

Emeritus Professor Denise Bradley AC
Chair of the Higher Education Review Expert Panel
Review of Australian Higher Education
Department of Education, Employment and Workplace Relations
(DEEWR)
Location 023
GPO Box 9880
CANBERRA ACT 2601

Level 1, 40 Brisbane Ave
Barton ACT 2600
PO Box 3497
Manuka ACT 2603 Australia
Phone 02 6273 5013
Fax 02 6273 5014
Freecall 1800 190 498
Email aida@aida.org.au
Web www.aida.org.au

Submission to the Higher Education Review Panel

The Australian Indigenous Doctors' Association (AIDA) welcomes the establishment of the Higher Education Review Panel. AIDA believes that culturally safe improvements to the education and training systems for Aboriginal and Torres Strait Islander people will make significant inroads into 'Closing the Gap', addressing the disparities in health, housing, education and employment faced by Aboriginal and Torres Strait Islander people.

AIDA is a not-for-profit, non-government organisation dedicated to the pursuit of leadership, partnership and scholarship in Aboriginal and Torres Strait Islander health, education and workforce. Currently there are approximately 125 Indigenous medical graduates and a similar number of Indigenous medical students in Australia.

AIDA is represented on over 30 government and non-government health, education and workforce groups, including the recently announced National Indigenous Health Equity Council and the Aboriginal and Torres Strait Islander Health Workforce Working Group.

We work closely with Medical Deans Australia and New Zealand, the Committee of Presidents of Medical Colleges and the Australian Medical Council to ensure that the medical education and training system is inclusive of Indigenous health content, is culturally appropriate and recruits, supports and graduates Aboriginal and Torres Strait Islander people in medicine.

As Indigenous medical practitioners we offer a combination of both clinical and cultural competence and expertise, and therefore have a unique and central role in advocating for, and improving the health and wellbeing of Aboriginal and Torres Strait Islander peoples. We are keen to ensure that the needs of Indigenous communities and their respective health and education needs are articulated, advocated for, respected and protected.

Introduction

AIDA believes that health and education are intimately connected:

Education improves health, while health improves learning potential. Education and health complement, enhance and support each other; together, they serve as the foundation for a better world.¹

It is well understood that when children have poor health outcomes in early life, by the time they enter school they are unlikely to be able to fully concentrate or participate well socially. Health and education outcomes of Indigenous Australians when compared to non-Indigenous Australians are unquestionably poor. According to the Ministerial Council on Education, Employment, Training and Youth Affairs (MCEETYA) (2000), primary-school-aged Indigenous

¹ Improving Maternal Health Through Education; Safe Motherhood Is a Necessity, Rita Luthra
www.who.int/entity/pmnch/topics/mdqs/2008unchronicle_rluthra.pdf accessed 14/7/2008

students recorded markedly lower levels of achievement than their mainstream peers in all academic subjects during the period 1996-2000. MCEETYA reports that:

Over time this situation deteriorates to the point where Indigenous students are often three or four year levels below other students and leave school with the English literacy level of a six year old, unemployable outside their own community and almost completely dependant on key non-Indigenous people in various aspects of their lives².

It is evident that in an Australian setting we are failing to ensure that Indigenous children, who bear the burden of gross social, health, economic and educational disadvantage, have the same opportunities to thrive and prosper in the education system on par with non-Indigenous Australians.

The task of improving higher education is an important one. Improving Indigenous people's access to and participation in vocational training and higher education is central to improving their health and life outcomes.

Improving participation is a challenge that the Review Panel will need to address. In 2006, 21 percent of 15 year old Indigenous people were not participating in school education. At the same time only 5 percent of non-Indigenous 15 year olds were not participating in school education. Of those 15 year old Indigenous students, they were half as likely as non-Indigenous students to continue to Year 12.³

We know that poor educational outcomes lead to poorer employment opportunities and hence impacts upon an individual's ability to earn an income. Participation in education has been shown to impact upon individual's earning capacity and therefore we can make the connection that educational success provides a pathway to better individual and community health through opportunities provided in employment and shared wealth. The type of choices individuals make in accessing health care, information on maintaining a healthy lifestyle and in providing food for their families has been linked to economic and social status. The links between education and employment opportunities go hand in hand, as does the link between education and health.

The connection between health and education is well documented with many supporting the argument that socio-economic position (as a result of educational achievement) is an important determinant for health outcomes. World Health Organisation studies show the parallels between socio-economic position and the lifestyle choices that are strongly influenced by one's social standing.

Good health involves reducing levels of educational failure, reducing insecurity and unemployment and improving housing standards. Societies that enable all citizens to play a full and useful role in the social, economic and cultural life of their society will be healthier than those where people face insecurity, exclusion and deprivation.⁴

AIDA welcomes the Review of Higher Education and believes the Australian education system can play a major role in addressing future generations ability to effectively participate in education and employment and in doing so, contribute to 'Closing the Gap' in education and life outcomes between Indigenous and non-Indigenous Australians.

