torres Strait Islander people*. Canberra: Commonwealth Copyright Administrators.

ⁱⁱⁱ National Aboriginal Health Strategy Working Party 1989, x)