



**The Australian Indigenous Doctors' Association**

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## **Submission to the Mid-Term Review of the Aboriginal and Torres Strait Islander Health Workforce National Strategic Framework (WSF)**

### **1. Introduction**

The Aboriginal and Torres Strait Islander Health Workforce National Strategic Framework (WSF) notes that 'a competent health workforce is integral to ensuring that the health system has the capacity to address the special needs of Aboriginal and Torres Strait Islander people'<sup>1</sup>. Since the development of the WSF in 2002, there has been a significant increase in focus on what constitutes a competent Aboriginal and Torres Strait Islander health workforce and the positive contribution this makes to Aboriginal and Torres Strait Islander health, at both a State/Territory and National level.

The WSF and the Aboriginal and Torres Strait Islander Health Workforce Working Group (ATSIHWWG) have been important mechanisms for directing and sharpening this focus and provide a basis for future innovations and actions in Aboriginal and Torres Strait Islander health workforce development and implementation.

The Australian Indigenous Doctors' Association (AIDA) regards the WSF Mid Term Review as an important opportunity for all stakeholders to review and reflect on how the WSF has contributed to the building of a competent Aboriginal and Torres Strait Islander health workforce and consider ways in which it could be improved.

### **2. Australian Indigenous Doctors' Association**

The Australian Indigenous Doctors' Association (AIDA) is a not for profit Aboriginal and Torres Strait Islander 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 strong position to contribute to better Aboriginal and Torres Strait Islander health workforce outcomes.

AIDA was a stakeholder in the SCATSIH consultations for the development of the WSF, including the National Workshop on 8 April 2002, and was invited to join ATSIHWWG some time after its original formation.

Dr Mark Wenitong, AIDA President, has been a key member of ATSIHWWG since 2003. AIDA's close involvement in and contribution to the WSF, ATSIHWWG and Aboriginal and Torres Strait Islander health workforce issues more widely, enables us to provide a unique, national, non-government, professional Aboriginal and Torres Strait Islander perspective to this review.

### 3. AIDA and the WSF

AIDA is mentioned in the WSF under Objective 1:

- Strategy 7: 'the Commonwealth will consider funding for AIDA and CATSIN to provide advice to Governments and to provide representation, advocacy and advice to Indigenous Australian doctors and nurses respectively'; and
- Strategy 8: 'each State and Territory, as employers, will consider how they can respond to AIDA and CATSIN's contributions'.

AIDA contributes to the development of an improved Aboriginal and Torres Strait Islander health workforce on a number of levels. However, the WSF Objectives and Strategies and reporting requirements under ATSIHWWG do not currently provide the scope for AIDA to report on all of its significant Aboriginal and Torres Strait Islander health workforce activities and contributions.

Table 1 shows the AIDA activities that fit under the current WSF Objectives and Strategies. Other significant activities and initiatives are discussed below.

By not providing the scope for AIDA to comprehensively report the full range of Aboriginal and Torres Strait Islander health workforce activities and initiatives, the current WSF is also limiting the ways that 'each State and Territory ... can respond to AIDA and CATSIN's contributions' according to Strategy 8. This also applies to the Australian Government. For example, AIDA strongly argues in the *Healthy Futures: Defining best practice in the recruitment and retention of Indigenous medical students*, Minniecon D & Kong K (2005)<sup>2</sup> that initiatives to develop a competent Aboriginal and Torres Strait Islander medical workforce need to begin in early childhood and involve Aboriginal and Torres Strait Islander communities. This requires strong commitment and action from education, health and other portfolio agencies, as well as universities and medical schools.

### 4. Aboriginal and Torres Strait Islander health workforce

The Human Rights and Equal Opportunity Commission (HREOC) 2005 Social Justice Report, *Achieving Aboriginal and Torres Strait Islander health equality within a generation – A human rights approach*, Recommendation One is:

*That the governments of Australia commit to achieving equality of health status and life expectancy between Aboriginal and Torres Strait Islander and non-Indigenous people within 25 years<sup>3</sup>*

Recommendation One, part (vi) notes that 'An Aboriginal and Torres Strait Islander health workforce is an essential first step' and that 'an equitable distribution of primary health care rests on a prior effort to increase the numbers of health professionals to provide the services.'<sup>4</sup>

Many other respected international and Australian health commentators have also emphasised the importance of building a competent Indigenous health workforce. Durie (2003) states that 'many Indigenous groups have emphasized autonomy and self determination and have given priority to developing an Indigenous health workforce that has both professional and cultural competence.'<sup>5</sup> Ring and Brown (2003) acknowledge 'the contribution that Indigenous practitioners make to the workforce...their cultural insight and community grounding provides a valuable opportunity to enrich the medical profession...'<sup>6</sup>