Education and training systems should provide for student and community needs by being culturally safe institutions with effective systems and support processes for Indigenous Australians. All Indigenous staff and students should feel secure in the knowledge that the

² MCEETYA Taskforce on Indigenous Education, (2000), Report of MCEETYA Taskforce on Indigenous Education

³ ACER 2003, 2004a; Buckskin 2000; OECD 2004; WHO 1986; cited SCRGSP (Steering Committee for the review of Government Service Provisions, *Overcoming Indigenous Disadvantage: Key Indicators 2007*, Productivity Commission, Canberra.

⁴ Social determinants of health: the solid facts. 2nd edition / edited by Richard Wilkinson and Michael Marmot. World Health Organisation

courses they participate in and the systems and processes that support them are culturally safe⁵. Educational institutions at all levels can lead this work by supporting Indigenous leadership and utilising collaborative approaches to systemic reform.

At the tertiary level, AIDA advocates that institutions commit to:

- Comprehensive, long term, sustainable well resourced strategies for the recruitment, retention and graduation of Indigenous students by undergraduate, postgraduate and vocational training providers;
- National standards, guidelines and best practice for teaching and implementing Indigenous health, history and culture, ensuring cultural safety in Australian undergraduate, postgraduate and vocational education and training;
- Effective collaboration between education and health policy makers; and
- Effective collaboration between education and health program providers to establish educational pathways for Indigenous peoples to undertake training in higher education.

AIDA recommends that the Review Panel consider two important documents (attached):

- AIDA's *Healthy Futures Report (2005): Defining Best Practice in the Recruitment and Retention of Indigenous Medical Students*; and the
- National Aboriginal and Torres Strait Islander Health Council (NATSIHC) paper; *Pathways into the Health Workforce for Aboriginal and Torres Strait Islander People: A BLUEPRINT FOR ACTION (2008)*.

The *Healthy Futures Report* outlines best practice in recruiting and supporting Indigenous medical students, highlighting educational institutions roles in personal contact and community engagement; university and school visits; Indigenous health support units; Indigenous staff mentoring; curriculum; and ensuring cultural safety as critical to the success in graduating Indigenous students. This document can be modelled as best practice for the recruitment and retention of Indigenous students across all streams of higher education and vocational training.

The *Blueprint for Action*, developed by AIDA for NATSIHC, discusses the strong relationship of improved pathways between schools, vocational education and training and higher education leading to improved life outcomes for Aboriginal and Torres Strait Islander people through workforce participation. In addition to looking at education and training pathways, the document looks at issues of retaining and building capacity of the existing workforce by addressing ongoing support and career development needs for Aboriginal and Torres Strait Islander people, stating that equity of health, education and employment outcomes for Aboriginal and Torres Strait Islander people is a moral and human rights issue.

The Honourable Nicola Roxon, Minister for Health and Ageing, in launching the report on July 10 2008, stated:

*"Boosting the Indigenous health workforce is critical to closing the life expectancy gap. Aboriginal and Torres Strait Islander health cannot be improved without the appropriate workforce to support the attainment of these goals."*⁶

In this instance, appropriate support to attain these goals relates to improved access to education, improved early childhood health and education opportunities and improved recruitment and retention strategies for Indigenous people in school, tertiary and vocational training and employment. It also relates to improving access to Aboriginal and Torres Strait Islander health services and in particular, access to and the provision of primary health care

⁵ Cultural Safety ensures that individuals and systems are aware of the impact of their own culture and cultural values on others and on the delivery of services and that they have some knowledge of, respect for and sensitivity towards the cultural needs of others.

⁶ The Minister for Health and Ageing, Hon Nicola Roxon MP, Media Release, *Launch of the National Indigenous Health Equality Council*. July 10, 2008

delivered by a competent Indigenous and non-Indigenous workforce. Further, the Minister endorsed the paper by saying that “*the National Indigenous Health Equality Council will have an ongoing role in progressing recommendations contained within the BLUEPRINT FOR ACTION*” The Minister went on to say that “*as a first priority, the Government will ask the Council to consider how to boost the participation of Indigenous people in the health workforce.*”

Additionally, the *Overcoming Indigenous Disadvantage: Key Indicators 2007* draws reference to a large body of research emphasising the pivotal role of education in reducing the long term disadvantage of Indigenous people⁷. Improving academic performance is a key component to improving the economic and social status of Indigenous people. As supported by Marmot and others, education is linked to people’s economic and social wellbeing and can also reduce the need for remedial education and social welfare services.⁸

Current Policy Context

AIDA believes that we are currently at a critical point, with a unique opportunity to Close the Gap in the health, life expectancy, education and literacy disparities experienced by Aboriginal and Torres Strait Islander people.

