

**2 December 2012**

## **DoHA Discussion Paper: Development of a National Aboriginal and Torres Strait Islander Health Plan**

### **Submission from Medical Deans Australia and New Zealand Inc**

Medical Deans Australia and New Zealand Inc (Medical Deans) welcomes the opportunity to contribute to the Development of a National Aboriginal and Torres Strait Islander Health Plan.

Medical Deans is the peak body representing professional entry-level medical education, training and research in Australia and New Zealand. The organisation comprises the Deans of Australia's eighteen medical schools and the two New Zealand schools.

Medical Deans considers Aboriginal and Torres Strait Islander health to be a national priority and is committed to professionalising Indigenous Health as a discipline within medical education and recruiting and graduating increasing numbers of Aboriginal and Torres Strait Islander doctors. To better achieve our goals in these areas Medical Deans has worked to establish a comprehensive Indigenous Health portfolio which comprises significant partnerships and initiatives including:

- formal Collaboration Agreements with the Australian Indigenous Doctors' Association (first signed in 2005) and Te Ohu Rata O Aotearoa, the Māori Medical Practitioners of Aotearoa/New Zealand (first signed in 2011) providing for a high level sustained commitment to joint decision making, investment in identified priorities, constant learning and reflection, and a transfer of knowledge between our organisations
- the Medical Deans' Leaders in Indigenous Medical Education (LIME) Network, established in 2005
- the development of the *Indigenous Health Curriculum Framework* as a mandated element of all medical school programs, and the subsequent adoption of an AMC accreditation standard on Indigenous Health for all medical schools
- the biennial *Indigenous Knowledge Initiative* for all Deans
- establishing an Indigenous Health Expert Advisory Group into the Medical Deans governance structure
- developing a Memorandum of Understanding with the National Aboriginal Community Controlled Health Organisation

Medical Deans support the development of a National Aboriginal and Torres Strait Islander Health Plan. We note, however, that there is no reference in the Discussion Paper to the implementation and outcomes of the 1989 *National Aboriginal Health*

[www.medicaldeans.org.au](http://www.medicaldeans.org.au)

Phone +61 2 9114 1680  
Fax +61 2 9114 1722  
Email [admin@medicaldeans.org.au](mailto:admin@medicaldeans.org.au)

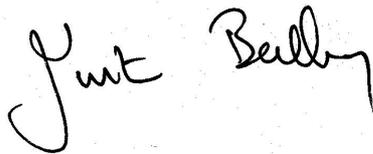
*Strategy* (NAHS)<sup>1</sup>. Medical Deans believes that the new Health Plan should recognise the difficulties associated with implementing NAHS and the value of, along with the barriers to, effectively supporting various forms of community controlled implementation approaches, as outlined in the 1994 NAHS Evaluation<sup>2</sup>.

As work progresses on the development of the National Aboriginal and Torres Strait Islander Health Plan, Medical Deans is keen to see a focus on implementation and particularly on how the Plan may accommodate Aboriginal and Torres Strait Islander health needs across culturally and contextually diverse settings.

We have provided comment on a number of specific consultation questions, which are addressed under their corresponding sections below.

Medical Deans looks forward to continuing our close relationship with the Commonwealth in delivering Aboriginal and Torres Strait Islander health initiatives.

Yours sincerely,

A handwritten signature in black ink that reads "Justin Beilby". The signature is written in a cursive, slightly slanted style.

**Professor Justin Beilby**  
**President**

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<sup>1</sup> Department of Health and Ageing. A National Aboriginal Health Strategy. 1989

<sup>2</sup> Department of Health and Ageing. A National Aboriginal Health Strategy: An Evaluation. 1994

## **DETERMINANTS OF HEALTH**

### ***What are the key things that would make a difference to Aboriginal and Torres Strait Islander peoples health outcomes?***

In terms of establishing targeted health initiatives based on today's context, Medical Deans supports the Health Plan targeting each individual social determinant of health, as identified in the Discussion Paper. In terms of making a sustainable and long term difference, Medical Deans strongly believe that through this Health Plan and in partnership with Aboriginal and Torres Strait Islander organisations and individuals, governments should instigate systemic reform focussed on integrating and better reflecting local Aboriginal and Torres Strait Islander peoples' needs and cultures across the education and health sectors.

