

The Australian Indigenous Doctors' Association Specialist Trainee Support Program

Evaluation Report

David Reid, Jide Onademuren, and Lauren Penny

The lower half of the page is dominated by an abstract geometric design. It features several overlapping shapes in various shades of pink, magenta, and purple. On the left, a large, light pink circle is partially visible. To its right, a dark purple rectangle overlaps a lighter purple rectangle. On the right side, a large, bright pink triangle points downwards, overlapping a darker purple rectangle at the bottom. The overall effect is a modern, layered composition of solid colors.

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Abbreviations

ACCHO	Aboriginal Community Controlled Health Organisation
ACD	Australian College of Dermatologists
ACEM	Australian College for Emergency Medicine
ACRRM	Australian College of Rural and Remote Medicine
ACSEP	Australasian College of Sport and Exercise Physicians
AFMC	Association of Faculties of Medicine of Canada
AHHRI	Aboriginal Health Human Resources Initiative
AIDA	Australian Indigenous Doctors' Association
AMC	Australian Medical Council
ANZCA	Australian and New Zealand College of Anaesthetists
BC	British Columbia
CEIH	Centre for Excellence in Indigenous Health
CICM	College of Intensive Care Medicine of Australia and New Zealand
CRM	Customer Relationship Management
CV	Curriculum Vitae
FATES	Flexible Approaches to Training in Expanded Settings
FMHS	Faculty of Medical and Health Sciences
FNHA	First Nations Health Authority
GP	General Practitioner
HSFY	Health Sciences First Year

IAP	Indigenous admissions pathway
IGPRN	Indigenous GP Registrar Network
IHIP	Indigenous Health Initiative Program
IMDSA	Indigenous Medical and Dental Students' Association
IMST	Indigenous Medical Specialist Training
IPAC	Indigenous Physicians Association of Canada
IRG	Indigenous Reference Group
ISP	Indigenous Strategic Plan
JCU	James Cook University
Karabena	Karabena Consulting Trust
LMICs	Low and Middle-Income Countries
MAPAS	Māori and Pacific Admission Scheme
MCNZ	Medical Council of New Zealand
MD	Doctor of Medicine
MHWDU	Māori Health Workforce Development Unit
MMI	Multiple Mini Interview
MTS	Medical Training Survey
NACCHO	National Aboriginal Community Controlled Health Organisation
NCIME	National Consortium for Indigenous Medical Education
NOSM	Northern Ontario School of Medicine
NZ	Aotearoa New Zealand
OECD	Organisation for Economic Co-operation and Development
OISI	Office of Indigenous Strategic Initiatives
RACGP	Royal Australian College of General Practitioners
RACMA	Royal Australian College of Medical Administrators

RACP	Royal Australasian College of Physicians
RACS	Royal Australian College of Surgeons
RANZCO	Royal Australian and New Zealand College of Ophthalmologists
RANZCOG	Royal Australian and New Zealand College of Obstetricians and Gynaecologists
RANZCP	Royal Australian and New Zealand College of Psychiatrists
RANZCR	Royal Australian and New Zealand College of Radiologists
RAP	Reconciliation Action Plan
RCPA	Royal College of Pathologists of Australasia
STSP	Specialist Trainee Support Program
TRC	Truth and Reconciliation Commission
UBC	University of British Columbia
VACCHO	Victorian Aboriginal Community Controlled Health Organisation
VR	Vocationally Recognised
WAP	Whakapiki Ake Project

Executive Summary

When the Commonwealth and State Governments of Australia committed to the National Agreement on Closing the Gap in 2020, they pledged to implement measures to address the significant disparities in health outcomes for Aboriginal and Torres Strait Islander people. This commitment established a clear mandate to develop targeted initiatives and policy reform aimed at overcoming entrenched societal and systemic inequality (COP & Australian Governments 2020). Whilst the Agreement demonstrates a general intent to reduce inequity, it is sobering that at the time of writing the Commonwealth is not on track to meet most priority reforms and targets (Productivity Commission 2024). In fact, the Productivity Commission's 2024 findings indicate that, in many instances, government actions are obstructing the self-determination of Aboriginal and Torres Strait Islander people. Moreover, it is evident that governments are lagging in reforms to mainstream systems and institutions necessary to develop a health care system that adequately responds to the needs of Aboriginal and Torres Strait Islander communities (Productivity Commission 2024).

Evidence unequivocally indicates that Indigenous medical professionals deliver improved health outcomes for Indigenous patients (Bourke et al. 2020; Taylor et al. 2020; Australian Government 2021). Furthermore, they play a crucial role in closing the health gap by reducing barriers to health services and mainstream health facilities (Taylor et al. 2020; Shahid, Finn & Thompson 2009). Unfortunately, Aboriginal and Torres Strait Islander people are significantly under-represented in the medical workforce, and this is especially pronounced in medical specialties with only 0.3 per cent of all specialists identifying as Aboriginal and/or Torres Strait Islander (Australian Government 2021; AIDA 2023b).

Indigeneity should not be a barrier to pursuing a career in the medical sector, nor should it limit one's aspirations for attaining Fellowship in a specialty field. Nonetheless, evidence shows that there are substantial obstacles in attracting, recruiting, and retaining Aboriginal and Torres Strait Islander people in the health workforce. This includes factors such as financial hardship, limited pathways in the education and employment sector, lack of flexible and accessible learning opportunities, and racism and discrimination (Australian Government 2021). Thus, initiatives within the health and health training sector are necessary to empower Aboriginal and Torres Strait Islander people to be self-determining in their career aspirations.

Programs such as the Australian Indigenous Doctors' Association's (AIDA) Specialist Trainee Support Program (STSP), therefore, are critical to help grow the Aboriginal and Torres Strait Islander medical workforce - specifically, the number of non-General Practitioner (GP) specialist trainees attaining Fellowship. Not only does the STSP provide direct support to Aboriginal and Torres Strait Islander non-GP specialist trainees, it is also an exemplar of self-determination advocated for in the Productivity Commission's recent review of the National Agreement on Closing the Gap (Productivity Commission 2024). Notably, it is demonstrative of the outcomes that can be achieved when Aboriginal-led organisations lead the design, implementation and evaluation of initiatives in partnership with non-Indigenous organisations and government departments.

Early data and findings demonstrate the success of AIDA's efforts in partnership with specialty medical colleges. There has been steady growth in the number of Aboriginal and/or Torres Strait Islander

trainees and Fellows in the specialty colleges between 2019 and 2023 (AIDA 2023b). To date, however, the program has only been internally evaluated as part of applications for Flexible Approaches to Training in Expanded Settings (FATES) grants, and through self-assessments conducted by specialist training colleges for the Indigenous Medical Specialist Training (IMST) reports. Therefore, AIDA is to be commended for undertaking an external evaluation of the STSP to independently identify current strengths, current gaps, and possible improvements to further bolster its efforts in increasing the number of Aboriginal and Torres Strait Islander doctors engaged in non-GP specialist medical training.

Throughout each phase of the evaluation consistent themes and findings emerged, and were generally affirmed in the latter stages of the project. These are included in the summary of key findings and recommendations below, which were informed by a review of AIDA supplied documentation, a review of available literature, and consultations with key stakeholders.

Key Findings

1. Programs such as the STSP are necessary: To increase representation of Aboriginal and Torres Strait Islander doctors in non-GP specialty fields, and continue to work towards closing the gap in health outcomes for Aboriginal and Torres Strait Islander people.
2. Ongoing cultural and social barriers persist that impact the recruitment and retention of Aboriginal and Torres Strait Islander medical trainees: Ongoing experiences of racism, bullying, harassment, and lateral violence - particularly in clinical settings - remain a significant barrier to pursuing careers in medical specialties for Aboriginal and Torres Strait Islander trainees. This is compounded by inflexibility in educational requirements that conflicts with cultural and personal obligations, and thus the STSP is well positioned to ameliorate these obstacles.
3. The STSP appears to be the only program of its kind: Evidence from our review of available literature suggests that the STSP is the only program, internationally, that is designed to support Indigenous doctors progressing into non-GP specialist training. This presents an opportunity for AIDA and the Commonwealth to serve as global leaders in this area.
4. The STSP has demonstrated early success against relevant benchmarks: Early evidence indicates that the STSP is succeeding in influencing increased recruitment and retention rates.
5. The STSP is informed by high-impact strategies for supporting Aboriginal and Torres Strait Islander trainees: The supports offered by both AIDA and the consortium of colleges as part of the STSP are in-line with strategies that are proven to most benefit Aboriginal and Torres Strait Islander medical trainees.
6. The STSP is leading strong partnerships and collaboration that is required to increase the Aboriginal and Torres Strait Islander non-GP specialist workforce: The STSP is facilitating the types of effective and reciprocal partnerships between Indigenous (AIDA) and non-Indigenous organisations (Colleges, DoHAC) that are key to addressing systemic inequities.

7. *There is evident commitment from the colleges:* Evidence collected from both phases of the evaluation affirms the commitment from colleges to improve the experience of their Aboriginal and Torres Strait Islander members, and thus augment recruitment and retention rates.
8. *The STSP is an example of Indigenous leadership in programmatic design and implementation:* AIDA holds a unique position to offer Indigenous leadership in medical training settings, and in the design and delivery of the STSP. Nonetheless, expanding the Aboriginal and Torres Strait Islander workforce within colleges remains a challenge.
9. *The STSP is subject to rigorous programmatic oversight, monitoring and evaluation:* Through mechanisms such as the Indigenous Medical Specialist Training (IMST) reports, in-house evaluations, performance reports, Project Governance meetings, cross-college meetings, and Fellow-representative meetings, there are regular accountability measures to assess the STSP against short-, medium-, and long-term benchmarks.

Recommendations

As a result of these key findings, Karabena proposes the following recommendations for the consideration of AIDA, the Commonwealth, and the consortium of Colleges:

1. *There is a case for ongoing funding:* Evidence of the early success of the STSP provides a rationale for ongoing investment in the program. Securing long-term, sustainable funding will ensure the fidelity of trainee outcomes and allow for longitudinal tracking of the overall growth of Aboriginal and Torres Strait Islander non-GP specialists and correlating health outcomes.
2. *There is a need to review funding and grant application processes:* Annual funding blocks lead to programmatic and workforce uncertainty, inhibiting the ability for both AIDA and the colleges to undertake strategic planning for STSP-related activities. Reducing the associated funding siloes to allow for a more comprehensive and collaborative approach to implementing STSP supports would further enhance the program's impact.
3. *Develop strategies to improve communication and information about the program:* There is an evident need to improve access to information about the STSP and relevant supports available to increase engagement.
4. *Increase scope into clinical settings:* Feedback suggests that most experiences of racism, bullying and harassment, lateral violence, and moral distress occur in clinical settings. Thus, increased investment to expand the scope of the STSP into these environments is warranted.
5. *Establish local network coordinator roles:* Employing state-based or local area STSP network coordinators can lead to more effective engagement, and enable more individualised support for trainees based on their contexts.
6. *Expand the number of AIDA STSP staff to reduce cultural load and risk of burnout:* AIDA relies on a small team to deliver the STSP to a vast number of trainees across Australia. Due to the subsequent high work and cultural load, there is justified concern about staff burnout which

must be addressed to ensure program stability and ongoing success. Increased staffing, including roles for clinicians, is recommended.

7. *Advocate for mandated cultural safety training in all medical training settings:* Feedback and evidence suggests that current approaches to cultural competency and awareness training in educational and medical settings is inconsistent in terms of efficacy. Moving from a model of optional, online modules to mandatory, in-person training is recommended to increase genuine engagement from all staff and students.
8. *Include provisions for mental health supports:* While there is a myriad of supports available for Aboriginal and Torres Strait Islander trainees engaged by the STSP, there is strong evidence shows this cohort is still subjected to culturally unsafe and traumatic experiences. Therefore, formal mental health interventions and counseling could be considered as part of the program.
9. *Strengthen consistency and alignment between the colleges:* Evidence and feedback in the IMST reports and consultations highlights several inconsistencies between the colleges in implementing STSP activities. Further, consideration must be given to how AIDA responds to the context and needs of each college.
10. *Improve data collection and evaluation processes:* There is an evident need to improve the consistency in how feedback and data is collected and analysed to ensure continuous improvement of the STSP, that trainee progress is accurately monitored, and the program remains responsive to the immediate needs of trainees.

Introduction

Context

In 2021, the Commonwealth of Australia published its *National Medical Workforce Strategy 2021-2031* (the Strategy). The Strategy, developed more broadly to respond to the increasing complexity and dynamism of Australia's health care system, outlines a system-wide vision to increase equitable access to health services through workforce planning. Currently, unequal geographic distributions of health workers, particularly specialists, is compounding accessibility issues and contributing to increased stress and burden on the workforce. Therefore, the Strategy strives to ensure the sustainability of the health and wellbeing of medical professionals, and the overall fidelity of the medical profession for individuals (Australian Government 2021).

A priority area of the Strategy is 'the need for more Aboriginal and Torres Strait Islander doctors' (Australian Government 2021:vi); hence the first cross-cutting theme of the Strategy is 'Growing the Aboriginal and Torres Strait Islander medical workforce and improving cultural safety' (Australian Government 2021:22). Not only is this a central initiative of the Strategy, but it also aligns with the Commonwealth's commitment to close the gap in health outcomes between Indigenous and non-Indigenous Australians set out in the 2020 National Agreement on Closing the Gap. The Agreement establishes the benchmarks upon which Aboriginal and Torres Strait Islander people can expect to live long and healthy lives on par with non-Indigenous Australians. This includes the assurance that all health institutions, especially mainstream institutions, are 'culturally safe and responsive to the needs of Aboriginal and Torres Strait Islander People' (COP & Australian Governments 2020:3).

Whilst all Australians have the right to accessible and safe health care (ACSQHC 2020), due to the legacy of colonisation, institutional prejudice and violence, and the subsequent intergenerational trauma inherited by Aboriginal and Torres Strait Islander people, significant work is needed to address systemic barriers to health care equity for this population group. Increasing the Aboriginal and Torres Strait Islander workforce is one approach to enhancing cultural safety in the health care system. Research indicates that Aboriginal and Torres Strait Islander health professionals deliver better care and health outcomes for Aboriginal and Torres Strait Islander people (Bourke et al. 2020; Taylor et al. 2020; Australian Government 2021).