Various studies have been undertaken to measure the shortfall in the Aboriginal and Torres Strait Islander health workforce. The Australian Medical Association (AMA) 2004 Discussion Paper *Healing Hands: Aboriginal and Torres Strait Islander Workforce Requirements* states that:

*... the AMA believes that to improve the health of Aboriginal peoples and Torres Strait Islanders it is critical to increase the proportional representation of this group employed within the general health workforce. To increase the proportion of Aboriginal peoples and Torres Strait Islanders working as health professionals to non-Indigenous levels 928 doctors ... need to be trained.<sup>7</sup>*

#### 4.1 AIDA Healthy Futures

The AIDA *Healthy Futures: defining best practice in the recruitment and retention of Indigenous medical students* provides a framework for Australian governments and universities to achieve an equitable Aboriginal and Torres Strait Islander medical workforce. And, as highlighted in the HREOC 2005 Social Justice Report, the *Healthy Futures* report also provides headline workforce targets to drive this process. These are:

##### AIDA *Healthy Futures* Headline Targets

###### 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

## 4.2 CDAMS Indigenous Health Curriculum Framework

The Committee of Deans of Medical Schools (CDAMS) Indigenous Health Curriculum Framework provides medical schools with a set of guidelines for success in developing and delivering Indigenous health content in core medical education. The framework identifies ten principles with rationales, principles, strategies, examples and cautions for the implementation of Indigenous health content in to the medical curriculum.

The CDAMS Framework will have a major impact on ensuring that all medical students are knowledgeable about and competent in Aboriginal and Torres Strait Islander health when they graduate. Of particular importance are areas such as Aboriginal and Torres Strait Islander views of health and well being, cultural safety, holistic care, complex diagnoses and working as part of a multidisciplinary team. It is expected that achieving the above will make a significant contribution to the development of a competent Aboriginal and Torres Strait Islander health workforce in the future.

## 5. Sourcing an Aboriginal and Torres Strait Islander health workforce

The development of a competent Aboriginal and Torres Strait Islander health or medical workforce requires strategies that focus on both the non-Indigenous and Aboriginal and Torres Strait Islander populations. The WSF Objectives and Strategies focus primarily on initiatives aimed at tertiary level students and mature age people, both Aboriginal and Torres Strait Islander and non Indigenous people.

As noted above, it is expected that the CDAMS *Indigenous Health Curriculum Framework* will encourage more non-Indigenous medical students to pursue a career in Aboriginal and Torres Strait Islander health, as well as ensure Aboriginal and Torres Strait Islander students can undertake a more appropriate and relevant medical degree. The AIDA *Healthy Futures* report provides a framework to increase the number of Aboriginal and Torres Strait Islander students undertaking medical degrees and how to support them, as well as calling for non-Indigenous students and staff at medical schools to commit to improving Indigenous health and education.

A major shortcoming of the WSF Objectives and Strategies is they do not recognise that initiatives to recruit Aboriginal and Torres Strait Islander people into the health workforce must begin early in life.

### 5.1 Primary and secondary school education

It is well known that Aboriginal and Torres Strait Islander people face many educational disadvantages. Overall, Aboriginal and Torres Strait Islander students have significantly lower literacy and numeracy achievements in primary school and are less likely to complete high school than non-Indigenous students. They also experience a greater prevalence of health, social and economic disadvantages that impact on their education.

Aboriginal and Torres Strait Islander people should have the same opportunities to enter the health workforce as non-Indigenous people. To ensure this, frameworks and strategies to develop a competent Aboriginal and Torres Strait Islander health workforce must clearly

engage Aboriginal and Torres Strait Islander students from early childhood and support them throughout the education system.

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'<sup>8</sup>. 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.

AIDA strongly believes that the WSF should include strategies that open pathways into the health workforce for Aboriginal and Torres Strait Islander people across the life spectrum. This 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. Education and health

The development of a competent Aboriginal and Torres Strait Islander health workforce, as identified in this submission, depends heavily on commitment and action from the Department of Education, Science and Training (DEST), Education Departments at a State/Territory level, as well as from Health Departments. While the WSF has been developed by the Australian Health Ministers Advisory Council, many of its objectives and strategies currently require comprehensive input from Education portfolios. Future improvements to the WSF, such as those suggested above, will require Education portfolios to have a greater ownership and engagement.

