Dear Mr Frank

AMC assessment on the education and training of General Practitioners

AIDA welcomes the opportunity to table a submission to the AMC assessment on education and training pathways and continuing professional development programs in general practice provided by the Royal Australian College of General Practitioners (RACGP).

The Australian Indigenous Doctors’ Association (AIDA) is the peak body representing Aboriginal and Torres Strait Islander doctors and medical students and advocates for improvements in Aboriginal and Torres Strait Islander health.

AIDA works to progress improvements in Aboriginal and Torres Strait Islander health, achieve parity of Indigenous health professionals across the health sector, and shape a health system that is culturally safe, high quality, reflective of need and which respects and incorporates Aboriginal and Torres Strait Islander cultural values. In relation to medicine, the positive effects of Indigenous doctors for Indigenous peoples’ physical, emotional and cultural wellbeing have long been recognised by government and by other Indigenous and non-Indigenous stakeholders. There are around 80,000 doctors and around 175 of those are Aboriginal and Torres Strait Islanders. In terms of reaching parity we are looking at around 2000 additional Indigenous doctors. There are currently around 230 Aboriginal and Torres Strait Islander medical students.

AIDA is represented on approximately fifty government and non-government health, education and workforce groups, including the National Health Leadership Forum, the Close the Gap Indigenous Health Equality Steering Committee, the Royal Australian College of General Practitioners National Faculty of Aboriginal and Torres Strait Islander Health Board and other Medical College groups. In doing so, AIDA is informed by a number of declarations which stipulate the value in and need to respect Aboriginal and Torres Strait Islander knowledges, systems and frameworks. These national and international covenants provide a framework to build equitable, sustainable and appropriate access to health services working toward the attainment of improved physical, environmental, cultural, social and emotional health and wellbeing outcomes.

Improving the health of Aboriginal and Torres Strait Islander people must be the responsibility and a priority of the medical workforce. A whole of sector approach needs to be adopted by the AMC leadership in recognition that all medical professionals have a responsibility to adapt their practice to improve patient engagement and health care outcomes. This includes having knowledge of and respect for the cultural needs of Indigenous patients, and acknowledging the socioeconomic and cultural factors influencing the health of Aboriginal and Torres Strait Islander people.

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AIDA recommends the AMC to adopt a more proactive, holistic, consultative and engaged approach to achieving their purpose, particularly around activities and outcomes affecting Aboriginal and Torres Strait Islander people. Importantly, given the health disparity between Indigenous and non-Indigenous peoples, Aboriginal and Torres Strait Islander peoples should be at the front and centre of the purpose of the AMC “to ensure that standards of education, training and assessment of the medical profession promote and protect the health of the Australian community”.

**Collaboration across the medical education and training continuum**

With collaboration comes shared responsibility, and increased levels of leadership within the medical workforce are required. AIDA has formal partnerships with the national bodies responsible for the medical education and training of doctors from entry to medical school, through the junior doctor years, into specialty training and fellowship. We work closely with Medical Deans Australia and New Zealand, the Confederation of Postgraduate Medical Councils and the CPMC to ensure that the medical education and training system is inclusive of Indigenous health content, is culturally appropriate and recruits, supports, mentors and graduates Aboriginal and Torres Strait Islander people into medicine and medical specialties. These collaboration agreements are underpinned by the following principles:

- Acknowledgement of the sovereignty of Aboriginal and Torres Strait Islander peoples and their self determination, ongoing relationship with land and cultural continuity;
- Mutual regard and respect;
- Inclusive consultation and decision making processes;
- Valuing each others’ unique contributions; and
- Cultural safety for all peoples in all spheres, with an understanding of the issues for Aboriginal and Torres Strait Islander peoples.

The partnership between AIDA and the Medical Deans commenced in 2005 and is widely recognised both internationally and domestically as exemplar.

**AIDA and CPMC Collaboration Agreement**

The signing of this Collaboration Agreement in July 2013 formalises collaborative efforts to:

- train more Aboriginal and Torres Strait Islander medical specialists.
- improve ways in which medical specialists work with Aboriginal and Torres Strait Islander people.
- mentor future Aboriginal and Torres Strait Islander leaders in medicine.

This Collaboration Agreement\(^5\) sets key priorities agreed to by all medical Colleges over the next three years, areas of work include:

- Establishing targets for Aboriginal and Torres Strait Islander Registrars and Fellows.
- Negotiate with the AMC for the inclusion of specific standards to address Aboriginal and Torres Strait Islander health.
- Develop joint position statements, media engagement and advocacy initiatives.
- Ensure that College wide Aboriginal and Torres Strait Islander identification data is collected and reported.

AIDA acknowledges RACGP’s recent moves to collect and report Aboriginal and Torres Strait Islander identification data. This is an important step in more accurately tracking a range of workforce related issues.

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AIDA recommends the AMC and the RACGP to coordinate activities with the IHC and utilise the AIDA CPMC Collaboration Agreement as a guiding tool when progressing Indigenous health matters.

The responsibility to ensure registrars and fellows have the knowledge, attributes, understanding and skills to competently deliver effective health care with and for Aboriginal and Torres Strait Islander people, families and communities needs to be collectively shared within the College.

**Leading the way**

AIDA recommends the College implement the education and training recommendations outlined in the *National Aboriginal and Torres Strait Islander Medical Specialist Framework for Action and Report*. Following on from the report, the CPMC has taken lead role in implementing the National Aboriginal and Torres Strait Islander Medical Specialist Project working auspiced by the College of Surgeons working in collaboration with AIDA. For further information on this project visit [http://cpmc.edu.au/natsim/](http://cpmc.edu.au/natsim/).

