Medical Deans
AUSTRALIA AND NEW ZEALAND

Indigenous Health Strategy

2021 – 2025

Colin 'Bud' Gibson is a proud Barkindjii and Wangkumara man with ancestral lines to the Ngyampaa and Wiradjuri nations. Colin now resides in beautiful Lake Macquarie which is Awabakal country.

Back in 2005, the Australian Indigenous Doctors' Association (AIDA) commissioned Colin to create an artwork. "Sacred Walk" was then presented to the Committee of Deans of Australasian Medical Schools (CDAMS), which is now Medical Deans Australia and New Zealand.

ARTWORK STORY AND MEANING: The story of the artwork represents a journey and healing for Aboriginal people

The hands on the painting represent healing. The hands are black and white to acknowledge the cultural need for Aboriginal people to include traditional healing as part of a Western model of healing.

The sun represents the creator.

The footprints represent many different journeys, including the journey of the Indigenous students to reach their goal of becoming doctors, and also the journey of our ancestors and elders who fought for Aboriginal rights so future generations had access to this this opportunity.

The smaller circles represent the many communities the students come from, and also the communities they will go on to serve. The circles are linked together like our Aboriginal communities. This also represents the important partnerships that health professionals need to forge with Aboriginal people and communities, to work with us so we can make better decisions about our own health.

The two Rainbow Serpents (Ngatyi in Barkindjii/Paakantyi language / Parditha in Wangkumara language) – which are important and sacred in my people's culture. The Rainbow Serpents are associated with water – they bring water to provide for the people and bring healing to our country. The Barkindjii/Paakantyi means "river people" – we belong to the river and it belongs to us. We don't exist without the river/water. The rainbow serpent brings water and healing to the river, which means it also brings healing to the people and country. The state of our river and country directly affects the health and existence of the Barkindjii.

Christianity has always played a big role in my family's journey – when I painted Sacred Walk the serpents reminded me of a story in the bible where the Israelites were bitten by fiery serpent. To be saved, Moses had to fashion a bronze serpent and raise it on a rod so they could look at it and would be saved. A similar image is used by doctors and healthcare personnel, such as that on the Medical Deans Australia and New Zealand logo.

The circle at the centre is our common goal – it keeps us focused on the destination, but at the same time we need to appreciate the journey

Sacred Walk *by Colin "Bud" Gibson*

"The journey is as important as the destination.
Everything that we do leads us to our destination."

Presented to the Committee of Deans of Australasian Medical Schools (CDAMS, now Medical Deans Australia and New Zealand)

From the Australian Indigenous Doctors Association (AIDA)

9th October 2005

The Story

- The hands represent healing.
- The sun represents the creator.
- The footprints represent the walk, travel, and journeys required by AIDA and CDAMS to reach a common goal.
- The smaller circles on the outside represent the many communities that medical students come from. The communities, like all Indigenous people, are linked.
- The serpent represents the symbol used in the medical and health field seen on ambulances and medical alert bracelets.
- The centre circle represents a common goal.

Acknowledgements

To determine how Medical Deans can best work to drive and support equitable health outcomes in the coming years, we sought the advice of key Indigenous health stakeholders through an Indigenous Advisory Group (IAG), which met for the first time in February 2021 and continued to provide invaluable advice throughout the development of this Strategy.

We would like to express our grateful thanks to the external members of the IAG for their time, thoughtful insights, constructive challenges, and valued support:

- Professor Michelle Leech – IAG Chair; Vice President, Medical Deans Australia and New Zealand; Deputy Dean, Monash Faculty of Medicine, Nursing and Health Sciences
- A/Professor Lilon Bandler – LIME Network Principal Research Fellow
- Ms Monica Barolits-McCabe – CEO, Australian Indigenous Doctors Association
- Professor Gervase Chaney – National Head, School of Medicine, University of Notre Dame Australia
- Professor Sandra Eades – Dean and Head of Curtin Medical School
- Professor John Fraser – Dean, Medical and Health Sciences, University of Auckland
- Professor Peter O'Mara – Director, Thurru Indigenous Health Unit, School of Medicine and Public Health, Newcastle University
- Dr Tanya Schramm – National Aboriginal Community Controlled Health Organisation
- Professor David Tipene-Leach – Kaihautū/Chair, Te Ohu Rata o Aotearoa (Te ORA) – Māori Medical Practitioners
- Mary Anne Reid – Senior Policy Officer, Medical Deans Australia and New Zealand
- Helen Craig – CEO, Medical Deans Australia and New Zealand

