



The Australian Indigenous Doctors' Association

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**“MEDICAL EDUCATION IN AUSTRALIA - WHAT MAKES
FOR SUCCESS?”**

**SUBMISSION TO THE MEDICAL EDUCATION STUDY
DEPARTMENT OF EDUCATION, SCIENCE AND TRAINING**

Summary

Aboriginal and Torres Strait Islander peoples have a life expectancy of approximately seventeen years less than their non-Indigenous counterparts; have an earlier onset of most chronic diseases, including circulatory and respiratory diseases, diabetes, kidney disease, eye and ear problems and mental and behavioural disorders, and; are more likely to die from multiple, complex and interrelated causes. Aboriginal and Torres Strait Islander males and females are also twice as likely to be hospitalized as other males and females and are significantly less likely to access and use health services.¹

As Australia's leading national Aboriginal and Torres Strait Islander organisation concerned with medical education, the Australian Indigenous Doctors' Association (AIDA) believes that four core elements in Australian medical education will make for success:

- 1) Vertical and horizontal integration of Aboriginal and Torres Strait Islander health curriculum, through undergraduate and postgraduate medical education.
- 2) Recruitment, retention and graduation of Indigenous medical students.
- 3) Accreditation and assessment guidelines for Aboriginal and Torres Strait Islander health curriculum, teaching and cultural safety in Australian medical schools and medical colleges.
- 4) Collaboration between education and health policy makers, programs and providers to establish early education interventions that open pathways for successful Indigenous health medical education.

Australian Indigenous Doctors' Association

The Australian Indigenous Doctors' Association (AIDA) is a not for profit organisation striving for excellence in Aboriginal and Torres Strait Islander health, wellbeing and life outcomes through leadership, partnership and scholarship and in the spirit of cultural integrity. As the sole national body for Aboriginal and Torres Strait Islander doctors and

medical students, AIDA is in a central position to comment on the competencies (knowledge, skills and professional, including cultural, attitudes) that medical graduates need to be successful interns and to undertake postgraduate training. AIDA's work in advancing and improving medical education is significant and reflected through our recent achievements and continuing focus in this area.

AIDA recently published the *Healthy Futures: Defining Best Practice in the Recruitment and Retention of Indigenous Medical Students* report, 2005 (see attachment) and participated in the development of the Committee of Deans of Australian Medical Schools (CDAMS) *Indigenous Health Curriculum Framework*, 2004.

We are also co-signatories to a Collaboration Agreement with CDAMS which articulates our mutual commitment to 'work in partnership in the area of Indigenous health for all medical students and the urgent need to progressively increase the number of Indigenous doctors as one of the long term strategies to improve the health expectations and outcomes for all Indigenous people.'ⁱⁱ

AIDA is also assisting the Australian Medical Council (AMC) in their current review of the *Assessment and Accreditation of Medical Schools; Standards and Procedures*. In October 2005, the AMC undertook work with the *CDAMS Indigenous Health Curriculum Framework* Project and AIDA to develop guidelines and recommendations for how the AMC might evaluate medical schools success in implementing the *CDAMS Indigenous Health Curriculum Framework* and develop a pool of appropriately trained AMC assessors competent in this area.

In partnership with the Royal Australasian College of Physicians (RACP), AIDA manages the Aboriginal and Torres Strait Islander Mentoring Project, *SOLID: Strengthening Our Leadership through Indigenous Doctors*. This project addresses the competencies (knowledge, skills and professional, including cultural, attitudes) that medical graduates need to strengthen their career opportunities, through a culturally safe mentoring relationship between Indigenous medical students and doctors and non-Indigenous medical practitioners.

AIDA is focused on both supporting and increasing the numbers of Aboriginal and Torres Strait Islander medical students and doctors, and the attainment of appropriate, comprehensive and sustainable training of all medical students, interns and postgraduate trainees in Aboriginal and Torres Strait Islander health.

Many of our doctors work as academics, researchers and medical educators within Australian universities. AIDA is a member of this Medical Education Study Steering Committee. We are also working with a number of Medical Colleges to integrate comprehensive Aboriginal and Torres Strait Islander health curriculum into their courses.

Detailed comments

Strand 1: Preparation for internship

1. What competencies (knowledge, skills and professional, including cultural, attitudes) do medical graduates need to be successful as interns, both at the outset and later in their intern year?