AIDA welcomes the recent policy developments which have occurred in relation to addressing Indigenous disadvantage:

- December 2007 – Council of Australian governments (CoAG) Communiqué which commits to closing the gap in health and education outcomes⁹;
- February 2008 – Prime Minister Rudd, on behalf of the Australian Parliament, delivers the Apology to Indigenous Australians;¹⁰
- March 2008 – Prime Minister, Health and Ageing Minister and Indigenous Affairs Minister co-sign the National Indigenous Health Equality Summit Statement of Intent with Indigenous peak bodies, including AIDA¹¹;
- April 2008 – Prime Minister Rudd announces that at the commencement of the first sitting of the Australian Parliament each year, a Prime Ministerial report will be tabled outlining progress towards the Close the Gap targets.¹²
- July 2008 – Minister for Health and Ageing, Ms Nicola Roxon, launches National Aboriginal and Torres Strait Islander Health Council (NATSIHC) paper; *Pathways into the Health Workforce for Aboriginal and Torres Strait Islander People: A BLUEPRINT FOR ACTION*¹³

Comments against Terms of Reference

We provide the following comments in relation to the Higher Education Review’s Terms of Reference.

⁷ ACER 2003, 2004a; Buckskin 2000; OECD 2004; WHO 1986; cited SCRGSP (Steering Committee for the review of Government Service Provisions, *Overcoming Indigenous Disadvantage: Key Indicators 2007*, Productivity Commission, Canberra.

⁸ Barnett 1993 and Reynolds et al. 2002 cited Steering Committee for the Review of Government Service Provision (SCRGSP), *Overcoming Indigenous Disadvantage: Key Indicators 2007*, Productivity Commission, Canberra

⁹ Council of Australian Governments’ Meeting, 20 December 2007. Melbourne: COAG, 2007. <http://www.coag.gov.au/meetings/201207/index.htm> (accessed Apr 2008).

¹⁰ Rudd K. Apology to Australia’s Indigenous Peoples, House of Representatives, Parliament House, Canberra [transcript]. 13 Feb 2008. http://www.pm.gov.au/media/Speech/2008/speech_0073.cfm

¹¹ Close the Gap. Indigenous Health Equality Summit statement of intent. Canberra: IHES, 2008; 20 March http://www.hreoc.gov.au/social_justice/health/statement_intent.html

¹² Annual Prime Ministerial statement on closing the gap [media release]. Canberra: Department of the Prime Minister and Cabinet, 2008; 5 April. http://www.pm.gov.au/media/Release/2008/media_release_0166.cfm

¹³ Minister for Health and Ageing - Media release – 10 July – Launch of the National Indigenous Health Equality Council – <http://www.health.gov.au/internet/ministers/publishing.nsf/Content/mr-yr08-nr-nr104.htm?OpenDocument&yr=2008&mth=7>

Diverse, high performing institutions with a global focus

Developing a diverse, globally focused and competitive higher education sector with quality, responsive institutions following clear, distinctive missions to provide higher education opportunities to students throughout Australia.

Australian higher education institution's missions should encompass social responsibility and community involvement to be responsive to community and societal needs. In particular, higher education and vocational training institutions should be adapting to current government direction by clearly articulating how they will contribute towards 'Closing the Gap' and in particular, how they are inclusive of Aboriginal and Torres Strait Islander needs and aspirations.

Higher education institutions have a specific responsibility in addressing the poor state of Indigenous health. These institutions are the trainers of those that will work in the health, education, housing, social-service systems and who will, as professionals, care for, and provide services to and employ Indigenous people. It is essential that higher education institutions are aware of the impact of their policies, processes and services on underrepresented groups and in particular, Aboriginal and Torres Strait Islander people.

Higher education institutions can ensure they are contributing towards 'Closing the Gap' by producing graduates that are culturally competent and of a world leading standard. Institutions need to ensure that Aboriginal and Torres Strait Islander people are offered a 'fair go' and have equitable opportunities and access to courses that will enable them to compete on the world stage.

Higher education institutions in Australia should ensure their missions are reflective of these needs and should set up their graduates to continue lifelong learning practices.

AIDA recommends that the Higher Education Review Panel consider the work completed in partnership between the Australian Medical Council (AMC), the Medical Deans Australia and New Zealand (Medical Deans) and AIDA in addressing areas of disparity in the recruitment, retention, graduation and support of Aboriginal and Torres Strait Islander medical students and staff in Australian medical schools. A detailed explanation of the Collaboration Agreement is provided under comments against "*Underpinning Social Inclusion through access and opportunity*". This work could serve as a model of best practice for other areas of education and training in higher education institutions.

It is important that graduates of Australian higher education and vocational training programs are equipped with the necessary knowledge, skills, attributes and attitudes towards learning if they are to compete at a world level.

Productivity and participation

Enhancing the role of the higher education sector in contributing to national productivity, increased participation in the labour market and responding to the needs of industry. This includes the responsiveness of the sector in altering the course mix in response to student and employer demand and an understanding of trends in the economy, demography and the labour markets served by higher education.