Medical Deans Australia and New Zealand

INDIGENOUS HEALTH STRATEGY

2021 – 2025

INTRODUCTION

The Medical Deans Australia and New Zealand (Medical Deans) Indigenous Health Strategy 2021-2025 (the Strategy) expresses the strong commitment of Medical Deans and medical schools in Australia and New Zealand to equitable health outcomes for Indigenous people, through medical education and medical workforce development.

Medical Deans recognises the substantial and unacceptable inequity in health and social outcomes for Aboriginal and Torres Strait Islander peoples and Māori. These are a legacy of colonisation, dispossession and marginalisation, and are manifest in the social and environmental determinants of health, including education, employment, income, and personal and community agency. Institutional racism and implicit biases persist in society more broadly, as well as in medical education, by health professionals, and within systems of health care; and Medical Deans individually and as a collective are committed to playing an active role to stamp out these biases and behaviours.

We also recognise the strengths and resilience of Indigenous peoples in Australia and New Zealand and the value of Indigenous peoples' knowledge, culture and traditions. We are committed to shifting the discourse from a deficit model – which itself causes harm – to one based on strengths and self-determination. We are committed to working in partnership with, and being guided by, Indigenous leaders, organisations, communities and individuals, on our thinking and our work.

Input to the Strategy

In addition to the invaluable input and guidance provided by the members of the Indigenous Advisory Group (IAG) formed to support the development of this Strategy, Medical Deans drew on the important insights and experience provided by Aboriginal and Torres Strait Islander and Māori students, including through their representatives in the Australian Indigenous Doctors' Association (AIDA) and Te ORA – Māori Medical Practitioners.

We also referenced a wide range of resources including the (Draft) National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework and Implementation Plan 2021-2031, Closing the Gap Engagement report 2020, AIDA's *Healthy Futures* report (2005), the Medical Deans-AIDA National Medical Education Review Final Report (2012), and the Medical Deans-AIDA Capacity Building for Indigenous Medical Academic Leadership Final Report (2012).

Focus of the Strategy

This Strategy builds on some distinct improvements in medical education in Australia and New Zealand – notably, the implementation of Indigenous Health within medical schools' curricula, increased numbers of Indigenous students in medical programs, and a growing Indigenous academic, research and professional workforce. However, Medical Deans and medical schools recognise that there is still much more to do.

Representation of Indigenous people in the medical workforce – a priority for achieving equitable health outcomes – is a continuing challenge, with Indigenous doctors remaining significantly under-represented in the medical workforces of both Australia and New Zealand. Aboriginal and Torres Strait Islander students are now entering medical school at the level of population parity in Australia, however the data suggests that more support for progression through to graduation is needed.[1] Good progress has been made in New Zealand, where commencing Māori medical students comprise 18 per cent of the domestic cohort, and graduate at closer to population parity levels.[2] However, taking into account the currently very low proportion of Indigenous doctors, and the differences in health status and mortality for Indigenous peoples, medical schools need to consider setting targets for recruitment, retention and graduation above population parity levels, otherwise we will continue to fall short.

Educating non-Indigenous medical students to ensure they are culturally safe and technically capable practitioners on graduation is also a priority and a challenge. To achieve this, students must have sufficient exposure to working with and caring for Indigenous patients and their families – in community settings as well as hospitals – and schools must ensure effective assessment of students' cultural safety and technical competence to work with Indigenous patients over the course of the medical degree.

Finally, medical schools must continue to work on building a culturally safe and inclusive learning environment free from bias, discrimination and racism. This means actively creating a culture within the medical school and broader university environment that is inclusive, supportive and intolerant of racism and discrimination; identifying and eliminating racism and bias throughout medical programs and curricula; and recruiting and retaining Indigenous medical educators and professional staff at all levels within medical programs.

This Strategy has been developed to drive and support change in the domains where Medical Deans can have most impact. However, we also recognise that Medical Deans and our members can use our influence and voices to support broader, systemic reforms within health education, the healthcare system and society as a whole, to ensure equitable health and social outcomes for Indigenous peoples.