Thus, the Strategy, along with the *National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework and Implementation Plan 2021–2031* aims to increase the percentage of Aboriginal and Torres Strait Islander people in the health care workforce to 3.43 per cent (Australian Government 2022) from less than 2 per cent (Australian Government 2021). It is anticipated that achieving this benchmark will improve the cultural safety and responsiveness of the health care system, thereby improving overall health outcomes for Aboriginal and Torres Strait Islander people (Australian Government 2021).

However, several barriers exist in attracting, recruiting and retaining Aboriginal and Torres Strait Islander people in the health sector including 'financial hardship, limited pathways across the education and employment sector, lack of flexible and accessible learning opportunities, and racism and discrimination' (Australian Government 2021:22). Therefore, there is a clear impetus to create initiatives that support Aboriginal and Torres Strait Islander peoples through training and employment pathways

with alternate funding structures, training support programs, and overall systemic flexibility. This approach would strive to ensure that prospective employees can sustain professional commitments alongside personal, cultural and community obligations (Australian Government 2021).

Within this context, AIDA's mission is to foster self-determination and equitable health and life outcomes for Aboriginal and Torres Strait Islander people in a culturally safe health system (AIDA [n.d.]). Key to this mission is advocacy for culturally safe medical education systems. The STSP is one such initiative designed to enhance cultural safety in the health care system by attempting to increase the number of Aboriginal and Torres Strait Islander non-General Practitioner (GP) specialists. Currently, only 0.3 per cent of all medical specialists and 0.6 per cent of all medical graduates identify as Aboriginal and/or Torres Strait Islander people (AIDA 2023a).

About the Australian Indigenous Doctors' Association Specialist Trainee Support Program

As the peak national body representing Aboriginal and Torres Strait Islander doctors and medical students, AIDA plays a pivotal role in achieving the objectives articulated above. Embodying a vision centered on self-determination and the achievement of equitable health outcomes, AIDA is committed to advocating for Aboriginal and Torres Strait Islander peoples within a framework of cultural safety in health care systems. AIDA's undertakings include the provision of support to its members, encompassing Aboriginal and Torres Strait Islander medical students, doctors in training, and the broader medical workforce (AIDA 2023a).

In April 2022, AIDA initiated and funded the STSP, with a strategic focus on enhancing the recruitment and retention of Aboriginal and Torres Strait Islander doctors in non-GP specialist training pathways (AIDA 2023a). This initiative aligns with the broader objective of increasing the representation of Aboriginal and Torres Strait Islander specialists in non-GP fields.

In collaboration with the Royal Australian and New Zealand College of Radiologists (RANZCR), AIDA successfully secured federal funding from the Flexible Approaches to Training in Expanded Settings (FATES) program. This process entailed forming a consortium with non-GP specialist colleges led by RANZCR. Subsequently, RANZCR subcontracted AIDA to establish and manage the STSP. Initially, 11 of the 13 non-GP colleges joined the consortium, with all 13 participating by 2023 and actively engaging in cross-college project group meetings (AIDA 2023a). This is testament to the program's perceived value.

The subsequent support and assistance provided to trainees as part of the STSP include:

- Monthly trainee catch-ups
- One-on-one performance coaching and advocacy
- Virtual Yarn Up sessions with medical students, junior doctors, trainees and Fellows
- Trainee workshops
- Establishment of specialist trainee networks.

Activities to support the work of the colleges as part of the STSP include:

- Project Governance Group Meetings
- Cross-college Project Group Meetings
- Fellow Reference Group Meetings

- Supervisor support resources such as webinars and fact sheets
- Cross-college Monitoring and Evaluation activities to track progress.

The establishment of the STSP in 2022 was the culmination of several years of groundwork and advocacy by AIDA. In 2005, AIDA's *Healthy Futures* report underscored the need to increase the number of Aboriginal and Torres Strait Islander doctors in response to 'a severe shortage of Indigenous doctors in Australia' (Minniecon & Kong 2005:xii). A key strategy identified in the report was recruiting and retaining Indigenous medical students (Minniecon & Kong 2005). To address this shortage, AIDA developed the Indigenous Medical Specialist Training (IMST) Program. Operational from 2017 to 2023, the IMST was funded by the Commonwealth Department of Health and Aged Care (DoHAC) with the intention of increasing the number of Aboriginal and Torres Strait Islander specialists. In 2019, AIDA and 15 specialist medical colleges endorsed standards to support this aim, with ongoing self-assessment reports compiled by the colleges (AIDA 2023a).

Additionally, AIDA collaborated with James Cook University (JCU) on the 'Strong Futures' research project (2018–2019), investigating the challenges faced by non-vocationally registered doctors in achieving Fellowship. This led to influential recommendations that informed the STSP's foundation (AIDA & JCU 2019). In April 2021, AIDA established the role of Specialist Trainee Support Lead, a position dedicated to the development and implementation of the STSP, marking a significant step towards actualising the program prior to the acquisition of funding in 2022. The STSP, therefore, represents a key evidence-based initiative to strengthen the presence of Aboriginal and Torres Strait Islander doctors in non-GP specialist roles.

About this Project

Karabena Consulting Trust (Karabena) was engaged by AIDA to undertake an external evaluation of the STSP. This project serves as the first independent evaluation of the STSP, a key milestone in examining the program's efficacy and impact, and to scrutinise areas to strengthen its strategic development. The objectives of this evaluation were to:

- 1. Describe the program's value:** The evaluation aimed to assess the program's intrinsic value to key stakeholders, demonstrating how it meets their needs and expectations. In particular, KCT endeavored to explore the mutual benefit of the STSP to AIDA, the Colleges, and non-GP specialist trainees who identify as Aboriginal and/or Torres Strait Islander.
- 2. Assess investment and impact of the program:** Central to this evaluation was an analysis of the resources invested in the program against the tangible impacts of increasing the number of Aboriginal and Torres Strait Islander non-GP specialists.
- 3. Identify early outcomes:** An examination of the initial outcomes of the program was conducted through both qualitative and quantitative data analysis to gauge the program's effectiveness.
- 4. Outline challenges and limitations:** The evaluation identified challenges and limitations within the program, to inform opportunities for future development.
- 5. Outline recommendations for future enhancement:** The evaluation culminated in a set of strategic recommendations aimed at augmenting the program's future viability and success, thereby establishing the foundations for continuous improvement.

Evaluation Methodology

The evaluation involved a desktop review of both publicly available and internal AIDA documentation, a literature review of comparable Indigenous fellowship programs in Aotearoa New Zealand (NZ) and Canada, interviews and focus groups with key stakeholders relevant to the STSP, and the development of this final evaluation report.

Project planning:

In January 2024, Karabena developed a comprehensive project plan including timelines, stakeholder engagement strategies, consultation guides, and a social media strategy. The development of these documents was informed by the Consultant's Brief provided by AIDA (AIDA 2023a), and Karabena's responding proposal.

These planning documents were further refined in collaboration with the AIDA Evaluation project team through written feedback and a virtual meeting on 8 February and 19 February 2024.

Desktop and Literature Review:

During February and March 2024, Karabena undertook a desktop review of relevant public and internal AIDA documentation pertaining to the governance structures, funding, and performance metrics of the STSP. The primary purpose of this review was to critically assess the program's objectives, implementation, outcomes, and impacts - as well as identify early areas for potential enhancement evident in the documentation.

Additionally, a literature review of similar Indigenous Fellowship support programs in Aotearoa New Zealand (NZ) and Canada was conducted to benchmark AIDA's initiatives to grow the Aboriginal and Torres Strait Islander specialty medical workforce against comparable international initiatives.

Ultimately, this document sought to establish an evidence base of the STSP's current impact, and to identify opportunities for future growth. In turn, Karabena aimed to articulate a rationale for ongoing funding of the program, thereby guiding the program's strategic growth.

The development of this desktop and literature review was an iterative process, affording ongoing reflection and feedback from AIDA. To that end, a point-in-time draft was submitted on 16 February, a completed draft was submitted on 7 March, and a final document was submitted on 26 March.

Consultation planning phase

Karabena met with the AIDA Evaluation project team on 8 February and 19 February 2024 to:

- discuss the aspirations of the project and understand what AIDA would like to learn from the consultations
- discuss the design and structure of the consultations
- schedule consultation activities

As a result of the feedback during these meetings, Karabena revised the semi-structured question guides initially drafted during the planning phase and developed a presentation outlining the project and early findings.

Whilst the semi-structured questions varied for each stakeholder group, the broad themes of the consultation guides included:

- Current strengths of the STSP
- Current gaps of the STSP
- Opportunities for future growth and development of the STSP

Consultation phase:

The consultations were subsequently conducted from February to March 2024.

Karabena consulted with representatives from the following stakeholder groups, and via the following methods:

Stakeholder Group	Method
AIDA STSP Team	Two-hour virtual interview (Friday 23 rd February)
AIDA Governance	30-minute in-person interview at the STSP Trainee Workshop (Larwill Hotel Melbourne, Sunday 17 th March)
Commonwealth Department of Health and Aged Care (DoHAC)	One-hour virtual interview (Tuesday 27 th February)
Specialist non-GP Colleges engaged with the STSP	One-hour focus group at the AIDA STSP cross-college meeting at VACCHO (Thursday 7 th March), and virtual interviews.
Aboriginal and/or Torres Strait Islander trainees and prospective trainees engaged by the STSP	Two 45-minute focus groups at the STSP Trainee Workshop (Larwill Hotel Melbourne, Sunday 17 th March)

The specialist non-GP colleges who participated in consultations included:

- Australian College of Dermatologists (ACD)
- Australasian College of Sport and Exercise Physicians (ACSEP)
- Australian College of Emergency Medicine (ACEM)
- Australian and New Zealand College of Anesthetists (ANZCA)
- Royal Australian and New Zealand College of Ophthalmologists (RANZCO)
- Royal Australian and New Zealand College of Obstetricians and Gynecologists (RANZCOG)
- Royal Australian and New Zealand College of Psychiatrists (RANZCP)
- Royal Australian College of Physicians (RACP)
- Royal Australian College of Medical Administrators (RACMA)
- College of Intensive Care Medicine of Australia and New Zealand (CICM)
- Royal Australian College of Surgeons (RACS)
- Royal Australian and New Zealand College of Radiologists (RANZCR)
- Royal College of Pathologists of Australia (RCPA)

Prior to each consultation, Karabena presented an overview of the project and its objectives to stakeholders, including the early findings and recommendations from a review of AIDA documentation and available Literature.

Analysis phase

Consultation transcripts and notes were thematically analysed to identify trends in the data.

The findings, implications, and trends from each consultation were presented to AIDA in separate documents by stakeholder group. A synthesis report outlining the high-level findings and themes that emerged from the consultations was also submitted to AIDA on 26 March.

Project evaluation report

This report represents the final stage of the evaluation. It is a culmination of the findings and recommendations from the desktop and literature review, and the consultations. A draft was submitted to AIDA on 29 April 2024. Based on feedback from AIDA's Evaluation project team, the report was revised and a second draft submitted on 6 May 2024. A final copy was submitted on 24 May 2024.

Evaluation Phase 1: Desktop and Literature Review

Purpose of the Review

The initial phase of the evaluation included a desktop review of documentation supplied by AIDA to critically assess the current value and benefits of the STSP, as well as identify potential areas for improvement.

Furthermore, Karabena reviewed available literature on similar Indigenous Fellowship support programs in NZ and Canada to benchmark AIDA's efforts to grow the Aboriginal and Torres Strait Islander speciality medical workforce against international standards.

The two sections of the review established an evidence base for the STSP's current impact and potential for future growth prior to the consultation phase. This also helped to articulate a rationale for continued funding and strategic development.

The information below provides an abridged version of the review's main findings. For further information please refer to the complete desktop and literature review.

Methodology

Desktop Review

KCT conducted a critical review of publicly available and internal documentation supplied by AIDA during the project planning phase. Through both qualitative and quantitative analysis, the review provided a foundational understanding of the program's outcomes and impacts against its objectives and implementation. AIDA's willingness to supply and explain the documents listed below is testament to their commitment to transparency throughout the evaluation process.

The documents included within the scope of the review included:

AIDA published documents

- Strong Futures Policy Brief (2019)
- Indigenous Medical Specialist Training (IMST) Reports (2019, 2021, 2023).

External documents

- Medical Training Survey: Aboriginal and Torres Strait Islander Doctors in Training Report (2022)

Internal documents

- Funding Agreements and Performance Reports
- Project Governance Group Meeting Minutes
- STSP In-house Evaluation for FATES Funding (2022-2023)
- AIDA's Submissions to the Australian Medical Council (AMC) on College Accreditation
- Trainee Feedback and Workshop Evaluation Surveys (SurveyMonkey data)
- STSP Online Forum and Member Feedback Surveys (SurveyMonkey data)

Data

- Excel Databases of trainee support, and trainee and Fellow numbers

- Supervisor Feedback and Registration Data from Webinars
- Data from Cultural Awareness Module Registrations

Cross-college meeting communiques

- Communiques from cross-college meetings

The following documents were also supplied by AIDA to provide further background context that informed the rationale for the STSP:

- National Medical Workforce Strategy 2021-2031
- Report on the Findings of the 2016 AIDA Member Survey on Bullying, Racism, and Lateral Violence in the Workplace (2017)
- Healthy Futures: Defining Best Practice in the Recruitment and Retention of Indigenous Medical Students (2005)

Literature Review

Karabena also conducted a literature review to examine programs and activities abroad aimed at increasing the Indigenous medical workforce. The literature review explored the current landscape of the Indigenous medical workforce in NZ and Canada, provided an overview of relevant initiatives, and discussed key learnings from these initiatives. It also examined how a Rural Pathways Checklist, developed for implementing rural pathways to train, develop and support health workers, could be applied to the recruitment and retention of the Indigenous medical workforce.