The education and training sector has a role in ensuring the labour market is responsive to the needs of the community and meets employer demand by providing graduates (including Indigenous graduates) equipped with the necessary knowledge, skills, attributes and attitudes to competently enter the workforce.

In particular, the higher education sector needs to meet the needs of Indigenous people and their communities. It is well known that the most disadvantaged group in Australia are Indigenous people. Indigenous Australians overall have poorer physical and mental health,

are less likely to complete primary, secondary and tertiary education and do not have the same employment opportunities as non-Indigenous Australians.¹⁴

In meeting community needs, the positive effects of Indigenous doctors for Indigenous people's physical, emotional and cultural wellbeing have long been recognised by government and other Indigenous and non-Indigenous stakeholders.¹⁵

Boosting the Indigenous health workforce would provide for greater inclusion, allow for greater economic development and work towards closing the gap in life outcomes between Indigenous and non-Indigenous Australians. In 2006, there were 55,075 medical practitioners in Australia, accounting for 0.27% of the population. According to AIHW statistics, at the same time there were 100* Indigenous doctors accounting for 0.19% of the Indigenous population¹⁶. If we are to reach parity of Indigenous doctors with non-Indigenous doctors per capita, clearly more Indigenous graduates are needed.

At present there are significant barriers for Indigenous people to begin studying at higher education institutions. Indigenous students often face multiple stressors such as financial hardship, family and community commitments, relocation and a lack of support; both cultural and academic. Indigenous people also face a lack of information about potential courses, entry requirements and a lack of role models. To combat these issues greater support and funding needs to be made available as does access to Indigenous role models.

In 2007, recognising the need for programs that allow Aboriginal and Torres Strait Islander school aged children to be exposed to role models and possible careers across the health science disciplines, AIDA, with funding from the then Department of Education, Science and Training, piloted the '*Pathways to Medicine Project*' across two sites: Adelaide and Cairns.

The *Pathways to Medicine Project* was set up to provide Aboriginal and Torres Strait Islander high school students with positive and culturally safe practical experiences in health sciences and to show that culturally safe pathways supporting them from secondary school into medicine or health careers are achievable. The Project allowed students to visit various health care settings such as local Aboriginal Medical Services, doctors' clinics, ambulance services and hospitals and local universities. Participants also received support and mentoring from Indigenous doctors and other Indigenous and non-Indigenous health professionals across the sites.

The project showed students options for future study and employment and, most importantly, gave them a chance to see that they can become doctors, health workers, nurses and that there are many other opportunities out there than they may otherwise have known about.

The aim of the project was to encourage and support Indigenous students into careers in the health sciences in an effort to addressing workforce and life outcome disparities between the Indigenous and non-Indigenous population. From the pilot project in Cairns, 75 percent of participants have gone on to pursue further studies in health and medicine.

To address the one of the barriers around meeting the financial commitment of study, an option for supporting and funding more Indigenous people into the medical workforce would be to waive HECS (HELP) fees for Indigenous students whose courses and subsequent work would contribute to the community. Additionally, more funding directed to scholarships across the health and education sectors would contribute to easing the burden faced by Indigenous students.

The current Australian Government recognises the need to increase Indigenous participation in education and training and in December 2007, all governments of Australia made a commitment to 'Close the Gap' on Indigenous disadvantage and in particular to:

¹⁴ Steering Committee for the Review of Government Service Provision (SCRGSP) *Overcoming Indigenous Disadvantage: Key Indicators 2003*. Productivity Commission, Canberra.

¹⁵ Standing Committee on Aboriginal and Torres Strait Islander Health. *Aboriginal and Torres Strait Islander Health Workforce National Strategic Framework*. AHMAC 2002. Canberra

¹⁶ ABS and AIHW - *Health and Welfare of Australia's Aboriginal and Torres Strait Islander peoples –2008*, p 201

*This is a 2006 Census figure. The current estimate for Indigenous doctors is 125 (with approximately the same number of students)

- close the life expectancy gap within a generation;
- halve the gap in mortality rates for Indigenous children under five within a decade; and
- halve the gap in reading, writing and numeracy achievements within a decade in a partnership between all levels of government and with Indigenous communities.

The Council of Australian Governments (CoAG) in a communiqué went on to say that

*The pathway to closing the gap is inextricably linked to economic development and improved education outcomes.*¹⁷

If the education sector is to respond appropriately to this COAG commitment, significant changes will need to be made course content and delivery, and recruitment and retention strategies. Government and employer demands will rise as a result of the COAG commitment.

As discussed earlier, the Australian Indigenous Doctors' Association recommends that the Review Panel consider the National Aboriginal and Torres Strait Islander Health Council (NATSIHC) paper, *Pathways into the Health Workforce for Aboriginal and Torres Strait Islander People: A BLUEPRINT FOR ACTION*.