[1] In 2021, 3.2% of commencing domestic students, and 2.1% of domestic graduates, were Aboriginal and Torres Strait Islander people (2020_MDANZ-Student-Statistics-Report-1.pdf (medicaldeans.org.au)

[2] In 2020, 14.6% of the domestic cohort graduating from medical school were Māori (https://medicaldeans.org.au/md/2021/09/MDANZ-Student-Statistics-Report-2020-1.pdf)

PRIORITIES

Leverage the voice of Medical Deans

Recognise the privileged position of the Deans, and harness their leadership role and influence to advocate for systemic reform to drive equitable health and social outcomes for Indigenous peoples.

Grow the Indigenous medical workforce

Improve the health outcomes for Indigenous people through increased numbers of Indigenous doctors in the national medical workforces of Australia and New Zealand.

Grow the Indigenous health and medical academic and teaching workforce

Enhance medical education for all students through increased numbers of Indigenous academics and educators at all levels within medical programs in Australia and New Zealand.

Educate culturally safe and technically capable practitioners

Equip medical students with the knowledge, skills and experience needed to improve health outcomes for Indigenous people when they transition to practice.

Share reform workload

Prevent 'cultural loading' by reducing the incidence of requests for Indigenous staff and students to inform/train others on Indigenous cultural matters.

Address racism wherever it occurs

Ensure processes are robust, and leadership support is clear, for calling out and addressing racism wherever it occurs in medical education. Work to prevent racism by building an inclusive, respectful and safe learning environment, intolerant of racism, discrimination and bias.

STRATEGIES & ACTIONS

Priority: Leverage the voice of Medical Deans

Medical schools, individually and as a group, are a significant voice within the health and health education sector, and have a responsibility and strong commitment to social accountability, defined by the World Health Organisation as, "the obligation to direct their education, research and service activities towards addressing the priority health concerns of the community, region and/or nation that they have a mandate to serve".

As the leaders of these schools, the Deans are in a unique and privileged position, and accept their responsibility to advocate for greater support for Indigenous peoples. Medical Deans can help leverage the voice of the Deans through advocacy on widespread, systemic issues affecting the health outcomes for Indigenous peoples in Australia and New Zealand.

Individual Deans are also well placed to influence systemic change within their own schools and universities. Support for Indigenous students and staff, and dealing with racism and bias, can be uneven across medical schools and is sometimes dependent on one or a small number of individuals within a particular school. This can lead to 'burnout' of individual champions, as well as the lapse of initiatives when these champions change their role or leave their school. Systemic reform is needed to bring about lasting change.

Strategies & Actions

The strategies and actions below focus on how Medical Deans can help to drive systemic reform in support of Indigenous peoples, both within their schools and externally.

- ***Identify and harness opportunities to advocate for reform.***

1) Use Medical Deans' engagement with stakeholders, including through policy submissions and public statements, to advocate for policies and changes that drive equitable health and social outcomes for Aboriginal and Torres Strait Islander peoples and Māori.

- ***Support member Deans in prioritising systemic reform within their schools.***

2) Use Medical Deans' member networks to explore good practice and showcase the ways in which some medical programs are building effective and systemic support for Indigenous students and staff.

3) Create opportunities for medical school leaders to collaborate on systemic reforms, including: the development of effective leadership, capacity building, delivering on the accountabilities of medical schools, and forming authentic partnerships with Indigenous leaders, organisations and communities.

Priority: Grow the Indigenous medical workforce

Commencement of Indigenous students in medical schools in both Australia and New Zealand has increased to reflect population parity. However, there is a risk that this progress masks the following ongoing problems:

- Indigenous students not sufficiently supported through to graduation
- Low commencement figures for some medical schools disguised by comparatively high commencement figures for other medical schools
- Low numbers of Indigenous doctors in many medical specialty training programs and very low representation in the national medical workforces of the two countries.

The incredibly low representation of Indigenous doctors in the current workforce, and the higher burden of ill-health in Indigenous peoples, also means that achieving parity in admissions isn't going to be anywhere near sufficient. We must aim higher.