To complete this research, Karabena conducted searches utilising Google Scholar, open access journals and various government and university websites. This approach was chosen to capture a wide range of materials, including non-peer-reviewed content. While this method does include sources beyond traditional academic literature, it was necessary to gain a comprehensive understanding of programs and activities related to our topic. We also utilised references cited in existing articles to identify further relevant sources. We analysed relevant policies, published reports, peer-reviewed papers, government documents and grey literature from 2007 to 2023.

Our initial and primary search terms included combinations and associated synonyms of the following keywords: 'Aboriginal', 'First Nations', 'Indigenous', 'Māori', 'medical workforce', 'health workforce', 'workforce development', 'specialist', 'programs', 'initiatives', 'New Zealand', 'Canada', 'under-represented', 'doctor', 'fellow', 'support'.

Limitations

Karabena was unable to find current programs or activities specifically targeted at growing the Indigenous medical non-GP specialist workforce in NZ and Canada. Instead, we focused on initiatives aimed at increasing the Indigenous health and medical workforce more generally.

When we encountered references in our initial findings that were inaccessible, we requested their retrieval through AIDA. Despite our efforts, some articles remained inaccessible.

Desktop Review

[AIDA published documents and reports](#)

Strong Futures Policy Brief

A review of the 'Strong Futures' Policy Brief, a collaborative research initiative between AIDA and James Cook University (JCU), provides a strong rationale for the STSP. Prompted by the need to address the high number of Indigenous medical practitioners not completing Fellowship training, the brief highlights significant social, cultural, and structural barriers facing Aboriginal and Torres Strait Islander medical trainees (AIDA & JCU 2019). The findings reveal the detrimental impact of social and cultural isolation, educational environments misaligned with Indigenous health contexts, and substantial structural barriers in training programs such as inflexible schedules and inadequate exam support (AIDA & JCU 2019). These factors were found to severely affect trainee progression and social and emotional wellbeing.

In response, the policy brief recommends various enhancements to support structures, including more flexible training arrangements that respect cultural responsibilities, culturally appropriate assessment methods, and improved transparency in examination processes. For AIDA specifically, key recommendations involved monitoring career transitions, supporting trainees with examination appeals, and crisis support, along with establishing an Aboriginal and Torres Strait Islander Health Specialty to ensure cultural safety. Specialty colleges were urged to implement flexible training options, establish oversight committees with Indigenous representation, and offer tailored support such as personalised study plans and financial aid for exam preparation (AIDA & JCU 2019). The STSP, therefore, is a programmatic response to these recommendations, and is thus grounded in evidence of best practice to improve equity, career development, and retention of Aboriginal and Torres Strait Islander doctors in specialist training pathways.

IMST Reports

The IMST reports from 2019, 2021, and 2023 further exemplify the programmatic response to the recommendations outlined in the 'Strong Futures' Policy Brief. These reports are a biennial self-assessment tool used to monitor the advancements made by AIDA and specialist medical colleges in addressing the underrepresentation of Aboriginal and Torres Strait Islander non-GP specialty trainees. Notably, the criteria - a series of minimum and best practice standards - were co-designed by AIDA and the colleges based on the outcomes of the 'Strong Futures' project (AIDA 2020), and illustrate the accountability measures for STSP-related initiatives implemented by the colleges.

Notable achievements include significant enhancements in Reconciliation Action Plans (RAPs), with an increase in participation and commitment among colleges. There is also evidence of improved data collection and reporting on Indigenous trainee numbers and outcomes, and the establishment of health committees focused on Indigenous issues, albeit with varying degrees of funding clarity (AIDA 2021; AIDA 2023b). Additionally, there has been substantive progress in integrating Aboriginal and Torres Strait Islander histories, cultures, and health into curricula and enhancing visibility and engagement with Indigenous health across college platforms.

The reports also outline the success of the STSP in fostering these improvements, particularly in promoting cultural safety and supporting Aboriginal and Torres Strait Islander trainees through tailored mentoring, coaching, and financial aid (AIDA 2021; AIDA 2023b).

While advancements have been made in areas such as the provision of scholarships, bursaries, and advocacy, challenges persist. These include inconsistencies in the implementation of cultural safety training in different colleges, as well as the lack of transparency for funding of health committees (AIDA 2023b). Despite these limitations, the IMST reports underscore the ongoing commitment of specialist medical colleges to improve the training and career progression of Aboriginal and Torres Strait Islander medical professionals, supported by AIDA's leadership and collaboration. Continued evaluation against these standards is necessary to address gaps and monitor the success of initiatives aimed at improving cultural safety in the healthcare system. The STSP provides a forum for ongoing reflection against these standards in cross-college meetings and direct engagement with AIDA.

[External documents](#)

Medical Training Survey (MTS) Survey 2022

The Medical Training Survey (MTS) 2022, distributed to doctors in training, reveals insights into the training experiences of 191 Aboriginal and/or Torres Strait Islander doctors, capturing both the challenges and enablers within their training environments (Ahpra 2022). A review of the data reinforces the main findings from the 'Strong Futures' Policy Brief, and thus the essential role of initiatives such as the STSP.

While most respondents expressed their intention to continue their specialty training, a significant proportion reported concerns about the ability to complete their programs, with almost one-third considering a career outside of the medical field (Ahpra 2022). This reflects unique challenges experienced by Aboriginal and Torres Strait Islander trainees that exceed the national average. Disturbingly, a high incidence of bullying, harassment, discrimination, and racism was reported, with over one-third (39%) experiencing, and over half (52%) observing, such incidents (Ahpra 2022). Of particular concern is the high number of these incidents perpetrated by senior medical staff and colleagues, with many trainees hesitant to report these incidents due to fears of reprisal or inaction (Ahpra 2022). Additionally, only 69% felt that racism was not tolerated in their workplaces, underscoring the need for a more supportive and inclusive training culture especially in clinical settings (Ahpra 2022). This contributes to a culturally unsafe work and training environment, an experience affirmed in the consultations conducted as part of this evaluation.

On a positive note, the curriculum and pedagogy delivered in training colleges was generally well received, with most trainees satisfied with their clinical supervision and the accessibility of alternative senior medical staff. However, less than half reported satisfactory support for their psychological and mental health needs, and many faced rigid training arrangements that do not accommodate their broader cultural responsibilities (Ahpra 2022) reflecting the feedback in the 'Strong Futures' Policy Brief. This suggests an urgent need for training colleges to embrace more flexible and culturally accommodating training arrangements to improve the recruitment, retention, and wellbeing of Aboriginal and Torres Strait Islander trainees - further evidence that the STSP is necessary.

Through a review of this data, it is evident that there is significant room to improve the medical training experience for Aboriginal and Torres Strait Islander trainees. Initiatives like the STSP, therefore, are well-positioned to respond to the concerning feedback evident in the survey data, and in turn advocate for improvements that enhance the cultural safety and responsiveness of the training environment.

Internal documents

Funding agreements and performance reports

The review of AIDA's performance reports against funding agreements revealed satisfactory outcomes in the development of the STSP. Performance assessments dated from July 2022 to June 2023 indicate progress across various foundational and operational metrics. Key components such as the establishment of a Governance Group, the appointment of essential personnel like a Program Coordinator, and targeted needs assessments helped to enhance cross-college collaboration and the formation of support systems for trainees. The review showed successful implementation of networking and support initiatives, including educational workshops and professional development resources that have improved pathways and professional development for trainees.

The Activity Work Plan's scope, timeframes, and budget were adhered to meticulously, with activities completed as scheduled and within budgetary constraints. The program evaluation highlighted the successful expansion of engagement initiatives for Aboriginal and Torres Strait Islander trainees through workshops and forums, which were instrumental in boosting recruitment pathways and providing extensive support to trainees. Notably, the program recorded a 35% increase in trainee numbers from 2021 to 2023 and provided substantial personalised support, enhancing trainee experience and retention. Various challenges associated with recruitment and retention were effectively managed, demonstrating AIDA's proactive approach in mitigating risks and ensuring the program's success and sustainability. Overall, analysis of these funding agreements and performance reports demonstrates the efficiency of investment in the STSP, and highlights the mutual benefit of the STSP to trainees and the colleges. Based on this, it is anticipated that future funding will be managed effectively, and continue the positive trajectory of outcomes.

Meeting minutes and communiques (Project Governance Group, Cross-College Meetings, and Fellows Reference Group)

The STSP Project Governance Group's operations exemplifies the rigorous oversight involved in reviewing the program's impact. The Terms of Reference outline clear accountability measures with AIDA chairing the Governance Group, ensuring that the monitoring of the STSP work plan is Aboriginal-led and culturally safe. Meeting minutes from the Project Governance Group highlight a comprehensive approach to the challenges and systemic issues affecting Aboriginal and Torres Strait Islander non-GP specialist trainees. Further, these documents are demonstrative of the collaborative approach to governance between AIDA, the DoHAC, and college representatives.

The Group's activities are well-aligned with the overarching objectives of enhancing cultural safety and supporting systemic change in medical training environments. Financial management discussions focus on sustainability and securing future funding, while continuous improvement efforts are evident in the ongoing evaluation and adaptation based on trainee feedback. Additionally, strategic discussions about

expanding training locations and enhancing data collection practices underscore a proactive approach to addressing current and future challenges.

Cross-college communiques complement the findings above by illustrating a collaborative and evidence-based approach to program planning and implementation. These communiques stress the inclusion of Aboriginal and Torres Strait Islander perspectives in the leadership of the program. Further, they emphasise efforts to share best practices between the colleges and develop a cross-college commitment to cultural safety. However, areas for improvement identified by Karabena include the need for more consistent and comprehensive data collection of trainee progress and satisfaction, securing sustainable funding to support long-term planning and monitoring, considering mental health supports, and broadening cultural competency training across medical training settings.

The Fellows Reference Group meeting minutes further underline the commitment to improving training environments through collaboration, feedback, and accountability. These discussions focused on addressing systemic racism, enhancing cultural competency, and providing comprehensive support to meet the diverse needs of Aboriginal and Torres Strait Islander trainees. Despite the positive steps noted, areas such as enhanced data transparency between the colleges and AIDA, improved communication of support mechanisms, and strengthening support systems and networks within colleges were identified as requiring further development.

Nonetheless, the minutes and communiques indicate a genuine engagement in the STSP from all stakeholders involved in the program's governance. This includes active participation in the planning, design, monitoring, and evaluation of the program from AIDA, the colleges, the DoHAC, and Fellows. With ongoing funding, it is Karabena's view that this level of oversight and collaboration will be further strengthened, increasing the overall fidelity of the STSP.

STSP in-house evaluation for FATES funding (2022-2023)

The in-house evaluation conducted by AIDA as part of the Commonwealth's FATES funding from April 2022 to June 2023 focused on assessing early achievements, outcomes, and the future scalability and sustainability of the STSP. This evaluation used a combination of desktop reviews, surveys, and feedback analysis to gauge the program's efficacy.

The evaluation covered several key activities stipulated by the FATES funding agreement, including needs assessments, establishing recruitment pathways and induction programs across participating colleges, developing resource suites for trainees and supervisors, and creating a trainee network. Additionally, it initiated frameworks for stronger engagement with ACCHOs and provided ongoing, tailored support to individual trainees to enhance their skills and facilitate their success within the colleges.

Specifically, the evaluation found positive engagement and feedback on the STSP's recruitment initiatives, such as 'Yarn Ups' and 'Growing our Fellows' sessions, although there was room for improvement in marketing these initiatives and providing more comprehensive information on training programs. The induction programs showed a need for clearer communication regarding training requirements and program changes to better support trainees.

In terms of resource development, AIDA successfully delivered diverse and culturally relevant resources to trainees and developed significant support materials for supervisors to enhance cultural competence. Nonetheless, the resignation of key personnel highlighted the need for stable staffing to sustain momentum in long-term resource development.

The establishment of a non-GP Aboriginal and Torres Strait Islander specialist trainee network resulted in significant engagement, indicating effective support through peer-to-peer mentoring activities. Yet, feedback suggested a need for more tailored content in trainee workshops to meet diverse professional development needs.

The initiative to strengthen engagement with ACCHOs showed that while foundational relationships and commitments were in place, the execution of these plans and the development of practical approaches for trainee placements required more attention.

Overall, the evaluation conducted as part of the FATES funding agreement emphasised the notable success of the STSP in increasing in the number of Aboriginal and Torres Strait Islander non-GP specialty trainees and Fellows. However, continuous monitoring and evaluation are necessary to ensure effective resource allocation and maximise the program's impact, addressing the complexity of coordinating with multiple colleges and meeting the diverse needs of trainees.

AIDA's submissions to the Australian Medical College on college accreditation

AIDA's submissions to the Australian Medical Council (AMC) regarding the accreditation of the Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG) and the Royal Australian and New Zealand College of Radiologists (RANZCR) in 2023 further underscores a commitment to accountability, transparency, and targeted support. Key points from Karabena's review of these documents included the necessity for medical colleges to adopt clear, measurable objectives regarding the recruitment, retention, and progression of Aboriginal and Torres Strait Islander trainees, with regular provision of detailed metrics related to trainee performance and outcomes.

The submissions highlight significant gaps in the current systems of monitoring and supporting trainees, particularly in early identification and support for those in need, which are essential for creating inclusive training environments. Recommendations extended to enhancing selection practices by providing personalised feedback to unsuccessful Aboriginal and Torres Strait Islander applicants to support future applications, thus promoting equity and constructiveness in the selection process.

Financial barriers were also emphasised, with calls for a clearer and more accessible process for financial support to help reduce the burden on Aboriginal and Torres Strait Islander trainees. This approach directly addresses significant obstacles to entering and progressing within specialty training programs. Furthermore, the submissions advocate for the employment of Aboriginal and Torres Strait Islander staff within colleges, establishment of designated contacts for Indigenous trainees, regular cultural safety training, and the implementation of anti-racism strategies. These measures align with the broader objectives of the STSP to enhance the medical training landscape's equity and inclusivity.