The paper provides Australian, State and Territory governments with strategies on maximising health workforce participation for Aboriginal and Torres Strait Islander people by promoting and improving pathways between school, vocational education and training and higher education. The paper also discusses the need to retain and build the capacity of existing Aboriginal and Torres Strait Islander health workforce by addressing support and career development needs.

The rationale for this includes the economic benefits of the labour market and potential administrative savings accrued by aligning health and education sector priorities and strategies.

In enhancing the productivity and participation of Aboriginal and Torres Strait Islander people in the labour market would provide for greater inclusion and economic future of this otherwise underrepresented demographic. In doing this, the workplace demography and diversity would be broadened and strengthened.

It is important that Aboriginal and Torres Strait Islander people are trained and recruited into all disciplines, and given the urgent need to decrease the life expectancy gap, particularly into the health disciplines.

The *Pathways into the Health Workforce for Aboriginal and Torres Strait Islander People: A BLUEPRINT FOR ACTION* analyses the issues which could contribute to the reform of an Indigenous health workforce, including:

- student needs (including improving maths and science literacy);
- development of culturally safe learning environments;
- enabling pathways (eg from secondary school to vocational education and training, secondary to university; transitions between vocational, university and workplace, etc.)
- health and education funding models;
- support for professional associations and professional development.

Currently, the availability of evidence available on the composition and number of the Aboriginal and Torres Strait Islander health workforce is not robust and reliable. AIDA recommends the Review Panel as part of its recommendations, call for the development of an Aboriginal and Torres Strait Islander Workforce Database. A database of this nature would

¹⁷ Council of Australian Governments' Meeting, 20 December 2007. Melbourne: COAG, 2007. <http://www.coag.gov.au/meetings/201207/index.htm> (accessed Apr 2008).

efficiently track and monitor workforce participation. Information from a database of this nature should be readily available to interested organisations.

Effective and efficient investment

Improving funding arrangements for higher education institutions as they relate to teaching responsibilities, taking into account public and private benefits and contributions to inform the development of funding compacts between the Australian Government and institutions.

Funding as it relates to teaching and researching responsibilities is central to improving the education of Indigenous and non-Indigenous students in Australia.

Culturally appropriate courses on the history, culture and diversity and societies and health of Australia's Indigenous people is critical to the success of all education components and recruitment and retention outcomes of Australian higher education institutions. The manner in which they are developed and delivered should be completed in concert with Aboriginal and Torres Strait Islander staff.

At many Australian institutions, the quality of the teaching, recruitment, cultural safety and delivery of services is dependant upon individual Indigenous staff members. These individuals are employed to tackle a variety of roles, from developing and delivering course content, to developing and delivering recruitment programs, to providing mentoring and leadership guidance, through to providing student support and advice on all issues associated with attending university (such as housing, meeting study requirements, work/life balance, maintaining community contact and the like). This amount of work places these individuals under enormous pressure and often leads to premature burnout of otherwise committed, dedicated and excellent staff.

It is important that higher education institutions in Australia recognise the importance of adequately supporting Indigenous staff, recognising the role they play, the influence they have and the contributions they make to the success of programs within institutions.

Higher education institutions should actively recruit, train and support Aboriginal and Torres Strait Islander staff recognising their unique skills, roles and responsibilities and they should remunerate them accordingly.

In institutions where this occurs, the outcome is increased Aboriginal and Torres Strait Islander staff and student recruitment, retention and graduation.

AIDA recommends that the needs of Aboriginal and Torres Strait Islander staff should be appropriately met, including the provision of culturally safe teaching environments.

Underpinning social inclusion through access and opportunity

Supporting and widening access to higher education, including participation by students from a wide range of backgrounds.

It is well known that Aboriginal and Torres Strait Islander people experience poor outcomes in relation to health, housing, education, and employment. This - in a nation where the general population enjoys a high standard of living, is unacceptable. Limited access to, and exclusion from health care services, education and training, appropriate housing and social support services have led Aboriginal and Torres Strait Islander people with health, education, housing and social issues.

Perhaps the most powerful symbol acknowledging the need for social inclusion in Australia's recent history was Prime Minister Kevin Rudd's apology to the Stolen Generations of Indigenous Australians who were removed from their parents and their families.

The time has now come for the nation to turn a new page in Australia's history by righting the wrongs of the past and so moving forward with confidence to the future. We apologise for the laws and policies of successive Parliaments and

governments that have inflicted profound grief, suffering and loss on these our fellow Australians. We apologise especially for the removal of Aboriginal and Torres Strait Islander children from their families, their communities and their country...

...We today take this first step by acknowledging the past and laying claim to a future that embraces all Australians... A future where we harness the determination of all Australians, Indigenous and non-Indigenous, to close the gap that lies between us in life expectancy, educational achievement and economic opportunity.”¹⁸

The Honourable Julia Gillard, Deputy Prime Minister and Minister for Education, Employment and Workplace Relations in a speech on reforming education and skills went on to say that:

“The apology has had a tangible effect on the perception and discussion of Indigenous issues in Australia and created fresh hope for the future. At the same time, the Prime Minister’s determination to close the gap in health, education and employment between Indigenous and non-Indigenous Australians has had a galvanising effect on our national efforts for change.