Medical graduates require a core set of competencies as interns to work in hospitals. One of these is their ability to work appropriately and effectively with a diverse range of Aboriginal and Torres Strait Islander people and in ways that understand and strengthen Aboriginal and Torres Strait Islander views of health and well being and models of health care delivery. Training in this area not only benefits Aboriginal and Torres Strait Islander people and communities, but all Australians. These competencies are strongly based on reflective learning about Aboriginal and Torres Strait Islander health and history, and acknowledgement of the validity of Aboriginal and Torres Strait Islander culture and world views.

Vertical and horizontal integration of the Aboriginal and Torres Strait Islander Health Curriculum Framework (CDAMS) into medical education, and the recruitment, retention and graduation of Indigenous medical students are key components of a strategy to increase medical graduate competence in this area. In this context, the competencies (contextual knowledge, clinical skills and professional skills, including cultural, attitudes) that are required by interns to practice safely with Aboriginal and Torres Strait Islander peoples include:

1:1 Holistic perspective

Aboriginal and Torres Strait Islander views on health and well-being are 'both valid and critical to the delivery of culturally appropriate and safe medicine and health care'.ⁱⁱⁱ These views embrace the philosophy that *Life is Health is Life* including the social, emotional, spiritual and cultural wellbeing of the whole community.

To respond effectively to a holistic view of health and well being, medical graduates need a strong knowledge, not only of the prevalence and impact of chronic disease and socioeconomic determinants, but also the diverse historical, cultural, spiritual factors that affect individuals, families and communities. In particular, interns need to understand the impact of generational trauma and continuing loss on the physical health and wellbeing of Aboriginal and Torres Strait Islander patients.

A whole of life perspective encourages the treatment of the whole person, in the context of their family and community, rather than just the 'disease' and should be a core competency for all medical graduates undertaking an internship.

1:2 Aboriginal and Torres Strait Islander models of health care

To comprehensively care for people from a holistic perspective, a range of interpersonal skills, clinical skills and management options are needed that extend beyond basic clinical medicine. Interns need to have an understanding of Aboriginal and Torres Strait Islander models of health care to be able to receive and make referrals and to utilise this sector effectively.

1:2:1 Multidisciplinary care

Aboriginal Community Controlled Health Services (ACCHS) and other models of Aboriginal and Torres Strait Islander primary health care employ multidisciplinary care teams to address the holistic needs of individuals, families and communities. These teams can include nurses, Aboriginal health workers, dentists, physiotherapists, dietitians, maternal and child health workers, counsellors, social workers, health promotion and outreach workers, community members and more. A multidisciplinary approach recognises that people present at health and medical services for a diverse range of reasons and aims to maximise the outcomes at each presentation by offering a comprehensive service.

Working as part of a multidisciplinary team is rewarding for medical practitioners as well as the people they are caring for. Multidisciplinary care should not be the domain of Aboriginal Community Controlled Health Services alone. Interns should have (or be developing), highly developed knowledges, skills and attitudes which enable them to work as team members, with a range of health professionals and in a range of settings.

1:2:2 Strengths based approach

Aboriginal and Torres Strait Islander models of health take a positive strengths based approach to the assessment, treatment and care of people, families and communities. At intern level it is imperative that a fatalistic and pessimistic approach to Aboriginal and Torres Strait Islander patients and their health is not encouraged. This includes prior training that recognises the differences between “stereotyping” Indigenous patients and identifying racial “risk factors”. As noted by Cunningham J (2002) ‘the potential for discrimination exists at multiple points within the healthcare system, including access to services, diagnosis, referral, treatment and outcome.’^{iv}

A positive attitude to and experience of life, family, culture, community and self is a powerful healing force. It is well known that treatments and models of care that encourage people to draw on their positive, healing strengths, skills and talents, both within themselves and their wider networks are more likely to succeed than those that focus on deficiencies. For Aboriginal and Torres Strait Islander people, this is particularly important, given our lived and continuing experiences of the negative impacts of colonisation, racism, discrimination, poverty and the Stolen Generation. Medical graduates should be competent in a strengths based approach to medical assessments, treatments and care for all individuals and groups they are working with.