Overall, the recommendations in these submissions are pivotal for creating systemic changes that ensure medical training and the accreditation processes are equitable, inclusive, and supportive of

Aboriginal and Torres Strait Islander doctors. By promoting these changes, AIDA and the STSP contribute to the ongoing efforts to transform medical education and training into spaces that not only respect but actively support the unique needs of Aboriginal and Torres Strait Islander trainees.

Data analysis

Leadership and cultural safety

To enhance the cultural safety educational framework of the STSP, AIDA conducted a series of webinars and modules focused on culturally safe clinical supervision and addressing racism. These sessions occurred on specific dates throughout 2022 and 2023, and aimed to bolster the capabilities of supervisors to contribute to a culturally safe training environment. Despite initial strong interest as indicated by rising registration numbers for the first three webinars, participation declined over time, with the attendance rate dropping from 59% in the first session to 28% in the final session, suggesting a need to explore the underlying factors affecting sustained engagement.

Karabena's quantitative analysis of the registration data revealed a consistent low participation of Indigenous supervisors, with percentages only slightly increasing across the sessions. This highlights a potential area for further growth of the STSP, with the subsequent increase in recruitment and retention rates leading to a flow-on effect in the potential numbers of Indigenous supervisors in non-GP specialty training.

The feedback from the racism webinars was generally positive, with supervisors affirming the value of the sessions in enhancing their understanding of racism and its impacts on trainees. They appreciated practical advice on addressing racism, highlighting the importance of language and reflective practices in fostering cultural safety. The need for more in-depth learning opportunities was evident, with suggestions for longer sessions and more interactive formats such as panel discussions and real-life case studies to enhance engagement and understanding.

Ultimately, while the initial registration data and feedback indicate a successful start in addressing cultural safety through educational webinars, the declining attendance and suggestions for improvements point to the necessity for ongoing adjustments to maintain and enhance supervisor engagement and effectiveness in delivering cultural safety within the medical sector.

STSP Trainee Feedback

The STSP successfully targeted and engaged Aboriginal and Torres Strait Islander medical trainees through a series of workshops designed to enhance professional development. Analysis of the registration data highlighted the program's effectiveness in reaching its intended demographic, with a significant turnout of Aboriginal and Torres Strait Islander participants.

Feedback from trainees engaged in the STSP workshops provided critical insights into the program's impact and areas for improvement. Participants highly valued the workshop content, particularly sessions on ethical dilemmas and career planning, which aligned well with their professional development needs. However, feedback indicated a desire for more interactive and practical engagement, suggesting a shift from theoretical lectures to more dynamic discussions that incorporate real-life examples and case studies.

The trainees expressed a need for extended session durations to allow deeper exploration of complex topics, particularly those addressing personal and cultural challenges such as racism. This feedback underscores the importance of culturally sensitive content that not only informs but also supports trainees' unique experiences and professional trajectories within the healthcare system.

Overall, Karabena's review of trainee feedback demonstrates that the STSP's approach to professional development for Aboriginal and Torres Strait Islander trainees is satisfactory. However, there is room for enhancement in terms of session engagement, content relevance, and the depth of cultural sensitivity. The feedback points to the necessity of ongoing adaptations to the program to better meet the evolving needs of Aboriginal and Torres Strait Islander medical professionals, ensuring that the training not only equips them with the necessary skills but also supports their cultural and personal growth within the medical field.

STSP journey so far

Data from the IMST reports and AIDA indicated a substantial increase in the number of Indigenous Fellows and trainees, from 108 in February 2020 to 262 by March 2023, representing a 142 percent increase. This growth is particularly pronounced in non-GP specialties, where the numbers rose by 240 per cent over the same period, suggesting targeted STSP initiatives have been effective, including recruitment strategies and supportive college policies.

The data analysis, however, revealed significant variations among different medical colleges. For instance, the Royal Australian College of General Practitioners (RACGP) and the Australian College for Emergency Medicine (ACEM) showed significant increases in their numbers of Aboriginal and Torres Strait Islander trainees and Fellows. Conversely, some colleges like the College of Intensive Care Medicine (CICM) experienced little to no growth, potentially due to fewer opportunities or ongoing systemic barriers in this particular specialty. Furthermore, despite the positive trends, the three-year scope of the data limited the ability to discern long-term trends or predict future developments.

Feedback on culturally appropriate support provided by AIDA highlighted its critical role in enabling career advancement for Aboriginal and Torres Strait Islander trainees. This support has effectively facilitated access to training programs, enhanced career development through performance coaching, and improved cultural wellbeing by connecting trainees with Indigenous medical professionals and communities. Notably, tailored support also addressed financial, social, and cultural barriers, significantly contributing to the retention and success of trainees within their respective programs.

Overall, while the STSP has made considerable advances in increasing Indigenous representation in specialty fields, ongoing support and adaptation of strategies are imperative to address existing challenges and ensure sustainable growth in the participation of Aboriginal and Torres Strait Islander individuals seeking to progress their medical career in the non-GP specialties.

Cross-college support

Karabena's thematic analysis of the cross-college actions database revealed an extensive and multifaceted approach to enhance the recruitment, selection, and retention of Aboriginal and Torres Strait Islander trainees. Colleges have placed a strong emphasis on cultural safety and awareness, revising accreditation standards and developing training criteria that emphasise an understanding of Indigenous health and equity. This focus extends to the recruitment of Aboriginal and Torres Strait

Islander trainees through the development of culturally appropriate materials and targeted promotional efforts to attract medical students and prevocational doctors, particularly through scholarships, grants, and specialised advice services.

Key strategies included hosting meetings in areas with significant Aboriginal and Torres Strait Islander populations and working closely with Indigenous health units at universities to bolster engagement. These actions are supported by a strategic push to ensure that Indigenous voices are integral to the promotion of specialties within the medical colleges.

Additionally, a key action is to increase Aboriginal and Torres Strait Islander representation in decision-making processes. This has involved a review of data collection practices and the inclusion of more Aboriginal and Torres Strait Islander representatives in the Trainee Selection Working Group, ensuring the selection process incorporates cultural awareness and sensitivity.

To further support the selection of Aboriginal and Torres Strait Islander trainees, colleges have refined their selection policies to be more inclusive and supportive. The orientation and onboarding processes have been tailored to help trainees build meaningful relationships within the medical community, regardless of their geographical location.

Efforts to retain Aboriginal and Torres Strait Islander trainees focused on developing a culturally safe training environment. This includes ensuring Fellows and supervisors are culturally safe, revising examination questions so they are culturally sensitive, and ensuring that all supervisors receive cultural safety training.

Moreover, colleges are implementing strategies to build a comprehensive database on Indigenous Fellows and trainees to better understand and address the challenges they face. This includes conducting exit interviews and investigating the reasons behind trainee separations to monitor progress and identify potential areas for improvement.

Overall, these concerted efforts reflect a robust commitment to enhancing the cultural safety and inclusivity of medical training environments, aiming to improve the recruitment, selection, and retention of Aboriginal and Torres Strait Islander trainees across various medical colleges. Such efforts reflect the STSP's influence on college-based interventions and supports.

Literature Review

Karabena's literature review involved a comparative analysis of Indigenous fellowship support programs in NZ and Canada, with an aim to benchmark AIDA's endeavours to expand the Aboriginal and Torres Strait Islander specialty medical workforce against similar international initiatives. Through this review similar challenges regarding the under-representation of Indigenous health workers were observed in NZ and Canada, where Indigenous communities face disparities in health care access and outcomes akin to those in Australia (Te Whatu Ora – Health New Zealand 2023; Indigenous Services Canada 2019).

Evidence from the literature review suggests that AIDA's STSP is the only program of its kind, specifically aimed at supporting Indigenous doctors to progress into and through non-GP specialty training.

Aotearoa New Zealand

Similarly to the challenges experienced in Australia, the representation of Māori doctors in New Zealand's medical workforce has shown a positive yet insufficient increase over recent years. Despite growth from 2.3 per cent in 2000 to 4.7 per cent in 2023, Māori doctors remain underrepresented when compared to their 16.5 per cent share of the general population (MCNZ 2023). This discrepancy underscores the ongoing challenge of achieving demographic proportionality within the healthcare sector. The rise in Māori and Pasifika doctors, particularly among recently qualified medical professionals such as house officers, highlights some success in targeted educational initiatives at medical schools. For example, between 2019 and 2022, 17 per cent of new medical students identified as Māori, with significant contributions from universities like Otago and Auckland enhancing Māori and Pasifika graduate numbers (MCNZ 2023).

However, Māori and Pasifika doctors are predominantly found in lower-tier positions such as house officers and registrars, while NZ European/Pākehā doctors are more prevalent in higher specialist and medical officer roles. This uneven distribution indicates the need for increased efforts to elevate Māori and Pasifika doctors into specialist positions, requiring an over-representation of Māori among medical students relative to their population proportion to close the gap in a meaningful timeframe (MCNZ 2023).

Furthermore, the complexity of New Zealand's health workforce data collection, exacerbated by historical inconsistencies and methodological challenges, hampers effective workforce planning and development. This issue is acknowledged by Te Whatu Ora – Health New Zealand (2023), which emphasises the necessity for improved data quality and analytics to support strategic recruitment and retention efforts, ultimately aiming to alleviate the current strains on the healthcare system.

Initiatives to grow the Maori medical workforce

Karabena was unable to find current programs or activities specifically targeted at growing the Māori medical specialist workforce, however there are a range of initiatives aimed at increasing the Māori health and medical workforce more generally.

New Zealand has acknowledged the significant underrepresentation of Māori in the medical workforce and is implementing strategic initiatives to address this gap. The Te Pae Tata interim New Zealand

Health Plan 2022 is a foundational step, establishing an inclusive health workforce as a priority, with specific goals to grow the diversity of the health workforce, including Māori, Pasifika, and Tāngata whaikaha | Disabled people. It outlines the development of an inclusive leadership culture, and stresses the importance of cultural safety training and leadership roles for Māori within the health system (NZ Government 2022).

The Te Whatu Ora – Health New Zealand Health Workforce Plan for 2023–24 further delineates actions to streamline pathways for Māori into health careers, focusing on increasing completion rates, supporting retention, and enhancing educational and career pathways into health sectors (Te Whatu Ora – Health New Zealand 2023).

Te Ohu Rata o Aotearoa (Te ORA [n.d]), the Māori Medical Practitioners Association, plays a pivotal role in promoting Māori health development and leadership. It participates in significant health committees and collaborates with major health organisations to strengthen the Māori medical workforce and support culturally safe practices within the health sector.

Kia Ora Hauora, a national Māori health workforce development program, has successfully increased the number of Māori in the health and disability sector since 2009 (NZ Government 2023b:n.p). The program provides internships, work placements, and educational support, significantly exceeding its initial goals by supporting thousands of Māori students in health-related studies and facilitating their transition into health-sector employment.

University initiatives have also been crucial. The University of Otago's Te Kauae Parāoa policy (University of Otago [n.d.a]) and the University of Auckland's Vision 20:20 (University of Auckland 2022a) are key educational policies designed to increase the representation of Māori and Pacific students in health professional programs. These initiatives focus on creating a culturally competent and equitable workforce, reflecting commitments under te Tiriti o Waitangi and addressing workforce and health inequities.

Despite these efforts, challenges remain in achieving demographic proportionality in the health workforce, particularly in retaining Māori doctors and ensuring their progression into specialist roles (Simmonds et al. 2020). Continued focus on culturally appropriate recruitment, comprehensive support systems, and the development of retention strategies is critical for sustaining progress and ensuring the effective integration of Māori doctors into all areas of NZ's health system.

AIDA's focus on both recruiting and retaining Aboriginal and Torres Strait Islander non-GP specialist trainees is an exemplar that could be transferred to NZ. There is scope, for instance, to consider how the tenets of the program could be implemented for Māori in those specialty colleges that have a trans-Tasman scope.

Moving forward

Despite notable efforts by New Zealand universities, the representation of Māori in the medical workforce remains disproportionately low compared to their population demographics. Barham, Baxter, and Crampton (2023:79) predict that it will take many decades for the number of medical graduates to reflect proportional representation within the workforce. Simmonds et al. (2020:36) highlight challenges

in supporting Māori doctors from internship through to employment, with cultural safety more readily accepted in specialisations like Psychiatry and Emergency Medicine, which attract a higher number of Māori trainees.

Moore, Davies, and O'Hare (2023:64) emphasise the influence of mentoring on Māori specialist pathways, suggesting that targeted mentoring and raising awareness of training pathways can enhance Māori participation in specialities where they are underrepresented, such as ophthalmology. They point out that Māori have limited exposure to surgical specialties, which could deter their participation in these areas.

Barham, Baxter, and Crampton (2023:79) also address the broader issue of 'unjust representation' of not only Māori and Pacific peoples but also individuals from low socio-economic and refugee backgrounds within the medical workforce. They argue for a deeper institutional transformation towards Indigenisation to align medical education and practice with Indigenous ways of knowing and being, as per Te Tiriti o Waitangi's vision.

Bagg et al. (2023) find ongoing underrepresentation of Māori, Pacific, and socio-economically disadvantaged students in medical education, despite long-term efforts to address these disparities. They advocate for significant policy changes in university selection processes and increased government funding to more accurately reflect New Zealand's demographic makeup in the medical profession.

Wikaire et al. (2016) support these findings, pointing to urgent needs for institutional changes that cater specifically to the unique needs of Māori and Pacific students, who often emerge from lower-decile schools and require bridging programs for university entry.

Together, these studies call for a reformed approach that not only increases Māori representation in the medical field but also integrates Māori cultural competencies across all specialisations to ensure culturally safe and responsive healthcare for NZ's diverse population.