As a way to focus national debate on the future and demonstrate the importance of public inclusion in setting the nation’s agenda, it had a powerful effect.”¹⁹

Again, in May of this year when announcing the Social Inclusion Board, which will look at areas of gross disadvantage, the Rudd Government said that:

Every Australian should have an opportunity to be a full participant in the life of the nation. Unfortunately, too many Australians remain locked out of the benefits of work, education, community engagement and access to basic services.

This social exclusion is a significant barrier to sustained prosperity and restricts Australia’s future economic growth.

Promoting social inclusion requires a new way of governing. Australia must rethink how policy and programs across portfolios and levels of government can work together to combat economic and social disadvantage²⁰.

It is clearly evident from the Government’s own direction that those facing the biggest disadvantages in receiving an education will need greater support in order to allow them to have equal and equitable opportunities in education and health and life outcomes.

As discussed earlier, and an idea arising out of the *Australia 2020 Summit*, would be to consider funding options for greater inclusion and access by waiving HECS (HELP) fees for Indigenous students whose courses and subsequent work would contribute to the betterment of the community.

AIDA works toward improving access to higher education for Indigenous people through its work with the Medical Deans Australia and New Zealand (Medical Deans), previously the Committee of Deans of Australian Medical Schools (CDAMS), to ensure that the medical education and training system is inclusive of Indigenous health content, is culturally appropriate and recruits, supports and graduates Aboriginal and Torres Strait Islander people into medicine.

AIDA does this by advocating for improved access and opportunity for Aboriginal and Torres Strait Islander students to medical schools through the provision of alternate entry pathways,

¹⁸ Prime Minister, the Hon Kevin Rudd MP, Speech: Apology To Australia’s Indigenous Peoples, Parliament House, Australia, 13 February 2008

¹⁹ Deputy Prime Minister, the Hon Julia Gillard MP Speech: Reforming Education And Skills: Challenges Of The Twenty First Century, The City Of London Corporation, London, United Kingdom - 30 June 2008

²⁰ Joint Media Release with Deputy Prime Minister, the Hon Julia Gillard MP -Australia Social Inclusion Board, 21 May 2008

pre-medicine (bridging) courses and through improved student support and access to services.

AIDA and the Medical Deans (then CDAMS) work with a Collaboration Agreement recognising the disparity in access and the need for greater social inclusion of Aboriginal and Torres Strait Islander people.

The Committee of Deans of Australian Medical Schools (CDAMS) and the Australian Indigenous Doctors' Association (AIDA) wish to be associated in specific programs that:

- *benefit the recruitment, support and retention of Indigenous medical students;*
- *establish a network of Indigenous and non-Indigenous staff and students who would support each other in the delivery of Indigenous health content within the medical curricula;*
- *aim to further advance the overall healthcare needs and outcomes for all Indigenous peoples.²¹*

This is a model of collaboration that could be utilised by other health and education organisations to address issues of social inclusion through providing greater access and opportunity to Australian undergraduate, postgraduate and vocational education and training.

In addressing issues of social exclusion, AIDA also recommends the Review Panel consider the Indigenous Higher Education Advisory Council's (IHEAC) document, published March 2006, *Improving Indigenous Outcomes and Enhancing Indigenous Culture and Knowledge in Australian Higher Education* which explores the core issues underpinning the aspirations of Indigenous Australians to access and succeed in Australian higher education institutions.

AIDA supports the IHEAC view:

that policy for Indigenous higher education should be underpinned by the goal of the social, cultural and economic development of the whole Indigenous community. While there has been progress towards achieving equity in Australian higher education for Indigenous people, there are still significant shortfalls, the rate of progress is inadequate, and there is a risk of a decline in the progress made to date. A commitment is now needed to making major advances²².

AIDA considers higher education to be central to the aspirations of Indigenous people for a rightful place in Australian society and believe that Australian universities must play a leadership role in the nation's recognition of Indigenous people and culture

The IHEAC developed a Strategic Plan for the period of 2006-2008, which identified seven key priority areas that will assist in 'closing the gap' between Indigenous and non-Indigenous Australians in higher education.

The vision of IHEAC is for a higher education system in which Indigenous Australians share equally in the life and career opportunities that a university education can provide. This means creating a higher education system in which:

- *Indigenous people and their culture and knowledge are visible and valued on campus;*
- *Indigenous research is of high quality and high status;*
- *Indigenous studies are a prominent and vibrant part of the curriculum;*
- *Indigenous knowledge and culture are developed and preserved;*
- *Indigenous leaders are trained; and*

²¹ Agreement for Collaboration Between AIDA and CDAMS, October, 2005.