1:3 Population health

Interns should have some ability to understand the social, behavioural, environmental, economic and political influences on health, at a population and sub-population level. Given the issues of access and equity, interns should also have a social justice perspective as they begin their careers as medical practitioners. Population health training enables medical graduates to appreciate the broader context in which people, families and communities live and understand how this impacts on their health.

For example, it is essential for interns to recognise that Aboriginal and Torres Strait Islander people's life expectancy is, on average, seventeen years less than non-Indigenous Australians and the clinical implications of this fact to their practice. For example, interns should understand that Aboriginal and Torres Strait Islander patients: will present much earlier with cardiovascular disease; may not be able to afford medications when discharged (given that Indigenous unemployment rates are four times the national average) and; may have difficulty understanding complicated medical terminology. They should also understand how this is related to the multigenerational impacts of colonisation, racism, discrimination, poverty and the Stolen Generation.

Training in population health encourages medical graduates to become active in policy development, public health strategies, community development and empowerment, and preventive medicine.

1:4 Cultural Safety

Cultural safety occurs when people, families and communities feel safe because their diverse cultural beliefs, values and practices are respected by others who have an informed awareness of their own culture and cultural values and understand how these can impact on people in professional and private settings.

Cultural safety aims to identify, through a reflective process, the negative attitudes that may exist, either consciously or unconsciously, towards cultural differences, allowing individuals to see the impact these attitudes have on others and attempt to change those attitudes.

As such, cultural safety capacity is particularly relevant for medical graduates working with Aboriginal and Torres Strait Islander people, families and communities from a diverse range of cultural and linguistic backgrounds, but is equally relevant for people from other cultures and backgrounds. It is essential for all medical graduates to be trained in cultural safety, and for medical schools and health services to be managed and operated as culturally safe environments. All Australian Health Ministers have endorsed the Australian Health Ministers Advisory Council (AHMAC) *Cultural Respect Framework for Aboriginal and Torres Strait Islander Health, 2004 – 2009*. Interns should be aware of this policy and contribute to the implementation of this in their work as practitioners.

1:5 Aboriginal and Torres Strait Islander doctors

Another approach to ensuring that medical graduates have the competencies, such as those outlined above, to be successful interns is to recruit, retain and graduate more Aboriginal and Torres Strait Islander medical students. The positive effects of Aboriginal and Torres Strait Islander doctors for their peoples' physical, emotional and cultural wellbeing, as well as their community capacity and political determination, have long been recognised by government and other Indigenous and non-Indigenous stakeholders.

These strengths include Aboriginal and Torres Strait Islander doctors':

- ability to empathise with a diverse range of Aboriginal and Torres Strait Islander patients and have a good understanding of their social and cultural context (i.e., knowing enough to ask the right questions, the priorities of patients and extended family obligations);
- knowing family groups and having patients know who your "mob" is often allows a more personal flow of information (i.e., trust that you know what they are talking about when they speak about family/culture issues);
- being seen as leaders and significant advocates by community, which puts Indigenous doctors in a position to influence change within the health system;
- ability to interpret western medicine into a diverse range of Aboriginal and Torres Strait Islander understandings, so patients have a better understanding of management;
- ability to bring the diverse range of Aboriginal and Torres Strait Islander understandings and concepts of health to enrich the medical community/profession, including holistic concepts and spiritual attributes of health;
- fulfilling the role of mentors and role models for our children;
- influencing the policy and practice environment at a systems and peer level.

However, it is important to note that while many Aboriginal and Torres Strait Islander students and graduates may be more sensitive to and competent in the knowledges, skills and attitudes outlined above, this does not preclude their need to also undertake training in relation to Aboriginal and Torres Strait Islander health as others.

2. What are the implications of those requirements for undergraduate medical education?

The implications for undergraduate medical education with regard to Aboriginal and Torres Strait Islander health are addressed in the *CDAMS Indigenous Health Curriculum Framework*, 2004, and the *AIDA Healthy Futures: Defining best practice in the recruitment and retention of Indigenous medical students* report, 2005 (see attachment). AIDA is

assisting the Australian Medical Council in their current review of their *Assessment and Accreditation of Medical Schools Standards and Procedures*.

2.1 CDAMS Indigenous Health Curriculum Framework

The *CDAMS Indigenous Health Curriculum Framework*, 2004 sets out a framework, strategically and systematically, for the introduction of Aboriginal and Torres Strait Islander health curriculum for medical schools. For interns to have the above competencies at graduation, the CDAMS Framework needs to be implemented in all Australian medical schools.