Canada

Similar to Australia and NZ, Indigenous peoples in Canada continue to experience major health inequities (Government of Canada 2018). A key part of this is attributed to the under-representation of Indigenous peoples in the medical workforce. In 2015, the Truth and Reconciliation Commission (TRC) released a final report including 94 'Calls to Action' to further reconciliation between Indigenous and non-Indigenous peoples in Canada. This included a call upon all levels of government to increase the number of Aboriginal professionals working in the healthcare field and ensure the retention of Aboriginal health care providers in Aboriginal communities (TRC 2015). In 2016, just 0.8 per cent of the 93,985 specialists and general practitioners in Canada identified as Indigenous, despite Indigenous peoples representing 4.9 per cent of the population (DHont, Stobart & Chatwood 2022). There have been a range of national initiatives undertaken to increase the representation of First Nations, Inuit and Métis people in the medical workforce (Anderson & Lavallee 2007).

Initiatives to grow the Indigenous medical workforce

Government Initiatives

Despite the absence of specific programs targeting the growth of the Indigenous medical specialist workforce in Canada, a range of broader initiatives aim to enhance the Indigenous health and medical workforce. The Canadian Government, responding to the Truth and Reconciliation Commission's Calls to Action, has committed to increasing the number of Aboriginal professionals in healthcare, focusing on recruitment and retention in Aboriginal communities and providing cultural competency training (Government of Canada 2023).

Key initiatives include the development of distinctions-based Indigenous health legislation and funding to support the medical workforce in remote First Nations areas, along with combating racism and discrimination in healthcare to ensure culturally safe services for Indigenous peoples.

The Aboriginal Health Human Resources Initiative (AHHRI), with an annual investment of \$4.5 million, supports education and training for Indigenous health workers. This initiative, divided into scholarships and community-based training, aims to enhance the quality and availability of healthcare services in Indigenous communities (Indigenous Services Canada 2019).

In British Columbia, the transfer of health program design and delivery to the First Nations Health Authority (FNHA) marks a significant shift towards Indigenous governance of health services. The FNHA's initiatives focus on increasing the number of First Nations individuals in healthcare professions and promoting culturally safe health workforce development (Government of Canada 2020b).

The Indigenous Physicians Association of Canada (IPAC) plays a pivotal role in advocating for Indigenous health and supporting Indigenous medical students and professionals through mentorship and professional development programs (IPAC [n.d.]).

Moreover, the Association of Faculties of Medicine of Canada (AFMC) collaborates with IPAC to ensure Canadian medical schools address the TRC's Calls to Action by training more Indigenous health professionals and fostering safe learning environments for Indigenous students (AFMC [n.d.]).

The National Consortium for Indigenous Medical Education (NCIME) was established to implement Indigenous-led initiatives that transform Indigenous medical education and promote culturally safe care. This consortium works to set specific admissions targets for Indigenous students and ensure robust data collection to monitor progress (NCIME [n.d.]).

Overall, while targeted programs for Indigenous medical specialists are lacking, these comprehensive government initiatives strive to increase the Indigenous presence in Canada's healthcare system, aiming for equitable representation and culturally competent healthcare provision.

University initiatives

The lack of detailed data on the enrolment and progress of First Nations, Métis, and Inuit students in Canadian medical schools complicates efforts to track and enhance Indigenous representation in the medical profession. The Association of Faculties of Medicine of Canada (AFMC) highlighted the general perception of increased Indigenous student admissions but noted significant gaps, particularly among First Nations and Inuit communities (AFMC 2019).

The University of Alberta has responded with the Indigenous Health Initiative Program (IHIP), which focuses on improving access and success in medical and dental programs for Indigenous students. Efforts include reevaluating medical admissions to increase cultural safety and community engagement, enhancing mentorship programs, and developing targeted outreach initiatives (University of Alberta [n.d.]).

Similarly, the Northern Ontario School of Medicine (NOSM) has implemented structures to ensure Indigenous community involvement in its operations, aiming to improve the recruitment, retention, and graduation of Indigenous students. This includes comprehensive support systems through an Indigenous Affairs Office, Indigenous Reference Group, and Council of Elders. Furthermore, efforts also include cultural integration in curriculum and community engagements (NOSM [n.d.]).

The University of British Columbia (UBC) has also made strides in this area, notably through its Indigenous Strategic Plan which informs its reconciliation efforts and promotes Indigenous involvement in health education and outcomes. UBC's Faculty of Medicine has developed several initiatives (e.g. Indigenous Cultural Safety Program; UBC Learning Circle; Indigenous Public Health Program) to increase the number of Indigenous health professionals and enhance cultural safety in healthcare delivery (UBC [n.d.]).

Despite these initiatives, challenges remain in achieving proportional representation of Indigenous peoples in Canada's medical workforce. Continued efforts are needed to not only increase Indigenous student admissions but also to ensure their success and retention within the medical profession.

Moving forward

In Canada, as in NZ, the literature emphasises the vital role of universities in addressing social and structural barriers to medical education for Indigenous peoples. In particular, the literature asserts the need for equity-based recruitment strategies that acknowledge diverse disadvantages and barriers faced by marginalised populations (Henderson et al. 2021). Such approaches necessitate a deep, socially conscious framework embedded within institutional practices to genuinely achieve equity.

Research by Hill (2007) supports the development of a respectful and inclusive environment within medical schools, proposing targeted support initiatives and the integration of Aboriginal health into the curriculum. This not only fosters a sense of belonging among Aboriginal students but also enhances cultural competency across the student body. Hill underscores the importance of increasing the pool of Aboriginal applicants through youth and mature-specific initiatives, including tailored preparatory programs that enhance their competitiveness for admission.

A 2023 study by Black et al. highlights that the presence of an Indigenous admissions pathway (IAP) significantly influences Indigenous students' residency training program choices, with mentorship, cultural education, and community engagement identified as key factors in their decision-making. However, barriers like fear of judgment, stringent entry requirements, and logistical issues in the programs present ongoing challenges that need resolution to better support Indigenous trainees (Black et al. 2023).

The study by DHont, Stobart, and Chatwood (2022) on Indigenous medical students from the Northwest Territories pointed to specific needs for supporting Indigenous students, such as improved access to career guidance, mentorship, and clinical experiences. The authors also emphasise the importance of external support systems, financial aid, and fostering diversity within medical classes to encourage a return to practice in rural and remote communities.

Collectively, these studies underscore the multifaceted efforts required to improve the representation of Indigenous peoples in the medical field in Canada. Effective strategies include integrating Indigenous health into medical curricula, offering tailored support, and ensuring comprehensive mentorship and community engagement. To drive sustained improvements, ongoing evaluation and adaptive policy adjustments based on empirical data are crucial. This holistic approach aims not only to increase Indigenous representation in medicine but also to ensure equitable health care delivery across all communities.

Lessons learned

Drawing from programs in NZ and Canada, several valuable insights and successful strategies emerge that can inform and enhance initiatives like the STSP initiated by AIDA. While these programs may differ in their specific contexts and approaches, there are essential lessons that can be adapted and applied to the STSP to further support the recruitment and retention of Aboriginal and Torres Strait Islander doctors in non-GP specialist training pathways. Key strategies informed initiatives in NZ and Canada include:

- **Equity-Based Recruitment:** Implement recruitment and admissions policies that acknowledge the unique barriers faced by Indigenous applicants, thereby enhancing representation in medical schools.
- **Culturally Tailored Support:** Develop support programs specifically designed to meet the needs of Indigenous students, encompassing academic, pastoral, and cultural mentorship.
- **Mentorship and Community Networks:** Establish mentorship opportunities linking Indigenous students with professionals and community leaders to provide guidance and cultural education throughout their medical training.
- **Financial Support:** Offer scholarships and grants to relieve financial burdens and ensure equitable access to medical education for Indigenous students.
- **Pipeline Programs and Outreach:** Create comprehensive programs that engage students from early education through to professional entry, aiming to sustain interest and facilitate entry into medical careers.
- **Community Engagement:** Formulate strong collaborations with Indigenous communities and leaders to ensure medical programs align with community needs and values.
- **Indigenous Leadership in Education:** Enhance Indigenous leadership and representation within educational and healthcare settings to promote inclusivity and cultural safety.
- **Flexible Training Pathways:** Provide adaptable training routes and program designs that accommodate diverse learner backgrounds, including opportunities for remote and rural placements.

- **Institutional Commitment to Policy Development:** Universities and healthcare institutions should develop policies that specifically support Indigenous representation and incorporate Indigenous perspectives into the curriculum.
- **Indigenisation of Practices:** Transform institutional practices to reflect Indigenous values and principles, fostering positive relationships between Indigenous and non-Indigenous communities.
- **Data Collection and Evaluation:** Implement rigorous data collection and continuous evaluation to monitor the effectiveness of initiatives aimed at increasing Indigenous representation in the medical workforce.

These strategies suggest a holistic approach is necessary to effectively address the underrepresentation of Indigenous peoples in specialist medical fields. By embedding these practices within policy and program frameworks, there is potential to significantly improve Indigenous health outcomes and professional representation in the healthcare sector.

[Bridging Indigenous medical workforce gaps using the Rural Pathways Checklist](#)

In response to feedback from AIDA, Karabena also undertook a review of the Rural Pathways Checklist. O'Sullivan et al. (2020) developed the checklist to support the training and development of health workers in rural Low and Middle-Income Countries (LMICs), aiming to scale-up efforts where health needs are acute and worker availability is limited. The checklist focuses on various strategic actions to enhance the recruitment, retention, and development of the medical workforce in rural settings, which is directly applicable to addressing the shortage of Aboriginal and Torres Strait Islander medical professionals in remote Australian areas. This shortage is a significant barrier to accessing culturally competent health care and contributes to the health disparities faced by Indigenous communities.

The checklist outlines eight strategic actions that can be adapted to the recruitment and retention of the Indigenous medical workforce:

1. **Understanding Community Needs and Health Priorities:** Conducting detailed community needs assessments to tailor medical education and healthcare services to the specific needs of Indigenous populations.
2. **Review of Health Policies and Partnerships:** Collaborating with Indigenous organisations and health authorities to create supportive policies and strong partnerships that foster sustainable medical workforce solutions.
3. **Assessment of Existing Workforce:** Evaluating the current scope of practice and distribution of Indigenous health professionals to identify gaps and opportunities for specialist training.
4. **Targeted Recruitment and Selection:** Implementing recruitment strategies that prioritise Indigenous applicants with strong community ties and a commitment to serving their communities.
5. **Culturally Responsive Education and Training:** Offering education that incorporates Indigenous knowledge and practices, supported by scholarships, mentorship, and access to culturally safe learning environments.

6. **Supportive Working Conditions:** Ensuring that health professionals have access to adequate resources, safe working conditions, and opportunities for career development, particularly in rural and remote settings.
7. **Accreditation and Formal Recognition:** Developing culturally appropriate accreditation standards and recognition systems that validate the qualifications and skills of Indigenous health workers.
8. **Continuous Professional Support and Development:** Providing ongoing professional development and support networks to enhance skills and reduce professional isolation.
9. **Monitoring and Evaluation:** Establishing robust mechanisms for monitoring and evaluating the effectiveness of strategies aimed at enhancing the Indigenous health workforce. This includes tracking progress in education, recruitment, and retention, and assessing the impact on community health outcomes.

By aligning with these strategic actions, initiatives such as the STSP by AIDA can effectively address the critical shortages of Aboriginal and Torres Strait Islander medical specialists in Australia's rural and remote areas, ultimately contributing to better health outcomes and equity for Indigenous populations.

Final words

The STSP stands out as a unique initiative within the area of Indigenous health workforce development. Notably, the STSP is distinct as it represents the only known program specifically tailored to address the challenge of increasing the representation of Aboriginal and Torres Strait Islander doctors in non-GP specialty training pathways. Unlike other initiatives outlined above, which primarily focus on broader efforts to increase Indigenous representation in the medical workforce or support Indigenous health professionals more generally, the STSP takes a targeted approach toward specialty medical training. The STSP's exclusive focus on specialty training is innovative, and therefore presents an opportunity to become a global leader in this area.

Evaluation Phase 2: Consultations

The consultations conducted in Phase 2 of the evaluation provided invaluable insights into the STSP's impact for each stakeholder group. Importantly, the feedback received from various stakeholders offered a more rounded and humanised perspective to the data and information reviewed in Phase 1. Many of the findings from Phase 1 were affirmed in the consultations; however, through this process stakeholders interrogated the nuances and complexities of these findings. Further, participants provided additional insights about the STSP's impact and potential for improvement from their individual perspective, proposing strategies so the program continues to be mutually beneficial for all stakeholders. While individual perspectives may have differed, there was consensus about the need to consolidate the ongoing impact of the program.

AIDA Representatives

Feedback from AIDA representatives involved in leading the implementation and governance of the STSP commended the program's evidence-based approach, responding to research, member feedback, and modeled on similar successful programs. Addressing research about the concerning trend of Aboriginal and Torres Strait Islander doctors exiting or struggling with training programs, the program is designed to minimise these challenges through proven strategies. In particular, it was noted that the STSP is a direct response to member feedback requesting more focus on non-GP cohorts and trainees. From AIDA's perspective, the STSP has shifted the focus toward more engagement with non-GP members. For instance, one participant explained that 'the biggest thing is the fact that the trainees in the non-GPs base can see that we are committed to providing them with that collegiate support and mentoring'.

Through this programmatic approach to non-GP specialist trainees, AIDA participants stated that the STSP has helped cultivate a collective environment of trust and support. While there are mechanisms to develop professional capacity, there is also an emphasis on supporting social and emotional wellbeing, where 'our trainees know that [the STSP] is a safety to them, that we've got their back'. This supportive environment is further evidenced in the culture of mentorship that evolved during the nascent stages of the STSP's inception including peer-to-peer support, involvement of Secretariat staff, and establishment of a Fellows group. This sense of community and belonging contrasts the often isolating experience of medical training for Aboriginal and Torres Strait Islander people, addressing a key barrier to successful completion.