It is absolutely essential for Education and Health portfolios to find ways to work together to achieve the development of a competent Aboriginal and Torres Strait Islander health workforce. If implemented seriously, the current whole-of-government framework in Aboriginal and Torres Strait Islander affairs provides real opportunities for this to occur. As noted by Bauert, Brown, Collins, & Martin, (2001) in relation to medicine, 'the major challenge is for the medical profession to acknowledge that health and education are key

strategies in improving health outcomes for Indigenous Australians.’<sup>9</sup> Bauert, Brown, Collins, & Martin, (2001) also note that:

*...links between healthcare services and education [need] to be built early and maintained throughout the child's development. All levels of government and key Indigenous Australian health and education agencies must ensure that such links are established at the highest level...<sup>10</sup>*

AIDA is currently engaged in a number of Aboriginal and Torres Strait Islander medical student and workforce issues falling within the education portfolio including membership of the Medical Education Study Steering Committee. AIDA has also provided a submission to the DEST Medical Education Study: *Medical Education in Australia - What makes for success?* This study is looking at the ‘competencies (knowledge, skills and professional, including cultural, attitudes) that medical graduates need to be successful as interns, both at the outset and later in their intern year’ and other medical student issues.

## 7. Summary

The WSF has been a critical document for drawing widespread attention to the central role that a competent Aboriginal and Torres Strait Islander health workforce plays in improving Aboriginal and Torres Strait Islander health and well being outcomes. The significant interest generated by the framework is testament to a growing confidence amongst key stakeholders that specific policy attention and resource investments can be made in the Aboriginal and Torres Strait Islander health workforce.

This WSF mid-term review provides an opportunity to build on this work and re-focus and strengthen the remainder of the life of the Framework. AIDA believes that consolidation of the Aboriginal and Torres Strait Islander Health Workforce Strategic Framework requires the following elements:

- Engagement and collaborative action across all State/Territory and Australian Government departments, particularly with Education and Health.
- Pathways in to the Aboriginal and Torres Strait health workforce across the life spectrum, from early childhood (especially primary and secondary school), through to mature age entry.
- Multiple options for participation in the Aboriginal and Torres Strait Islander health workforce, including nursing, Aboriginal Health Workers, allied health and medicine.
- Appropriate and comprehensive integration of Aboriginal and Torres Strait Islander health curriculum in to all medical, health sciences and other health related degrees, as demonstrated by the CDAMS Indigenous Health Curriculum Framework.
- Identified, sustainable, measurable and action focused approaches in all Government initiatives and programs, including from primary, secondary and tertiary education.

Table 1.

## ABORIGINAL AND TORRES STRAIT ISLANDER HEALTH WORKFORCE NATIONAL STRATEGIC FRAMEWORK

OBJECTIVE	AIDA ACTIVITIES UNDER WSF STRATEGIES
<p><b>1. Increase the number of Aboriginal and Torres Strait Islander people working across all the health professions</b></p>	<p><b>Strategy 1,2</b></p> <ul style="list-style-type: none"> <li>• AIDA is a member of the Aboriginal and Torres Strait Islander Health Workforce Working Group (ATSIHWWG) and has submitted five priority actions for 2005/2006 (see attachment A)</li> </ul> <p><b>Strategy 3</b></p> <ul style="list-style-type: none"> <li>• AIDA <i>Healthy Futures: Defining best practice in the recruitment and retention of Indigenous medical students</i> report and framework, 2005, (see attachment B)</li> <li>• AIDA assisted in the development of the CDAMS <i>Indigenous Health Curriculum Framework</i>, 2004.</li> <li>• AIDA assisted in the development of the Leaders in Indigenous Medical Education (LIME) Network</li> <li>• AIDA is a member of the DEST Medical Education Steering Committee and has provided a comprehensive submission to the Medical Education Study, March 2006.</li> </ul> <p><b>Strategy 4</b></p> <ul style="list-style-type: none"> <li>• The AIDA <i>Healthy Futures</i> report, 2005, sets three targets for the recruitment and retention of Indigenous medical students and the implementation of the CDAMS Indigenous Health Curriculum Framework in the (see attachment B).</li> <li>• AIDA is currently working with key partners to scope the potential for a sub-specialty in Indigenous health.</li> </ul> <p><b>Strategy 5</b></p> <ul style="list-style-type: none"> <li>• AIDA <i>Healthy Futures</i> report and the CDAMS <i>Indigenous Health Curriculum Framework</i> outline measures to increase the number of Aboriginal and Torres Strait Islander students in medical degree courses.</li> </ul> <p><b>Strategy 6</b></p> <ul style="list-style-type: none"> <li>• AIDA supported and presented at the <i>Insights and Innovations: Selecting and Recruiting Indigenous medical, nursing and allied health students</i>, Newcastle, October 2005.</li> </ul> <p><b>Strategy 7</b></p> <ul style="list-style-type: none"> <li>• AIDA Board members formally represent AIDA and provide advocacy and advice on over twenty six key strategic government and non-government health, workforce and education committees and groups, including NATSIHC, ATSIHWWG, AMWAC, AMA, RACP, RACGP, AMC.</li> </ul>
<p><b>3. Address the role and development needs of other health workforce groups</b></p>	<p><b>Strategy 22, 29</b></p> <ul style="list-style-type: none"> <li>• AIDA has provided support to the Indigenous Dentists' Association of Australia (IDAA).</li> </ul> <p><b>Strategy 23</b></p> <ul style="list-style-type: none"> <li>• AIDA <i>Healthy Futures</i>, Principle Three states that 'all medical schools and principle stakeholders .... must; ensure cultural safety and value and engage Indigenous people in medical school business' (see attachment B).</li> </ul>