This report was produced by the The Council of Presidents of Medical Colleges (CPMC) Indigenous Health Subcommittee (IHC) which is co-chaired by AIDA President, Dr Tammy Kimpton and Dr Maria Tomasic representing the CPMC. The purpose of this Subcommittee is to lead the Indigenous health agenda on behalf of all colleges and the IHC’s objectives are to:

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

**AIDA and RACGP**

AIDA acknowledges RACGP's longstanding commitment in Aboriginal and Torres Strait Islander health and commends the College for its contribution to Indigenous health policy and program initiatives. The establishment of the RACGP National Faculty of Aboriginal and Torres Strait Islander Health in 2010 into the College’s formal structure indicates the commitment and leadership within the RACGP. Shared leadership is key to sustainable change. AIDA has been involved in a range of RACGP’s activities which include:

- Representation on the RACGP National Faculty of Aboriginal and Torres Strait Islander Health Board.
- Recent collaborative work with the College to sponsor two Indigenous medical students to attend RACGPs 2013 Conference.
- Feedback on the RACGs draft election statement in March 2013.
- Attended a workshop on the College’s Advanced Rural Skills Training Aboriginal and Torres Strait Islander Curriculum.
- The progression of an AIDA/RACGP joint initiative to support Indigenous doctors undertaking general practice training.

There is further scope for the College and AIDA to build on the above mentioned activities by collaborating in the design, planning, implementation and evaluation of medical education and training and continuing professional development programs.
AIDAs recommendations to the RACGP training program Review

AIDA acknowledges the 2011 RACGP Aboriginal and Torres Strait Islander health position statement states ‘the health of Australia’s first peoples is this country’s most pressing and important health priority’. AIDA asserts that if all specialists developed a deeper understanding of the social determinants of Indigenous health issues it would assist in improving Indigenous health outcomes. At the same time ongoing activities are needed to consolidate efforts to attract and retain increased numbers of Indigenous doctors to train with the College this includes the need to look at assessment models from an access and equity perspective.

AIDA recommends the following for the AMC and RACGPs consideration and development.

Effective ways of working

Where these strategies are not already in place, AIDA recommends the College to consider these practices where possible:

- While RACGP is responsible for setting and maintaining the standards for general practice education, training and clinical care, AIDA advocates for experience based learning activities and relevant clinical placements in Aboriginal and Torres Strait Islander health settings and services. When making arrangements for such experiences or placements consideration of resources needs to occur by the appropriate agency.
- The establishment and support of formal internal collaborative working partnerships and groups.
- A whole of College approach, incorporating a shared and distributed leadership model.
- The correlation between Indigenous health and wellbeing and cultural safety is well understood, valued and understood across the College.
- Cultural immersion, some cultural awareness programs, and reflective learning activities.
- Equip registrars with the skills to understand the historical and socio-cultural context in which health issues occur, and who practice in a culturally safe manner in their encounters with Aboriginal and Torres Strait Islander people.
- Curriculum is updated and reviewed with input from Aboriginal and Torres Strait Islander representative/s.
- Indigenous health studies are examinable.

Areas requiring focused development

AIDA recommends the College consolidate gains made by incorporating the following to complement, strengthen and broaden existing RACGP strategies and initiatives:

- Increase dedicated time to effectively implement Indigenous health content.
- Increase vertical integration and improve continuity of Indigenous health content.
- Increase opportunities for personal insight development regarding culturally unsafe practice. Opportunities can be integrated into education and training and continuing professional development programs.

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6 RACGP Aboriginal and Torres Strait Islander health position statement (2011)
8 RACGP Accreditation Submission to the AMC for reaccreditation of the RACGP March 2013 (page 11)
• Shared leadership roles within the College to effectively develop and integrate high level goals as well as specific Indigenous and training and professional development initiatives.
• Prioritise strategies and initiatives that ensure that registrars, both Indigenous and non-Indigenous, and College staff are culturally safe and provide optimal education and employment environments for Aboriginal and Torres Strait Islander people.
• Indigenous health content to be user friendly to increase engagement, impact and ongoing use of material and resources.
• The development of case studies using the social determinants of health model, which promotes holistic and strengths based perspectives. Caution is recommended against pathologising and problematising individuals, it can lead to negative stereotyping if not seen within a holistic framework addressing issues of power, environment, social, cultural and political aspects of health.
• Promotion of RACGPs online cultural awareness training tools to increase uptake within the College.
• Promotion of research projects being undertaken in Indigenous health.
• Continued support to build, refine and implement RACGPs mentoring program.
• Incorporate Aboriginal and Torres Strait Islander health content into RACGP general practice standards and guidelines.
• Review assessment models from an access and equity perspective.
• Future editions of RACGP standards and guidelines to seek input and review from the RACGP National Faculty of Aboriginal and Torres Strait Islander Health and the CPMCs Indigenous Health Committee.
• Evaluation activities. For example, registrars baseline knowledge of Aboriginal and Torres Strait Islander health issues could be undertaken at the beginning, middle and end of their program to assess their knowledge, skill base and confidence levels in applying theory to real world situations.

Practice Based Assessment

Practice Based Assessments (PBAs) have been a long standing option and this assessment was recently sat by an Aboriginal and Torres Strait Islander Registrar very successfully. AIDA understand that PBAs are currently under review. AIDA asserts for candidates meeting particular criteria that PBAs be retained as an assessment model.

AIDA would be pleased to discuss with the AMC and the College ways in which we can support current Indigenous registrars and work together to encourage our members to consider undertaking a fellowship with the RACGP. Along with this submission, the priority areas outlined in the CPMC Collaboration Agreement provide a platform to discuss and explore issues of common interest. Please contact Mr Romlie Mokak, AIDA Chief Executive Officer by email Romlie@aida.org.au or phone on 02 6273 5013.

Yours sincerely

Dr Tammy Kimpton
President

1 August 2013