Medical schools' policy development is needed to effectively address training in Aboriginal and Torres Strait Islander health. Various schools are at different levels of engagement with the CDAMS Framework implementation. Concrete human resource allocation in undergraduate Aboriginal and Torres Strait Islander health medical education and training is needed. Aboriginal and Torres Strait Islander health medical education needs to articulate with intern training to embed core competencies throughout in interns' clinical practice and professional attitudes.

2:1 Healthy Futures

The *Healthy Futures Framework: Defining best practice in the recruitment and retention of Indigenous medical students*, provides a foundation for individual institutional responses that are locally relevant, flexible and action oriented. The successful implementation of this framework will clearly require additional and adequate resourcing. The framework has three headline targets and five principles:

2:1:1 Headline Targets

To begin to increase the number of Indigenous doctors to levels comparative to the non-Indigenous workforce, the Australian Indigenous Doctors' Association state that by 2010 the following headline targets must be achieved:

By 2010:

- Australian medical schools will have established specific pathways into medicine for Indigenous Australians
- *CDAMS Indigenous Health Curriculum Framework* will be fully implemented by Australian medical schools
- There will be 350 extra Indigenous students enrolled in medicine

2:1:1 Principles

The five principles that underpin the headline targets for the recruitment and retention of Indigenous medical students are:

Principle 1: All Australian medical schools have a social responsibility to articulate and implement their commitment to improving Indigenous health and education

Principle 2: Make the recruitment and retention of Indigenous medical students a priority for all staff and students and show leadership to the wider university community

Principle 3: Ensure cultural safety and value and engage Indigenous Peoples in medical school business

Principle 4: Principal stakeholders adopt strategies, initiate and coordinate partnerships that open pathways to medicine from early childhood through to specialty practice

Principle 5: Ensure all strategies for Indigenous medical student recruitment and retention are comprehensive, long term, sustainable, well resourced, integrative and evaluated

2:2 Australian Medical Council

AIDA is assisting the Australian Medical Council (AMC) in their current review of their *Assessment and Accreditation of Medical Schools Standards and Procedures*. It is anticipated that specific responses to strengthening Indigenous health and medical education will be considered by the AMC. If approved, all Australian medical schools will be required to adhere to these assessment and accreditation guidelines in relation to Aboriginal and Torres Strait Islander health and education.

3. Which areas of study and methods of learning have been more/less successful in preparing students for internship, and what are their relative strengths and weaknesses?

4. Could the transition to internship be improved and, if so, how?

A variety of teaching and learning methods should be used in Aboriginal and Torres Strait Islander health medical education and training. The CDAMS Indigenous Health Curriculum Framework provides the basis for these teaching and learning methods. In particular, undergraduate medical students should be provided with multiple opportunities to work with and 'immerse themselves in' diverse Aboriginal and Torres Strait Islander cultures, communities, health professionals, families and patients in a range of urban, rural and remote Aboriginal and Torres Strait Islander health and medical services and settings.

The transition to internship for medical graduates, particularly those concerned with Aboriginal and Torres Strait Islander health, would be greatly assisted by increasing opportunities for medical students to undertake clinical placements in Aboriginal and

Torres Strait Islander settings, and work with Aboriginal Health Workers, as part of their medical degree.

Exposure to Aboriginal and Torres Strait Islander health, community and cultural issues, through clinical placements, from early in the medical degree enables students to appropriately and comprehensively consider and experience the complexities of these issues. These placements need to be well planned, designed, resourced and evaluated. It is also vital that all student placements in Aboriginal and Torres Strait Islander settings are accompanied by comprehensive vertical and horizontal integration of Indigenous health issues in to the medical curriculum (as outlined by the CDAMS Indigenous Health Curriculum Framework), to ensure students are appropriately prepared for the experience.

It would also be useful for hospital based teaching clinicians to be more involved in the implementation of the *CDAMS Indigenous Health Curriculum Framework* and the teaching of Indigenous health. These clinicians are a major influence on student and intern attitudes and are a constant source of teaching and learning for the student during their internship.

Strand 2: Preparation for postgraduate training

5. What competencies (knowledge, skills and professional, including cultural, attitudes) do medical graduates need for postgraduate training?