'Had the STSP program not been there... That trainee just would have been stopped'

While the STSP has assisted the establishment of mentoring networks, evidence of practical interventions was also reported. For example, STSP staff have advocated on behalf of trainees, helping them navigate the systemic complexities of medical training accreditation. In this way, AIDA has served as an intermediary between trainees and colleges, and facilitated the provision of responsive interventions from colleges for trainees at risk of not completing their training. The multi-faceted approach to assisting trainees was noted as a significant reason behind the STSP's success, including a 100% success rate in interview coaching. The program has also led to practical college-based initiatives such as waiving application fees and examination fees. As one participant aptly summarised, '[w]e've got trainees that have tried multiple times and failed to get onto training programs that have, after engaging

with STSP,...then gotten onto their training programs'. It was concluded that this was 'life-changing for them'.

More broadly, the STSP's impact extends beyond individual support to systemic change within training colleges. AIDA's advocacy on behalf of trainees has contributed to a shift in the conservative perspectives that underpin the views and values of many colleges, influencing changes to rigid policies and procedures that often marginalise Aboriginal and Torres Strait Islander trainees. Despite the challenges posed by conservatism in certain specialties, AIDA representatives explained that the STSP has influenced colleges to reconsider structural barriers that adversely affect Aboriginal and Torres Strait Islander trainees. In particular, AIDA has been able to challenge the status quo so that colleges adopt proactive practices that are more culturally informed and responsive, prompting increased inclusivity. One participant explained that, through involvement with the STSP, 'every college [has] at least shift[ed] in...say[ing] there's a problem', and that 'some colleges [are] incredibly receptive to really big challenging ideas'. More importantly, the STSP has enhanced collaboration between AIDA and the colleges to ensure comprehensive assistance is developed for trainees. This has resulted, in part, to a steady increase in recruitment and retention rates of Aboriginal and Torres Strait Islander trainees, with all colleges recently reporting '100% retention rates'.

Nonetheless, participants identified several programmatic gaps in the STSP and proposed opportunities to further strengthen the program. The most prominent challenge identified during the consultation with AIDA staff was current funding arrangements. The program's reach, stability, and long-term impact is inhibited by annual funding blocks. This limits the ability to engage in strategic planning, and also places additional stress and burden on STSP staff who must navigate funding uncertainty. As one interviewee articulated, 'everything that we're doing at the moment... it's all funding-dependent', further adding 'we're all sort of sitting here, year by year and...come June, if we don't get funded again, we don't have this program'. This has the flow-on effect of 'creating instability for the trainees'.

'[Funding] is a challenge right across the board'

With ongoing and increased funding, AIDA participants hoped the program could increase its outreach and coverage. Whilst there have been early instances of expansion into clinical training (e.g. AIDA's engagement with the New South Wales Ministry of Health), there was an identified need to establish state-based STSP coordinators so there is further increase to support in clinical settings. Such coordinators could 'provide on-ground support and develop relationships' with trainees, and address current challenges AIDA faces due to resourcing constraints. Regarding staffing, participants expressed the need for full-time involvement of a clinician in the STSP whose expertise was described as crucial for the program's effectiveness. One participant argued, for example, 'there is value in having a clinician associated with the program... and it has to be appropriately remunerated to retain that clinician...two days a week certainly isn't enough'.

Due to resourcing limitations, concern was raised about the risk of burnout to the STSP team who are tasked with supporting a wide network of trainees, Fellows, and prospective trainees. To mitigate this, it was suggested the possible solution of creating college-specific networks under the STSP umbrella to foster peer support and reduce the burden on central staff. Leveraging the roles of Fellows and senior

trainees for peer support and collaborative learning was also suggested as a method to develop a 'cycle of mentorship', drawing inspiration from similar programs in GP training.

Additionally, cultivating a greater sense of collective responsibility for creating culturally safe environments in medical training environments by drawing upon non-Indigenous allies was highlighted as necessary to distributing cultural load and responsibility. As the STSP matures, for example, encouraging college staff to take greater responsibility and accountability for STSP activities was noted as a necessary long-term strategy.

With increased resourcing and distribution of responsibility, AIDA can focus on improving the visibility of, and engagement with, the STSP. Currently, communication about the STSP was identified as inadequate. In turn, participants emphasised the requirement for a dedicated online space to regularly promote the program's activities and services so that it is 'current and...timely'. Furthermore, a banner on the main page of AIDA's website was preferred to make the program easily discoverable by doctors in training or those interested in pursuing medical careers. This would require a dedicated communications and marketing team member to streamline the process of updating and disseminating time-sensitive information, thus enhancing the program's reach and impact.

Along with promotion and visibility, maintaining accurate records of trainee engagement and progress was identified as a challenge with current data management tools reported as 'not fit for purpose'. Therefore, improved tools to collect and track trainee data is necessary to ensure timely and responsive support is constantly implemented. The fact that data sharing from colleges about trainee progress and completion rates is not always forthcoming due to privacy concerns adds further complications to data tracking and analysis.

A major opportunity identified by AIDA to augment the STSP's influence on recruitment and retention is expanded outreach. Firstly, addressing the challenges faced by unaccredited trainees, who may remain in non-accredited positions for extended periods, was described as critical. There is scope for the program to prevent trainees from stagnating in this predicament due to stringent college requirements or inadequate interview preparation. Furthermore, the STSP's potential expansion into pre-vocational training was viewed as beneficial to increase early knowledge about, and engagement with, the program. Increasing engagement with Aboriginal and Torres Strait Islander doctors in earlier stages of their training, including potentially at the undergraduate level, was viewed as preferable. By supporting Junior Medical Officers and trainees at earlier stages, the program may increase the number of Aboriginal and Torres Strait Islander doctors who choose to specialise in non-GP fields.

While AIDA representatives acknowledged the early success of the STSP in increasing recruitment and retention rates, as well as collaboration and transparency between the colleges, challenges remain in terms of the program's scope. This, ultimately, is due to funding and resourcing constraints, an area that must be addressed to ensure the program's viability.

Commonwealth Department of Health and Aged Care (DoHAC) Representatives

Representatives from the DoHAC discussed the STSP in terms of its alignment with the Commonwealth's objectives to grow the Aboriginal and Torres Strait Islander medical workforce and improve cultural safety in the health sector.

Initially, participants expressed surprise that similar initiatives are not available in other jurisdictions. The program's unique position in supporting Indigenous non-GP specialist trainees, therefore, was discussed as a potential model for similar initiatives in other jurisdictions, and thus presents an opportunity for further investment.

Collaboration was a significant theme attributed to the success of the STSP, with participants praising the effective partnership harnessed between AIDA, the DoHAC, and the specialist medical training colleges. The influence of the STSP on these relationships was described as 'humbling'. These collaborations have not only motivated change in the colleges but also created a platform for them to work together constructively. For instance, participants reported that the colleges involved in the STSP are 'enthusiastic to work together' and are afforded a space to be 'really honest and transparent' in the way they are meeting, or not meeting, the needs of their Aboriginal and Torres Strait Islander trainees. The STSP, therefore, fosters an environment where various stakeholders are guided by open dialogue, mutual respect, and shared goals. One interviewee noted the strength of this collaboration: '[w]e've managed to pave a way in this space of that genuine co-design, collaboration, having the organisation led in a system that doesn't necessarily afford that naturally'.

'[W]hat we are trying to make sure that the STSP achieves is to successfully improve...retention processes and engagement processes with [Aboriginal and/or Torres Strait Islander] trainees'

In terms of cultural safety, participants from the DoHAC explained the STSP's advancements in improving the educational experience of non-GP specialist trainees. Interviewees noted, in particular, the way AIDA representatives work closely with medical colleges to enhance support structures, provide cultural safety advice, and assist in application and interview processes for Aboriginal and Torres Strait Islander trainees. These initiatives have reportedly contributed to creating a more inclusive and supportive training environment within the colleges, and can be attributed to increased retention rates. However, data related to retention rates remains a challenging area. Instances of racism and poor cultural experiences have led some trainees to take leaves of absence, which is not necessarily reported in retention data. Despite improvements, therefore, it was suggested that the data does not always accurately reflect the experience of those trainees.

It was also acknowledged that the STSP aligns well with key government commitments, including the National Medical Workforce Strategy and the Closing the Gap Implementation Plan. This alignment has been facilitated through a co-design process that respects AIDA's vision while allowing for flexibility to adapt to changing needs, a process that has been critical in ensuring the program's relevance and effectiveness.

The success of the STSP is also supported by tangible data and evidence, making it a 'good news story' within the DoHAC. The data not only demonstrates the program's achievement of its goals but also aids in internal advocacy and support, as one participant highlighted: 'We're very fortunate the STSP is such an easy go-to for us as a good news story. It has data and evidence and proof of it doing the things that it's set out to do'. This empirical backing substantiates the program's success, providing a rationale for ongoing funding.

An unexpected, yet significant, outcome of the STSP is the increase in cultural awareness and safety within government departments involved with the program. Participants reported that their engagement with AIDA and the STSP has made them ‘much more culturally aware and culturally safe in dealing with the STSP...and advising people within the department’. This indicates that the program’s influence extends beyond its direct outcomes, impacting the broader cultural competence within government.

Consequently, the DoHAC representatives are optimistic about the STSP’s future potential, viewing it as a catalyst for broader changes to support Aboriginal and Torres Strait Islander medical trainees. The program’s hands-on approach and its facilitation of the sharing of personal experiences are viewed as instrumental in its success. This has led to broader recognition of the program’s impact, with one participant remarking that ‘it’s a lot bigger than I think anyone expected it to be...I think it could do a lot of really wonderful things because it’s a lot more hands-on [than other initiatives]’.

The leadership of AIDA is pivotal to the STSP’s effectiveness and authenticity, ensuring that the program is directly informed by the realities and needs of Aboriginal and Torres Strait Islander people in medical training. Participants affirmed AIDA’s influence in this sector, stating that ‘AIDA from the get-go proved that they were the best placed organisation to run this work...they are able to really command a space and lead conversation’. This Governance arrangement fosters trust and deeper engagement within the community and exemplifies the program’s commitment to self-determination and co-design as, ‘it is being led by an Aboriginal-led organisation for Aboriginal and Torres Strait Islander people’.

The influence of the STSP extends to funding applications within the medical training sector. The successful implementation and outcomes of the program have prompted medical colleges to innovate and improve their support mechanisms for Aboriginal and Torres Strait Islander trainees. This is evidenced by increased applications ‘...around supporting their First Nations trainees...to set better cultural safety and better standards’.

‘...burnout, [is] one of my biggest concerns...’

While the participants lauded the program’s positive influence, they also reported several challenges that limit its impact and longevity. One of the most pressing concerns is the risk of burnout among AIDA STSP staff due to the resource-intensive nature of the co-design approach. This approach, while beneficial for tailoring the program to specific needs of Aboriginal and Torres Strait Islander trainees, places significant pressure on AIDA’s limited resources, leading to challenges such as delays in providing documentation required for compliance. A participant poignantly noted, ‘burnout, [is] one of my biggest concerns...It’s difficult for AIDA because...that takes energy’. This reinforces AIDA’s calls for an increase to the STSP workforce to mitigate the potential for cultural and personal burnout, a significant risk to the program given the small number of STSP staff.

Furthermore, DoHAC representatives affirmed feedback about the challenges identified by AIDA staff. While the STSP has progressed the promotion of cultural safety within medical colleges, there remains a notable gap in extending this safety into hospitals and other clinical work environments. This limitation is particularly significant as these settings are critical to the trainees’ everyday experiences and professional development. A significant concern raised is if trainees report an incident in these

environments, 'then there's not a lot AIDA can do, they haven't got many levers because it's outside of this program', indicating an area where the program's influence is curtailed due to its current structure.

The sustainability of the STSP is another critical issue, influenced by the aforementioned risk of staff burnout, but also the reliance on the continued trust and cooperation between AIDA, the colleges, and the DoHAC. This dependency poses a risk, particularly with the potential of staff turnover disrupting the established trust, and necessitating a phase of rebuilding relationships. As one participant reflected, 'much of [the STSP] is built on trust...but how sustainable is that if there is staff turnover at AIDA or with colleges'.

In terms of funding and ensuring the program's longevity, the DoHAC noted that the current annual funding model presents a barrier to long-term planning and stability. Having to regularly secure funding limits the ability of STSP staff to plan for long-term development of the program. There was discussion of a new policy proposal aimed at securing ongoing funding to more effectively address issues such as cultural safety and systemic racism in hospital settings. One participant mentioned, 'we've got a new policy proposal that has been developed to seek...ongoing funding for AIDA for this project for an unknown period of time,' which could significantly enhance the program's capacity for engagement and change. Nonetheless, current funding models undermine the stability of the STSP.

While the DoHAC acknowledged the early achievements of the STSP against the Commonwealth objectives, there are demonstrable areas for improvement to further increase the program's impact. Logistical challenges pose the biggest risk to the program's viability and longevity, with limited resourcing and funding providing an obstacle to AIDA's overall scope. Ongoing funding will help to consolidate the STSP in its position as an exemplar for supporting Aboriginal and Torres Strait Islander doctors attain Fellowship in non-GP specialty fields.

Non-GP Specialist College Representatives

Feedback from representatives of the non-GP specialist colleges provided an insightful perspective on the perceived mutual benefit to college staff in their efforts to deliver a more culturally safe training environment. Feedback about the colleges' engagement with AIDA's STSP program underscored several areas of value and strength that the program has brought to their organisations and operations.

'...one of the greatest strengths is the sharing, the collegiality, the ability to have touch points with other medical colleges just to learn what they're doing, what we could do better'

Of particular significance is the way in which the STSP has substantially improved the relationship between colleges. As a result, colleges are reportedly more engaged in genuine communication and collaboration. Representatives have observed significant improvements in the establishment of direct contact points through cross-college meetings and engagements, wherein they can more effectively share examples of best practice. Just as the STSP has developed peer-to-peer networks amongst trainees, so too are college staff engaging in peer support practices. This enhancement, therefore, has fostered a stronger network of allies and advocates, supporting one another both internally and externally and reflects the call from AIDA for a network of college-based representatives taking collective responsibility for cultural load. The colleges unequivocally reported that the STSP has aided in

breaking down traditional formalities that inhibited organic and authentic collaboration, enabling a shared approach towards goals and best practices.