<p><b>contributing to Aboriginal and Torres Strait Islander Health Workers</b></p>	<p><b>Strategy 24</b></p> <ul style="list-style-type: none"> <li>• AIDA is working with an number of Medical Colleges including the Royal Australasian College of Physicians (RACP) and the Royal Australian College of General Practitioners (RACGP).</li> </ul>
<p><b>4. Improve the effectiveness of training, recruitment and retention measures targeting both non-Indigenous Australia and Indigenous Australian health-staff working within Aboriginal primary health services</b></p>	<p><b>Strategy 33</b></p> <ul style="list-style-type: none"> <li>• AIDA provided a submission to the Productivity Commission Health Workforce Study, November 2005 (see attachment C).</li> </ul> <p><b>Strategy 35</b></p> <ul style="list-style-type: none"> <li>• AIDA is contributing to the revision and development of the RACP Cultural Safety Training Modules for health professionals.</li> </ul>
<p><b>5. Include clear accountability for government programs to quantify and achieve these objectives and support for Aboriginal and Torres Strait Islander organizations and people to drive the process</b></p>	<p><b>Strategy 41</b></p> <ul style="list-style-type: none"> <li>• AIDA is participating in the Workforce Strategic Framework (WSF) Mid-term review being undertaken by the Australian Rural Health Education Network (ARHEN), March 2006.</li> </ul> <p><b>Strategy 42</b></p> <ul style="list-style-type: none"> <li>• AIDA is a member of ATSIHWWG.</li> </ul>

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<sup>1</sup> Standing Committee on Aboriginal and Torres Strait Islander Health, (2002) Aboriginal and Torres Strait Islander Health Workforce National Strategic Framework, AHMAC, Canberra, pp 1.

<sup>2</sup> Minniecon, D & Kong, K (2005) Healthy Futures: Defining Best Practice in the Recruitment and Retention of Indigenous Medical Students, Australian Indigenous Doctors' Association, Canberra.

<sup>3</sup> Aboriginal and Torres Strait Islander Social Justice Commissioner (2005) Social Justice Report 2005, Human Rights and Equal Opportunity Commission, pp 69.

<sup>4</sup> Aboriginal and Torres Strait Islander Social Justice Commissioner (2005) Social Justice Report 2005, Human Rights and Equal Opportunity Commission, pp 77.

<sup>5</sup> Durie Mason, (2003) The health of indigenous peoples; *British Medical Journal* 2003;326: 510-1.

<sup>6</sup> Ring, I., Brown, N, (2003): The health status of Indigenous peoples and others [editorial] *British Medical Journal* 327 (7412): 404.

<sup>7</sup> Australian Medical Association (2004) Healing Hands: Aboriginal and Torres Strait Islander Workforce Requirements, Discussion Paper: Aboriginal and Torres Strait Islander Health, Canberra, 2004.

<sup>8</sup> Minniecon, D & Kong, K (2005) Healthy Futures: Defining Best Practice in the Recruitment and Retention of Indigenous Medical Students, Australian Indigenous Doctors' Association, Canberra, pp 53.

<sup>9</sup> Bauert, P.A., Brown, N.J., Collins, B., & Martin, C.M. (2001) Indigenous Australian children: educating for health [editorial]. *MJA* 2001; 174: 488-489

<sup>10</sup> Bauert, P.A., Brown, N.J., Collins, B., & Martin, C.M. (2001) Indigenous Australian children: educating for health [editorial]. *MJA* 2001; 174: 488-489.