Medical graduates should have the option of undertaking more advanced comprehensive postgraduate training in Aboriginal and Torres Strait Islander health in training programs. Medical Colleges should, at the least, vertically and horizontally integrate Aboriginal and Torres Strait Islander health issues into their respective curriculums, and ensure this is consistent with the *CDAMS Indigenous Health Curriculum Framework*. A sub-specialty in Aboriginal and Torres Strait Islander health should also be available within the training programs offered by relevant Colleges.

This would build upon the basic Indigenous health knowledge that a registered medical officer should have, and should be tailored to the specialty area being entered. That is, trainees should have a sophisticated view of the relevance of their training program to specific Indigenous health issues and have advanced training in this area.

Unfortunately, very few options are currently available for medical graduates who wish to undertake postgraduate training in Aboriginal and Torres Strait Islander health. There is also some perception that working in Aboriginal and Torres Strait Islander health is not beneficial to one's professional career. As noted by the Department of Health and Ageing in their submission to the Productivity Commission Health Workforce Study, August 2005

...there is a need to improve the attraction of practice in Indigenous health ... many practitioners believe that they will receive less remuneration and become professionally isolated^v

Given the importance of, and multiple competencies required for Aboriginal and Torres Strait Islander health, a prominent career (and therefore postgraduate training) in this challenging and rewarding field should be an attractive and available option.

5:2 Medical Colleges

AIDA is currently working with some medical colleges on various important initiatives that will lead to improved competence in relation to Aboriginal and Torres Strait Islander health.

In particular, AIDA is working with the RACP on a commitment to integrate Aboriginal and Torres Strait Islander health curriculum into their postgraduate training. AIDA also assisted the RACGP in establishing an Indigenous Health Unit and the implementation of Cultural Safety training for General Practitioners. Other joint initiatives include the potential to undertake a scoping project for a sub-specialty in Aboriginal and Torres Strait Islander health.

The Royal Australian and New Zealand College of Psychiatry has already introduced a mandatory training component in Aboriginal and Torres Strait Islander mental health for all trainees.

5:3 Sub-specialty in Aboriginal and Torres Strait Islander health

The development of a sub-specialty in Aboriginal and Torres Strait Islander health for medical graduates, which is supported by the appropriate Medical Colleges, would provide added incentive and recognition to medical practitioners committed to Aboriginal and Torres Strait Islander health. A sub-specialty in Aboriginal and Torres Strait Islander health would enable practitioners working in this field to be appropriately acknowledged for their unique and specialised skills. It would also ensure that practitioners intending to work with Aboriginal and Torres Strait Islander populations receive adequate and appropriate training in Aboriginal and Torres Strait Islander clinical, population health and cultural issues. A sub specialty in Aboriginal and Torres Strait Islander health also addresses the major need to support and retain the Aboriginal and Torres Strait Islander health and medical workforce.

Other issues

6. Are there any other relevant issues in undergraduate medical education in Australia that you think need to be addressed?

Success in undergraduate and postgraduate medical education depends on numerous factors, many of which begin well before a student enters first year medicine. As noted in the *AIDA Healthy Futures* report, the recruitment of Indigenous students into medicine and higher education should begin in early childhood and, appropriate comprehensive teaching and support should be provided throughout the life spectrum—from early

education, through to specialty practice. To do this effectively, the Department of Education, Science and Training (DEST), the Department of Health and Ageing (DoHA) and their State and Territory counterparts need to collaborate in a solution focused, productive and sustainable way.

6:1 Primary and secondary education

Aboriginal and Torres Strait Islander students are the most educationally disadvantaged student group in Australia. The reasons for this are multiple and include: limited access to education institutions, poverty, poor health, racism and discrimination, cultural alienation, ongoing trauma and loss, and therefore lower participation and retention rates. This results in the pool of potential Aboriginal and Torres Strait Islander students pursuing a career in medicine in comparative terms being dramatically less than for non-Indigenous students. In addition to strategies that focus on the competencies of undergraduate and postgraduate medical students, further strategies are needed that focus on primary and secondary school Aboriginal and Torres Strait Islander students. Focusing only on the competencies of undergraduate and postgraduate medical students will not significantly shift this situation.