Systemic reform is currently taking place within Australian medical schools. Many schools have dedicated significant resources to integrate Indigenous Health into medical curricula and implement strategies to recruit and graduate Aboriginal and Torres Strait Islander medical students. In our experience such reform is a complex task. It requires, among other things, the dedication of resources, senior leadership, development of leadership roles for, and employment of, Aboriginal and Torres Strait Islander staff, sustained collaboration with Aboriginal and Torres Strait Islander organisations, individuals and local community members, and an ongoing commitment to building culturally safe institutions through building cultural awareness, competence and mutual understanding.

We recognise that the reform taking place in medical schools is a significant ongoing task which would not be possible without collaborative initiatives, particularly our collaboration with the Australian Indigenous Doctors' Association (AIDA) and the work of the Leaders in Indigenous Medical Education (LIME) Network.

Without reform across the entire education and health sectors to integrate and better reflect Aboriginal and Torres Strait Islander peoples' needs and cultures, the work of AIDA, Medical Deans, the LIME Network and others implementing Aboriginal and Torres Strait Islander health initiatives is conducted in relative isolation and can be inhibited by the broader backgrounds and experiences of those who deliver health care and/or participate in medical education.

In addition, Medical Deans recommends the Health Plan define how 'genuine collaboration' will take place. This is particularly relevant in relation to the effective implementation of the Plan across diverse Aboriginal and Torres Strait Islander contexts and in effectively supporting various forms of community controlled implementation.

## HEALTH SYSTEM

### ***What more could be done to facilitate the growth, support and retention of Aboriginal and Torres Strait Islander health professionals?***

Medical Deans recognise the Australian Indigenous Doctors' Association's *Healthy Futures Report*<sup>3</sup> as defining best practice in the recruitment and retention of Aboriginal and Torres Strait Islander medical students. Since the Healthy Futures Report was published in 2005 Aboriginal and Torres Strait Islander medical student enrolments have increased from 94 (1.2% of) total domestic enrolments to 226 (1.6%). Several Australian medical schools implement the themes of best practice within the Healthy Futures Report. The recently completed *Medical Deans – AIDA National Medical Education Review*<sup>4</sup> found that these schools, particularly those implementing pre-medicine, enabling and or bridging programs, have been largely responsible for the significant increase in Aboriginal and Torres Strait Islander medical student enrolments.

In our experience, to successfully implement a range of initiatives to facilitate the growth of Aboriginal and Torres Strait Islander health professionals requires significant structural and cultural reform within institutions. Senior leadership and substantial resources are needed to establish an Indigenous Health Unit, develop initiatives such as pre medicine programs and to provide appropriate academic and cultural support to those students that require it. Currently, in many medical schools the sustainable implementation of these initiatives is inhibited by available funds and/or ad hoc, largely external funding.

The reports of the *Medical Deans – AIDA National Medical Education Review* and *Building Indigenous Medical Academic Leaders*<sup>5</sup> illustrate the difficulties associated with recruiting and graduating more Aboriginal and Torres Strait Islander health professionals as varied, contextual and complex, and that commitments made to foundational work in this area need to be delivered.

Notwithstanding the constraints, Medical Deans is committed to supporting the recruitment and retention of Aboriginal and Torres Strait Islander medical students by establishing parity targets as follows: 2.2% for enrolments (consistent with the proportion of age16-64 population which identifies as Aboriginal or Torres Strait background) and completion rates consistent with those for non- Indigenous medical students.

Medical Deans recommends Government work with, and support, the health education sector in ensuring all institutions have the foundational requirements to facilitate the growth of Aboriginal and Torres Strait Islander health professionals.