Furthermore, the STSP has been instrumental in promoting resource sharing and increasing efficiency among the colleges. Representatives appreciated the program's role in enabling them to leverage initiatives from other colleges, avoiding the need to 'reinvent the wheel'. This aspect of the program has been particularly beneficial for smaller colleges, providing them access to support and insights that would be challenging to develop independently. The pooling of resources has further facilitated a cooperative environment and is another example of enhancing the ability of colleges to work together towards common objectives that benefit Aboriginal and Torres Strait Islander specialist trainees.

The reported commitment to collaboration amongst the colleges has also created a framework of shared learning and continuous improvement within and across the colleges. By bringing together diverse groups with shared aims, the STSP has encouraged a cross-college environment conducive to recognising and respecting different journeys and paces in implementing the program's strategies. This shared learning culture has been critical in identifying gaps and formulating potential solutions, leveraging collective insights to enhance recruitment, selection, and retention strategies for Aboriginal and Torres Strait Islander trainees.

'...there's a real kind of movement and shift in...that wraparound approach...'

This commitment initiated by the STSP has contributed to the implementation of a range of college-based initiatives such as the establishment of scholarships for Aboriginal and Torres Strait Islander medical students, prioritising applications for Fellowship programs, establishing mentoring and peer support programs, the inclusion of Aboriginal and Torres Strait Islander Fellows on college boards and committees, and the implementation of reconciliation action plans. Furthermore, several colleges have embarked on the revision of curricula and the development of educational resources that include cultural safety and Indigenous health issues. This involves reviewing existing programs and materials to ensure they are inclusive and reflective of Indigenous health perspectives. Some colleges have also introduced new roles or departments dedicated to enhancing educational content and resources related to Indigenous health.

Additionally, the STSP has been pivotal in enhancing cultural competency and safety across the colleges. Through AIDA-led workshops and cross-college meetings, college representatives have experienced significant upskilling in cultural safety awareness. These interactions have not only enhanced their understanding and sensitivity towards the needs of Aboriginal and Torres Strait Islander trainees but have also provided staff with the necessary insights to refine their support mechanisms to be more responsive and inclusive. Further, many colleges are actively working to integrate cultural competency and safety into their programs, including the creation of dedicated positions and the development of cultural safety training for staff, trainees, and members. These include webinars, member forums and CPD offerings that incorporate cultural safety and Aboriginal health content. Other examples include the implementation of cultural leave policies and the inclusion of cultural safety training as a mandatory component of CPD.

From the colleges' perspective, therefore, the STSP's influence has been profound in impacting the responsiveness of college policies, procedures, and interventions to the needs of Aboriginal and Torres Strait Islander trainees. This has not only improved the ability of many colleges to recruit and retain Aboriginal and Torres Strait Islander trainees, but also enriched their institutional culture and responsiveness to the needs of these trainees.

On the other hand, there were several programmatic gaps identified by college representatives that limits the STSP's recruitment and retention capabilities. A primary concern expressed by participants pertains to the decision-making roles and influence of college staff attending cross-college meetings. Often, college representatives who attend these meetings are not in executive positions, and therefore unable to make decisions on recommendations and findings. This complicates the implementation of effective initiatives across colleges, and in some cases reveals the need for more backing from college executives and a potential gap in the STSP's operational structure that limits its capacity to enact meaningful changes at the institutional level. The absence of cultural safety training workshops for college committee and executive staff was also noted as a major gap. Such training was reported as necessary so those with decision-making powers develop a deeper understanding of the importance of creating a culturally responsive environment for Aboriginal and Torres Strait Islander trainees.

Further complicating the program's effectiveness is the resource disparity and variation in progress across different colleges. Larger colleges with more resources, established strategic frameworks, and reconciliation action plans, can more easily integrate and prioritise initiatives such as the STSP. In contrast, smaller colleges face considerable challenges due to financial and workforce constraints, making it difficult for them to align with the program's objectives or to invest adequately in targeted strategies. This disparity can potentially result in inconsistent engagement levels across the colleges, affecting the uniformity of the STSP's impact. Ultimately, this is the responsibility of the DoHAC's Specialist Training Program department; however, some consideration must be given to how the STSP can provide a more tailored approach that responds to the individual contexts and needs of each college. However, this is dependent on increased resourcing.

Another systemic issue that further impacts consistency of STSP activities is the scope of colleges that encompasses both Australia and NZ. This impacts the cohesion and effectiveness of the program in supporting Indigenous medical professionals across both nations. As the program matures it is worth exploring its role for colleges operating in a trans-Tasman context.

Data collection and the promotion of STSP events within the colleges were also identified as areas needing improvement. Participants from the colleges pointed out difficulties in accurately capturing attendance data at STSP events, and receiving constructive feedback from AIDA. These issues lead to a lack of detailed insights, hindering the colleges' ability to assess the true impact and reach of STSP workshops, Yarn Ups, and online sessions. Furthermore, data privacy concerns inhibit the ability to provide tailored assistance to trainees. As this is a shared concern for stakeholders from both AIDA and the colleges, the creation of data sharing agreements may be beneficial as part of the provision of the STSP.

'There were some discussions...about pooling funding...because...it's definitely a real issue'

The issue of funding emerged as a critical challenge for colleges. The absence of long-term funding, along with the fact that AIDA resources are not directly tied to college funding, limits the potential impact and sustainability of the STSP. Despite good intentions, several college representatives noted they were unable to consistently implement STSP related initiatives due to unsuccessful FATES grant applications. Reducing these funding siloes will significantly enhance the program's implementation from both an AIDA-level and college-level.

Despite these gaps, there was optimism from college representatives about the STSP's potential growth. For instance, the development of best practice resources and standards in collaboration with AIDA was identified as a significant opportunity. College representatives see immense value in co-developing unified standards, guidelines, and benchmarking practices for engaging Aboriginal and Torres Strait Islander trainees. This collaborative approach would not only streamline STSP activities by preventing each college having to independently devise strategies but would also ensure that all colleges adhere to a minimum standard of engagement. This strategy, therefore, is a way to standardise efforts across the sector, ensuring consistency and effectiveness in the approaches used to support Aboriginal and Torres Strait Islander trainees.

Another key opportunity lies in using cross-college workshops to work on joint initiatives and curriculum. Representatives suggested organising activities such as joint induction days, academic research groups, and cultural safety workshops for committee representatives, all facilitated by AIDA. These workshops would focus not only on cultural safety training but also on enhancing processes around the selection, recruitment, and retention of Aboriginal and Torres Strait Islander trainees. The initiatives could also promote a more cohesive, sector-wide approach, enabling colleges to develop more tailored strategies that cater to the diverse needs and capacities of both small and large institutions.

Furthermore, stakeholders highlighted the potential for AIDA to elevate its role in becoming a sector-wide voice that advocates and represents the collective interests and challenges faced by colleges in supporting Aboriginal and Torres Strait Islander medical trainees. This expanded role for AIDA, potentially through the STSP's Fellows Reference Group, would enhance its influence and visibility across the medical education sector. This speaks to the trust AIDA has earned from the colleges in delivering the STSP, and is another example of the program's success.

Aboriginal and/or Torres Strait Islander Trainee and Prospective Trainee Representatives

While consultations with AIDA, the DoHAC, and the colleges offered important feedback about the implementation and governance of the STSP, subsequent consultations with trainees and prospective trainees were integral to gain perspective about the impact for individuals engaged by the STSP. Feedback collected during an STSP trainee workshop emphasised the program's role in enhancing the training experience for Aboriginal and Torres Strait Islander non-GP specialist trainees.

'I was able to get my college fees waived this year...[s]o that was unbelievably helpful'

Trainees expressed strong appreciation for the holistic and comprehensive support and advocacy provided by STSP staff, extending beyond simply academic achievement. Financial assistance offered to

engage in STSP activities, such as workshops and conferences, was highlighted as being particularly beneficial. One trainee commended AIDA because, ‘...the financial support to attend these workshops...is fantastic...’. Furthermore, participants praised the advocacy of AIDA in facilitating other financial assistance from colleges such as ‘back to Country’ grants, scholarships, and fee waivers. This form of practical support is helping to ease financial burdens associated with specialty training, making the program instrumental in reducing barriers for Aboriginal and Torres Strait Islander trainees in this field. The provision of other practical advocacy, such as liaising with employers and colleges for trainees to access necessary time off to attend STSP events, and to resolve other issues, was highly valued with one participant noting that ‘...the real practical support...is so helpful’.

Participants particularly praised the networking opportunities and the creation of safe spaces for connection and community facilitated by AIDA events. For example, a trainee explained that ‘...the big thing is getting the time to connect...’. The openness of AIDA to feedback, which has led to improvements in workshops and meetings, along with mentoring, advice, coaching, and practical examination support, underscore the program’s responsiveness and adaptability to trainee needs.

‘...coming in to connect with people and learning new skills having feeling less isolated in your own bubble in your specialty...’

A significant strength of the STSP is its ability to foster networks among Aboriginal and Torres Strait Islander non-GP specialist trainees. This includes structured networking through workshops, Yarn Up sessions, and conferences, which have been complemented by the development of informal support systems such as online groups and forums. Trainees described this form of peer-to-peer support as essential in addressing the isolation often felt by trainees in this specialty area, as it ‘...it gives...a chance to network...to step back and have a look at the bigger picture and the issues that are actually common to all of us’.

Additionally, the STSP’s role in advocacy is a crucial component of its support structure. Trainees reported that STSP staff actively liaise with colleges on their behalf, facilitating a culturally safe process that allows trainees to seek support indirectly through AIDA, rather than facing potentially intimidating direct engagements with colleges. Examples of this advocacy include STSP staff negotiating with colleges for the release of financial support for examination fees, establishing dedicated bursaries or scholarships, and influencing changes to college processes and procedures that are more inclusive of Aboriginal and Torres Strait Islander trainees.

While participants were generally positive in their feedback about the STSP’s impact on their training experience, several programmatic gaps were identified that hinder its overall success. Accessibility is a significant area of concern highlighted by participants. Many trainees reported their struggle with navigating the pathway to specialty training, particularly noting challenges related to financial planning for exams and other training-related expenses.

‘...[it would have been]...nicer to have support earlier to start building that CV when you're un-accredited...’

Many participants would have preferred earlier engagement to ensure the STSP was sufficiently promoted when considering specialty training. This extended to concerns about the lack of support for

those in unaccredited positions, or those not yet on training programs, with a need for more targeted support to navigate the intricacies of training and accreditation processes. This early engagement may also involve workshops covering CV writing and interview preparation. Thus, trainees reinforced feedback received from other stakeholders about expanding the reach of the STSP to increase engagement.

'They sign agreements and say that they're committed. They're going to have the training retention rate at 100%. That's great. There's a quantum leap between how you would do that and the action on the ground to actually achieve that.'

In terms of cultural competence and governance, participants expressed concerns over the slow uptake of cultural safety practices within healthcare settings, including colleges and hospitals. The effectiveness of online cultural safety modules was questioned, and issues such as colonial paternalism and racism, particularly from internationally trained employees who lack understanding of the local context, were noted as significant challenges. There was, additionally, skepticism regarding the effectiveness of training interventions and support provided by colleges and employers to achieve a 100% retention rate, with a perceived lack of tangible action on the ground.

'...we should...actually talk about moral distress in these clinical situations...'

The lack of scope for the STSP to be implemented in clinical settings was another critical gap identified. Participants reported insufficient support during debriefing or clinical scenarios, with most culturally unsafe experiences and other challenges for Aboriginal and Torres Strait Islander trainees occurring in these environments. One trainee emphasised this point, stating that '...a lot of the problems are at the hospital, health service, or health district level which...[the colleges and AIDA] don't have a lot of say on the everyday running of how the hospital health system works'. This includes experiencing lateral violence, emotional and cultural load, and moral distress. Such challenges are compounded by issues such as balancing work and personal/cultural responsibilities, limited time off, and the emotional and moral distress of being an Aboriginal or Torres Strait Islander person in the healthcare system. These experiences have a detrimental impact on social and emotional wellbeing, and the overall training experience. Of course, the STSP has advocated for increased flexibility in training arrangements to mitigate some of this burden; more importantly, though, there is a demonstrable need for the STSP to expand its scope into settings that are reported as being the most responsible for negative experiences.

'...if Bianca (STSP Trainee Support Officer) was to leave I don't think this program would be anywhere near what it is...'

Program resourcing and funding also emerged as a concern, with participants noting that AIDA's STSP operates with a limited number of key personnel, making it highly susceptible to disruptions resulting from staff turnover. One participant contended, for instance, that there needs to be 'funding to increase the numbers of staff in this program so there's ability to pick up when someone leaves'. This limitation poses significant risks to the operation and implementation of the program, with some participants recalling instances where they were unable to receive support during difficult situations due to STSP staffing gaps. There was a call for at least double the number of STSP personnel to ensure the continuity

and stability of the program, with at least two trainee support officers. A sustainable funding plan was called for to ensure the program can attract and retain the necessary talent and maintain operational efficiency over the long term.

'...[it's] the inconsistencies, which is what I've seen in the STSP...need to work on inconsistencies amongst the financial pressures that we go through the support that we get to support racism, at the local level...'

Participants reported concern about the inconsistent implementation of the STSP across different jurisdictions due to varying attitudes of state-based governments and health departments toward the advocacy efforts of the program. This inconsistency affects the uniformity of program delivery and the experience of culturally safe training across the health sector. State-based implementation strategies were highlighted as necessary, perhaps reflecting the suggestion from AIDA staff of employing local STSP network coordinators.

One significant opportunity identified by trainees involves the expansion of targeted and specialised support through the STSP. Participants suggested that the program should broaden its reach to include not only those currently in training programs, but also those at pre-vocational stages or in unaccredited positions. This expansion could involve creating distinct streams or specialised support groups tailored to different career stages or specialties, helping to meet the diverse needs of Aboriginal and Torres Strait Islander trainees across their entire professional journey. For example, expanding support to junior doctors who are yet to decide on a specialty could significantly ease the transition into specialist training programs, while also increasing engagement with the program. Responding to this point, one trainee reported that '...[the STSP] would potentially be helpful earlier on...choosing that pathway (speciality training) because I didn't know the steps that were involved'. Ultimately, it was suggested that this would directly augment recruitment rates into speciality fields.