If medical institutions and governments, State/Territory and Federal, are genuine about recruiting and supporting more Aboriginal and Torres Strait medical students and ensuring all graduates enter their intern year with a full set of competencies (knowledge, skills and professional, including cultural, attitudes), then medical education strategies must begin early in the life/education cycle. If done appropriately and comprehensively, such strategies will also benefit non-Indigenous medical students, and the medical profession overall, by teaching students about Aboriginal and Torres Strait Islander health from an early age.

The AIDA *Healthy Futures* Framework, Principle Four, states that all Australian medical schools and principal stakeholders must 'adopt strategies, initiate and coordinate partnerships that open pathways to medicine from early childhood through to specialty practice' and that 'recruitment strategies should target and provide support to potential Indigenous medical students at different life stages including primary and secondary school and mature age'^{vi}. The actions under Principle Four include:

- Establish and maintain strong working partnerships with local/regional schools, technical colleges, the Indigenous health workforce and other university disciplines to ensure that potential Indigenous medical students are identified;
- Undertake regular recruitment activities at local schools, communities, health services and other educational institutions;
- Involve current medical students in Indigenous recruitment activities;
- Encourage Indigenous medical students and graduates to act as role models and participate in mentoring programs;
- Provide university orientation opportunities, summer camps, bridging and premedical programs that are targeted at a range of age groups and educational levels;
- Tailor admissions and alternative entry requirements for Indigenous students and provide support for applicants through this process;

- Provide financial support for Indigenous people to cover costs associated with applying for medicine.

The opening up of these and other pathways for Aboriginal and Torres Strait Islander students in to medicine and other health professions from early childhood, requires all governments at both a State/Territory and Australian Government level to work together and show leadership, particularly in relation to Aboriginal and Torres Strait Islander education and health.

6:2 Education and Health

It is well known that poor education is linked to poor health, while good health (of individuals, families and communities) often leads to greater educational outcomes. For these reasons and more, it is difficult to see how strategies to improve Aboriginal and Torres Strait Islander health can be undertaken in isolation from strategies to improve Aboriginal and Torres Strait Islander educational outcomes. This is particularly relevant given the above observations that medical education strategies need to begin early in the life/education cycle. DEST and DoHA (and their State/Territory counterparts) need to work in partnership to ensure that all students, both Indigenous or non-Indigenous, are given every opportunity to pursue a career in medicine or health, and are fully supported through the medical education process from early childhood through to postgraduate years. Communication and collaboration between DEST and DoHA (and their State/Territory counterparts) is vital to the long term sustainability of successful medical education.

Conclusion

As Australia's leading national Aboriginal and Torres Strait Islander medical body concerned with medical education, AIDA believes that four core elements in Australian medical education make for success:

- 1) Vertical and horizontal integration of Aboriginal and Torres Strait Islander health curriculum, through undergraduate and postgraduate medical education.
- 2) Recruitment, retention and graduation of Indigenous medical students.
- 3) Accreditation and assessment guidelines for Aboriginal and Torres Strait Islander health curriculum, teaching and cultural safety in Australian medical schools and medical colleges.
- 4) Collaboration between education and health policy makers, programs and providers to establish early education interventions that open pathways for successful Indigenous health medical education.

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- ⁱ Trewin, D & Madden R, (2005) *The Health and Welfare of Australia's Aboriginal and Torres Strait Islander Peoples*, Australian Institute of Health and Welfare, Commonwealth of Australia.
- ⁱⁱ Agreement for collaboration, 9 October 2005, between Committee of Deans of Medical Schools (CDAMS) and the Australian Indigenous Doctors' Association (AIDA),
- ⁱⁱⁱ Gregory Phillips, August 2004, *Indigenous Health Curriculum Framework*, Committee of Deans of Medical Schools (CDAMS).
- ^{iv} Cunningham, J (2002) Diagnostic and therapeutic procedures among Australian hospital patients identified as Indigenous, *MJA* 2002; 176 (2): 58-62.
- ^v SCRGSP (Steering Committee for the Review of Government Service Provision) 2003, *Overcoming Indigenous Disadvantage: Key Indicators 2003*, Productivity Commission, Canberra.
- ^{vi} Minniecon, D & Kong, K (2005) *Healthy Futures: Defining Best Practice in the Recruitment and Retention of Indigenous Medical Students*, Australian Indigenous Doctors' Association. p 53