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<sup>3</sup> AIDA. Healthy Futures: Defining best practice in the recruitment and retention of Indigenous medical students. 2005

<sup>4</sup> Medical Deans – AIDA. National Medical Education Review. 2012

<sup>5</sup> Medical Deans – AIDA. Building Indigenous Medical Academic Leaders. 2012

Further to assist in meeting the above targets, Medical Deans encourages Government to consider funding mechanisms which focus on retention and completion rates.

***What more could be done to develop, support and retain mainstream health professionals to provide comprehensive and culturally appropriate health care services to Aboriginal peoples?***

The CDAMS (now Medical Deans) *Indigenous Health Curriculum Framework*<sup>6</sup> provides medical schools with a set of guidelines for success in developing and delivering Indigenous health content in core medical education. The *Curriculum Framework* is highly regarded amongst medical educators, has been incorporated into the national accreditation standards by the Australian Medical Council and will be utilised as a critical foundation document for Health Workforce Australia's interdisciplinary Aboriginal and Torres Strait Islander Curriculum Framework. Effective implementation of the *Curriculum Framework* requires Indigenous health content to be integrated horizontally and vertically throughout a medical education course. In doing so curriculum reform is necessary across the medical curriculum. Importantly, this involves the employment of Aboriginal and Torres Strait Islander staff and significant collaborative work to be undertaken with non-Indigenous educators to ensure appropriate delivery of content.

Medical Deans encourages the development of a comprehensive training program by the Australian Medical Council to strengthen the medical schools' accreditation process and outcomes with respect to Indigenous Health. Such a program should include a component on Indigenous matters within the orientation of all members of the accreditation team; and the specific recruitment, training and addition of Indigenous accreditors on all teams.

Experience based learning activities involving working with Aboriginal and Torres Strait Islander patients and staff members has been recognised as vital in the development of health professionals to provide comprehensive and culturally appropriate health care services to Aboriginal and Torres Strait Islander peoples. In recognising this Medical Deans is currently developing a Memorandum of Understanding with the National Aboriginal Community Controlled Health Organisation (NACCHO). A key objective of this partnership will be to lead the development of coordinated two way capacity building partnerships between individual medical schools and ACCHOs.

Medical Deans acknowledges the constraints of the Aboriginal Community Controlled Health Sector to provide quality placements for medical students in partnership with medical schools. With this in mind Medical Deans recommends the Health Plan supports the development and infrastructure requirements of ACCHOs

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<sup>6</sup> Medical Deans. CDAMS Indigenous Health Curriculum Framework. 2004

and university health faculties to provide quality placements for tertiary students across all health disciplines.

Additionally Medical Deans recommends the Health Plan recognise the need for governments to work with and support the health education sector in resourcing curriculum reform.

In doing so the Health Plan will support health services of future generations to become more culturally competent work places and therefore more appropriate services for Aboriginal and Torres Strait Islander peoples to access.

## **PRINCIPLES AND PRIORITIES**

### ***What do you think should be the guiding principles of the Health Plan?***

Medical Deans believe the following guiding principles should be included in the Health Plan:

- Ongoing education and health sector reform
- Accommodating Aboriginal And Torres Strait Islander health needs across culturally and contextually diverse settings
- Genuine collaboration to effectively supporting various forms of community controlled implementation approaches
- Acknowledgement of the diversity of Aboriginal and Torres Strait Islander peoples and cultures across Australia

### ***What do you think should be the priorities for the Health Plan?***

Medical Deans think the priorities of the Health Plan should include:

- Requirements for reform across the health and education sectors to better integrate and reflect the needs and cultures of Aboriginal and Torres Strait Islander peoples
  - Requirements for governments to work with and support the necessary reforms within the Health Education and Aboriginal Community Controlled Health Sector
  - Initiatives which build on the NAHS and address the difficulties associated with its implementation
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