²² Indigenous Higher Education Advisory Council (IHEAC), *Improving Indigenous Outcomes and Enhancing Indigenous Culture and Knowledge in Australian Higher Education* March 2006.

- *Indigenous people are active in university governance, leadership and management*²³

AIDA supports the view that policy for Indigenous higher education should be underpinned by the goal of the social, cultural and economic development of the whole Indigenous community.

Enhanced quality and high standards

Implementing arrangements to ensure that quality higher education is provided by public and private providers and that this is widely understood and recognised by clients of the higher education sector.

AIDA sees quality assurance and reporting against measurable outcomes as central to maintaining quality higher education.

Standards to ensure quality education need to be transparent and fair as well as achievable and realistic. The monitoring of institutions to ensure they not only comply, but strive for and exceed best practice needs to be done in a complementary manner. Institutions demonstrating best practice need to be recognised and rewarded.

AIDA has been involved with the Medical Deans in co-auspicing the LIME (Leaders in Indigenous Medical Education) Connection which is a conference held every two years to highlight, recognise and celebrate achievements in Indigenous medical education.

Standards to ensure that higher education providers recognise the importance of Indigenous involvement in course design, content delivery and in developing support processes for staff and students are critical to the success of improving the health and education and resulting life outcomes of Indigenous people in Australia.

The Australian Medical Council (AMC) assesses medical training programs in Australia. The AMC recognises the important contribution medical schools can make to 'Closing the Gap' and ensures standards around graduates' knowledge, skills, and attributes; and the design and delivery of the medical course, take into account and promote:

- *Australian Indigenous culture and history in course design and content, including; Impacts of colonisation on Australia's Indigenous people;*
- *Recruitment and retention of Indigenous staff and students;*
- *Support processes and services for Indigenous staff and students;*
- *Appropriate of the educational expertise of Indigenous people in the development and management of courses;*
- *Constructive partnerships between relevant community organisations to promote health and education;*
- *Provision of culturally safe environments.*²⁴

Standards should reflect the impact Indigenous staff have in designing and delivering curriculum, supporting students and promoting pathways and career options for Indigenous students.

A broad tertiary education and training sector

Establishing the place of higher education in the broader tertiary education sector, especially in building an integrated relationship with vocational education and training.

The value of vocational education and training and the qualifications and experience gained through these institutions needs to be recognised and supported by employers and tertiary institutions.

²³ Ibid.

²⁴ *Assessment and Accreditation of Medical Schools; Standards and Procedures.* Australian Medical Council. 2006

Many Indigenous Australians bring extensive skills and experience to organisations, however through issues around location, circumstance and cost, have been unable to partake in formal, recognised tertiary education. Employment and workforce participation could be much improved by including Indigenous people and other under-represented groups through appropriate recognition of vocational education and training and in addition, there stands to be significant administrative savings by aligning the tertiary and vocational education and training sectors.

The *Pathways into the Health Workforce for Aboriginal and Torres Strait Islander People: A BLUEPRINT FOR ACTION*, recommends that the Council of Australian Governments review, develop and strengthen the education and training pathways into the health workforce for Aboriginal and Torres Strait Islander people. *Flexible vertical and horizontal pathways* are to include pathways from secondary school to vocational education and training, pre-entry university enabling courses, and transitions between vocational education and training and the workplace.²⁵

This should include establishing national partnerships across industry groups, governments, Aboriginal and Torres Strait Islander communities and health and education organisations to achieve an increase in Aboriginal and Torres Strait Islander workforce participation.

In 2006 around 67,000 Aboriginal and Torres Strait Islander people were participating in vocational education and training courses²⁶. This represents a significant number of people from which higher education institutions could recruit competent, skilled and motivated Aboriginal and Torres Strait Islander people.

It is important that this Review Panel, and importantly, governments, recognise vocational education and training as an important pathway for Aboriginal and Torres Strait Islander people interested in pursuing opportunities in higher education.

Higher education, vocational training institutions and employers stand to make significant gains through the additional training that would be available through an integrated tertiary and vocational education and training practice²⁷.

However, education and training institutions need to be cognisant of the need to provide and support alternate pathways for under-represented groups.

It is important to recognise that many students admitted via alternate entry pathways will require additional support in the form of social, personal and cultural support as well as relevant services relating to additional academic tutoring, counselling, mentoring as well as information on accommodation and financial support. A finding from the *Healthy Futures Report (2005)* showed that culturally appropriate social support is an important factor in retaining Aboriginal and Torres Strait Islander students.

Indigenous students highly value mentoring and collegiate support, and actively seek out opportunities to participate in these activities...

*...the support of fellow (Indigenous) students was an important resource...*²⁸

It is important that the Review Panel consider the need for pathways and transitions to be two-way in that people with little or no formal training or employment can partake in education and training, and that those with current training and employment can 'go back' to study to improve and build upon current skills.