'Some of the workshops over the time have been a bit hit and miss, but getting better. I think, sometimes there is miscommunication about what would be useful for us.'

Another key area for development is expanding support into clinical settings. There is a clear need for increased support systems at the local level, particularly in hospitals, where many trainees face higher instances of racism and more pronounced challenges. Participants called for the establishment of local STSP network coordinators and formal peer-to-peer support networks within different regions. Such structures would enable culturally safe debriefing in clinical scenarios, especially in instances of difficult patient cases, or discuss incidents of racism and lateral violence. As one trainee poignantly explained, '...debriefing in and...discussing certain clinical scenarios...workplace issues...[and] difficult patient care life cases...[having] somebody safe to go to...would be good...'. This local and comprehensive approach would enable access to more tailored support for trainees and address current state-based inconsistencies in how training and support are provided. This would also streamline feedback mechanisms to AIDA about the immediate needs of trainees, and how workshop design, content, and delivery can be more responsive to these experiences.

‘...some mandatory online modules, which people have to do, doesn't work and I think it needs to be an in person...taken quite seriously...’

Finally, there was a strong call for in-person cultural safety training for across all training and clinical institutions, making it a mandatory component of medical education. Participants expressed a preference for in-person delivery of cultural safety modules over online formats, arguing that interactive sessions are more engaging and effective for deepening understanding of cultural safety principles. Such training, it was argued, should move beyond being a mere arbitrary requirement to becoming an authentic educational experience that genuinely enhances the cultural competence of all medical staff through internalising the principles of cultural safety. Whilst the STSP is limited in its direct scope over this sector wide challenge, in partnership with the colleges AIDA can advocate for this change.

Ultimately, it is evident that trainees and prospective trainees appreciate the holistic support provided by the STSP, encompassing financial assistance, advocacy, and ongoing professional and personal development. Nonetheless, significant challenges still persist, particularly in clinical settings which currently sit outside the scope of the STSP. As the program matures, therefore, expansion of the STSP's scope is recommended. This includes the provision of localised support in educational and clinical settings, and engagement of Aboriginal and Torres Strait Islander doctors in pre-vocational stages of training. Again, this is ultimately dependent on ongoing and increased funding of the program.

Conclusion

The feedback and evidence reviewed in Phase 1 and Phase 2 of the evaluation strongly indicates the STSP's positive influence on the experience of Aboriginal and Torres Strait Islander non-GP specialist trainees. It is alarming that this cohort continues to be subject to racism and lateral violence in the workplace and educational settings, intensifying their cultural load and moral distress. This, undoubtedly, is having a detrimental impact on their social and emotional well-being on top of the ordinary stress and pressures associated with specialty medical training. It is our firm belief that the STSP is beginning to redress these negative experiences and is influencing an increase in recruitment and retention rates. If the Federal Government is truly committed to closing the gap in health outcomes for Aboriginal and Torres Strait Islander people, at a minimum it must continue to fund programs such as the STSP. Even further, it is our opinion that the STSP must receive increased funding so it is adequately resourced, engagement can be extended into pre-vocational training and clinical settings, and more targeted, localised support is available to trainees. This will help address some of the current gaps evident in the program, but more importantly create an environment where more Aboriginal and Torres Strait Islander doctors choose and remain in specialty pathways.

Findings and Recommendations

Findings

1. Programs such as the STSP are necessary: To ensure that the Commonwealth fulfills its obligation to close the gap in health outcomes for Aboriginal and/or Torres Strait Islander people, a wide range of holistic initiatives are required. This includes expanding the number of Aboriginal and Torres Strait Islander doctors in non-GP specialty fields. By making the pathway into specialty training more accessible, and by improving the training experience, the upward trend in recruitment and retention numbers of Aboriginal and Torres Strait Islander doctors in these fields may continue. Therefore, further investment and development in initiatives such as the STSP is necessary.
2. Ongoing cultural and social barriers persist that impact the recruitment and retention of Aboriginal and Torres Strait Islander medical trainees: Evidence from sources such as the Medical Trainee Survey (MTS) and trainee feedback highlight the ongoing challenges faced by Aboriginal and Torres Strait Islander medical trainees. Concerningly, experiences of racism, bullying, harassment, and lateral violence were reported - especially in clinical settings. Furthermore, inflexible training requirements leads to a tension for trainees who often must also balance familial, cultural, community expectations which may conflict with educational obligations. Other practical barriers such as financial burdens, accessibility, and navigating pathways remain a concern. Therefore, the support provided by the STSP is responsive to these obstacles, and is well placed to ameliorate these experiences.
3. The STSP appears to be the only program of its kind: Despite a comprehensive review of available literature we did not find examples of similar support programs in other jurisdictions for Indigenous doctors progressing into non-GP specialist training. Whilst there are several initiatives to increase the Indigenous medical workforce in NZ and Canada, this does not extend to non-GP specialist training. AIDA and the Commonwealth are in a unique position, therefore, to leverage the STSP as an exemplar for other similar programs internationally.
4. The STSP has demonstrated early success against relevant benchmarks: While the program is still, relatively, in its nascent stages, early evidence from our desktop review and consultations indicates that the STSP is contributing to increasing recruitment and retention rates of Aboriginal and Torres Islander non-GP specialist trainees. Feedback from the consultations reinforced the STSP's positive impact through financial assistance, preparation for examinations and interviews, social and emotional wellbeing support, and professional development/pathways support.
5. The STSP is informed by high-impact strategies for supporting Aboriginal and Torres Strait Islander trainees: Evidence signifies that Aboriginal and Torres Strait Islander medical trainees benefit most from culturally responsive support networks, mentorship, flexible training

arrangements, and financial and educational assistance that enhance equity. A lack of these supports can be detrimental to social and emotional wellbeing, meaning trainees are less likely to complete their training or attain Fellowship. The range of initial supports established through the STSP by both AIDA and the consortium of colleges, therefore, aligns with these best-practice approaches. In particular, trainees commended the STSP's role in facilitating peer-to-peer networking, a raft of financial assistance, and advocacy for increased flexibility in training.

6. *The STSP is leading to strong partnerships and collaboration that is required to increase the Aboriginal and Torres Strait Islander non-GP specialist workforce:* Effective and reciprocal partnerships between Indigenous and non-Indigenous organisations and institutions are essential for addressing systemic inequities and barriers. A key enabler to the STSP's success is the strong, constructive relationship between AIDA, the consortium of colleges, and the Commonwealth Department of Health and Aged Care (DoHAC). Constant collaboration, communication, and monitoring and evaluation of the program from all these stakeholder groups highlights a universal commitment to improve recruitment and retention rates of Aboriginal and Torres Strait Islander non-GP specialist trainees.
7. *There is evident commitment from the colleges:* It is apparent, through a review of key documentation and the feedback provided in the consultations, that the specialty colleges are committed to improving the experience of Aboriginal and Torres Strait Islander members. Colleges are working with AIDA to identify gaps in the delivery of a culturally safe training experience, and subsequently implementing strategies to improve accessibility to their programs. Importantly, such initiatives are reported in cross-college meetings, serving as inspiration for the inception of similar initiatives across multiple colleges. Of course, there is room for improvement. Individual trainee experience varies within each college, and there can exist a dissonance between college STSP staff and college executives. Additionally, funding challenges within each college can inhibit the implementation of STSP activities. Nonetheless, active participation in cross-college meetings, knowledge and resource sharing, engagement with AIDA staff, and implementation of new initiatives demonstrates college responsibility for improving cultural safety and responsiveness in training programs.
8. *The STSP is an example of Indigenous leadership in programmatic design and implementation:* AIDA's leading role in the governance, design, and delivery of the STSP is an exemplar of programmatic self-determination that is long understood as a key enabler to overcoming societal and systemic inequalities, and reaffirmed in the Productivity Commission's recent Closing the Gap review. While employing Aboriginal and Torres Strait Islander staff in leadership and support positions within each college remains a challenge, by engaging with AIDA the consortium of colleges is progressing toward a commitment to Indigenous leadership and perspectives.
9. *The STSP is subject to rigorous programmatic oversight, monitoring and evaluation:* High quality data collections and evaluation processes are essential to measuring the impact of the STSP on recruitment and retention rates of Aboriginal and Torres Strait Islander non-GP specialist

trainees. Through mechanisms such as the Indigenous Medical Specialist Training (IMST) reports, in-house evaluations, performance reports, Project Governance meetings, cross-college meetings, and Fellow-representative meetings, there are regular quantitative and qualitative evaluation points that assess the STSP's activities against short-, medium-, and long-term benchmarks. However, there is still room to refine the quality and consistency of the collection, analysis, and publishing of data specifically relating to trainee outcomes. In particular, there is an identifiable need for increased data transparency to ensure the progress of trainees is accurately represented.

Recommendations

In response to these findings, Karabena proposes the following recommendations for consideration of AIDA, the Commonwealth DoHAC, and the consortium of colleges:

1. *There is a case for ongoing funding:* It is our view that the early success of the program, evident in both qualitative and quantitative data analysis, provides a basis for ongoing investment of the program. Securing long-term, sustainable funding will contribute to programmatic certainty, allowing for strategic planning to increase engagement with current and prospective trainees. Furthermore, this will enable STSP staff to design both short-, mid-, and long-term interventions and supports that are tailored and targeted to specific trainee needs and contexts. In terms of monitoring and evaluation, ongoing funding will also allow for longitudinal tracking of trainee progress. The dataset reviewed covers a mere three-year period, which restricts the ability to discern long-term trends. Ultimately, many of the recommendations below also hinge on expanded funding of the program.
2. *There is a need to review funding and grant application processes:* Current funding arrangements are clearly an inhibitor to the STSP's overall success. Annual funding blocks prevent staff from undertaking long-term strategic planning, which prevents the design of targeted short- and long-term trainee support. STSP staff, therefore, are carrying a significant burden trying to balance trainee support while also continually applying for future funding. We are also of the belief that longer term funding arrangements must be supported by a revision of college-based funding. The fact that colleges must apply separately for FATES grants to enable implementation of STSP activities creates unnecessary complexity and funding siloes. Reducing such funding siloes will allow for a more comprehensive and collaborative implementation of the STSP, and therefore increase its impact.
3. *Develop strategies to improve communication and information about the program:* Based on feedback received during the consultations, improving communication methods and strategies to disseminate information about the STSP and its associated supports is recommended. For example, improved promotion of the program on the AIDA website and earlier engagement with prospective trainees is recommended.
4. *Increase scope into clinical settings:* While the STSP provides support to trainees within the specialty colleges, its current scope does not include clinical settings. Many trainees reported the predominance of culturally unsafe experiences in these settings, and it is in these

environments they are most susceptible to instances of lateral violence and moral distress. Through expanding STSP support in clinical settings, these experiences may be alleviated.

5. *Establish local network coordinator roles:* So the STSP has more regular, tailored, and localised contact with the STSP activities and support, employing state-based or local area network coordinators is recommended. This will assist in increasing effective outreach as outlined in the points above. Moreover, it will enable the facilitation of more responsive support to individual trainees, the establishment of local peer-to-peer networks, and the ability to run regular STSP events and activities.
6. *Expand the number of AIDA STSP staff to reduce cultural load and risk of burnout:* Due to the small number of AIDA STSP staff employed to deliver a program with vast scope there is concern about burnout. The subsequent high work and cultural load is compounded by the uncertainty associated with the current annual funding model to which the STSP is subject. The success of the program is reliant on its staff, so ensuring they are adequately resourced is necessary. Expanding budget allocations for additional staffing, including the provision of roles for clinicians, will help mitigate potential staff burnout and programmatic instability if staff turnover occurs. Furthermore, to increase engagement in prevocational settings there could be the establishment of a Prevocational Support Officer that engage with final year medical students and graduates.
7. *Advocate for mandated cultural safety training in all medical training settings:* There is an ongoing need for the delivery of cultural competency and awareness training in all medical training settings, as evident in MTS data and consultation feedback. Concerningly, in many settings it appears that such training continues to be offered as an optional, online module. This results in a perception of this training as a ‘tick the box’ exercise, as opposed to a genuine learning experience. It is incumbent on the members of the cross-college consortium to institute compulsory cultural awareness training for all members, including supervisors, committee members, staff, and students. Further, through STSP advocacy it is hoped that this extends into clinical settings as well. Ideally, such training will be delivered in-person by accredited training organisations leading to more meaningful engagement from non-Indigenous staff and students.
8. *Include provisions for mental health supports:* While non-GP specialist training is a highly stressful environment, the reported instances of culturally unsafe and traumatic experiences in the desktop review and consultations highlight the additional risk Aboriginal and Torres Strait Islander trainees face to deteriorating social and emotional wellbeing. While there are already several STSP activities designed to protect social and emotional wellbeing, Karabena recommends consideration of including formal mental health supports in the STSP.
9. *Strengthen consistency and alignment between the colleges:* College progress against agreed benchmarks in the IMST reports and feedback received during consultations reveals some inconsistencies. Of course, due to several factors, each college is at a different stage of readiness

to implement the full range of STSP activities and supports currently available; however, increasing alignment and consistency across the colleges should still remain a priority. Moreover, consideration should be given to how AIDA can be more responsive to the individual context and needs of each college. The formation of a cross-college advisory group to provide feedback on the needs of all colleges, and also of individual colleges.

10. *Improve data collection and evaluation processes*: Implementing robust monitoring and evaluation mechanisms is essential to assess the effectiveness of the STSP in achieving its objectives, facilitating targeted improvements and accountability through comprehensive data management. There is evidence that current data collection and analysis processes are inconsistent, and increased transparency in data sharing between the colleges and AIDA can allow for more accurate tracking of trainee progress. Improving the consistency of feedback mechanisms from trainees, supervisors and stakeholders is crucial to enable observable, reliable, and accurate data trends. Furthermore, adopting an updated Customer Relationship Management (CRM) platform is also recommended.

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