²⁵ National Aboriginal and Torres Strait Islander Health Council (NATSIHC) paper, *Pathways into the Health Workforce for Aboriginal and Torres Strait Islander People: A BLUEPRINT FOR ACTION*. March 2008

²⁶ National Centre for Vocational Education Research, *Australian Vocational Education and Training Statistics at a Glance. 2005*.

²⁷ National Aboriginal and Torres Strait Islander Health Council (NATSIHC) paper, *Pathways into the Health Workforce for Aboriginal and Torres Strait Islander People: A BLUEPRINT FOR ACTION*. March 2008

²⁸ *Healthy Futures Report: Defining Best Practice in the Recruitment and Retention of Indigenous Medical Students*. AIDA, Canberra. September 2005

Any processes established would need to maintain existing standards and processes around educational achievement and competency.

Policy linkages

The review will collaborate with and take account of the work of the Review of the National Innovation System and Skills Australia. It will also consult with State and Territory tertiary education authorities.

AIDA through the National Aboriginal and Torres Strait Islander Health Council (NATSIHC) paper, *Pathways into the Health Workforce for Aboriginal and Torres Strait Islander People: A BLUEPRINT FOR ACTION* March 2008, wishes to draw the Review Panel's attention to the fact that:

Australia currently does not have any mechanisms to ensure that the health industry, government agencies, education providers and Aboriginal and Torres Strait Islander communities work together to plan, train and deliver a better workforce to meet the needs of Aboriginal and Torres Strait Islander Australians. This will require a health workforce database and joint planning and the setting of achievable milestones if we are to meet health needs and make progress beyond an incremental approach. Setting targets and developing reporting frameworks using a collaborative approach is more likely to engender joint ownership of targets and a willingness to do what it takes to meet desired outcomes. Planning that involves industry may best be done on a regional basis to allow for local variance. Comparability can still be achieved by using nationally developed frameworks and templates.

A national system should be developed to jointly plan and set achievable milestones, and then monitor progress towards desired outcomes. Governments, education providers, health industry groups, Aboriginal and Torres Strait Islander communities, and Aboriginal and Torres Strait Islander health and education organisations should all be involved in this joint exercise. Areas of responsibility for all signatories who are involved in setting and monitoring milestones should be developed.

AIDA recommends that the Review Panel consider mechanisms to ensure that the health industry, government agencies, education providers and Aboriginal and Torres Strait Islander communities work together to plan, train and deliver a better workforce through appropriate linkages and policies to meet the needs of Aboriginal and Torres Strait Islander Australians.

Recommendations

That Governments support the development of an Aboriginal and Torres Strait Islander health workforce in accordance with the recommendations of the National Aboriginal and Torres Strait Islander Health Council (NATSIHC) paper; *Pathways into the Health Workforce for Aboriginal and Torres Strait Islander People: A BLUEPRINT FOR ACTION* on:

- student needs (including improving maths and science literacy);
- development of culturally safe learning environments;
- enabling pathways; (eg from secondary school to vocational education and training, secondary to university; transitions between vocational, university and workplace, etc.)
- building leadership capacity.

That higher education and vocational training institutions commit to:

- Comprehensive, long term, sustainable well resourced strategies for the recruitment, retention and graduation of Indigenous students by undergraduate, postgraduate and vocational training providers as outlined in

the Healthy Futures Report (2005): Defining Best Practice in the Recruitment and Retention of Indigenous Medical Students;

- National standards, guidelines and best practice for teaching and implementing Indigenous health, history and culture, ensuring cultural safety in Australian undergraduate, postgraduate and vocational education and training;
- Effective collaboration between education and health policy makers;
- Effective collaboration between education and health program providers to establish educational pathways for Indigenous peoples to undertake training in higher education; and
- Appropriately meeting the needs of Aboriginal and Torres Strait Islander staff, including the provision of culturally safe teaching environments.

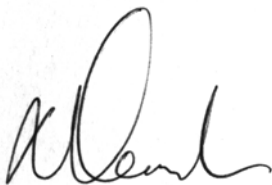
That consistent with the Indigenous Higher Education Advisory Council (IHEAC) report (2006), governments create a higher education system in which:

- Indigenous people and their culture and knowledge are visible and valued on campus;
- Indigenous research is of high quality and high status;
- Indigenous studies are a prominent and vibrant part of the curriculum;
- Indigenous knowledge and culture are developed and preserved;
- Indigenous leaders are trained; and
- Indigenous people are active in university governance, leadership and management

AIDA recommends that the Review Panel consider mechanisms to ensure that the health industry, government agencies, education providers and Aboriginal and Torres Strait Islander communities and organisations work together to plan, train and deliver a better workforce through appropriate linkages and policies to meet the needs of Aboriginal and Torres Strait Islander Australians.

If you would like to discuss further with me or the AIDA CEO, Mr Romlie Mokak, please call (02) 6273 5013 or email aida@aida.org.au

Yours sincerely



Dr Tamara Mackean
President