AIDA's *Healthy Futures*[3] report identified good practice in recruitment and retention of Indigenous students as a "comprehensive approach, including: personal contact and community engagement; university and school visits; Indigenous health support units; Indigenous staff; mentoring; curricula; and cultural safety."

This finding remains consistent with a 2019 study of the evidence base on retention of Aboriginal and Torres Strait Islander health students[4] (in medical, nursing and allied health tertiary courses), which found that the most successful approaches were multi-layered, including: "culturally appropriate recruitment and selection processes; comprehensive orientation and pre-entry programs; building a supportive and enabling school culture; appointing Indigenous academics; embedding Indigenous content throughout the curriculum; developing mentoring and tutoring programs; flexible delivery of content; partnerships with the Indigenous Student Support Centre; providing social and financial support; and 'leaving the university door open' for students who leave before graduation to return."

Strategies & Actions

The strategies and actions below focus on increasing Aboriginal and Torres Strait Islander and Māori representation in the medical workforce by growing the Indigenous student pipeline into medical schools and driving higher retention through to graduation of Indigenous students.

3 AIDA, 2005
4 Taylor, Lalovic & Thompson, Beyond Enrolments: a systemic review exploring the factors affecting retention of Aboriginal and Torres Strait Islander health students in the tertiary sector, International Journal for Equity in Health, 2 September 2019.

- ***Advocate for member schools to establish and meet Indigenous student admission targets above population parity.***

1) Bring Deans together to share best practice in recruitment through earlier engagement with primary, secondary and undergraduate Indigenous students. Identify ways to collaborate, not compete, for increased total recruitment.

2) Identify and promote to member schools case studies of medical programs which consistently recruit a relatively high percentage of Indigenous students, including by setting admission targets above population parity. Focus on lessons learned by these schools and how these could be applied more widely.

- ***Assist medical programs in removing barriers and providing sufficient support for Indigenous students to progress through to graduation.***

3) Support member schools in building the capacity and capability of all their staff to contribute to supporting Indigenous students throughout their time in the medical program.

4) Showcase to member schools good practice examples/case studies of medical programs with a high percentage of Aboriginal and Torres Strait Islander and Māori students progressing through to graduation. Highlight approaches which have been effective within particular schools, including how these have been prioritised and implemented.

5) Identify potential barriers by contributing to the collection of data/research on the selection and progression of Aboriginal and Torres Strait Islander and Māori students through medical programs.

6) Working through Medical Deans' Medical Education Collaborative Committee (MECC) and Student Health Committee (SHC): investigate issues that are hindering or disadvantaging Indigenous students in progressing through to graduation; develop strategies to address these issues – in collaboration with Indigenous students and, where relevant, their families and support networks – and support their implementation.

7) Identify and progress areas where national collaborations, initiated through Medical Deans' standing committees, can contribute to the work of individual medical schools.

Priority: Increase the Indigenous medical academic workforce

The 2020 Closing the Gap Engagement report[5] states that one of the most important ways in which mainstream organisations (including universities) delivering health services to Aboriginal and Torres Strait Islander peoples can contribute to closing the gap is by employing Aboriginal and Torres Strait Islander peoples at all levels of their organisation, including in senior roles[6].

Whether working as Deans, academics, lecturers, Indigenous Unit leads, researchers or professional staff, Indigenous medical school personnel strengthen the cultural competency and safety of the medical school environment. They bring critical knowledge and competency to the training of medical students and contribute significantly to the school's ability to recruit Indigenous medical students and support them through to graduation[7].

Research shows that effective strategies for the recruitment and retention of Indigenous staff include[8]: supportive management structures, respect from colleagues, presence of Indigenous leadership within the university and medical school, culturally safe workplaces, flexible working conditions, and access to professional development.

Strategies & Actions

The strategies and actions below aim to support medical programs in attracting, developing and retaining Indigenous staff across all levels of the organisation.

- ***Assist member Deans to enable greater Indigenous representation in diverse roles within medical schools.***

1) Bring Deans and other relevant school staff together to share ideas on how to attract and retain Indigenous staff, including by ensuring an equitable focus on the professional development and career progression of Indigenous staff.

2) Develop career pathways for Indigenous health and medical academic workforce that are mindful of cultural loading and cultural expectations from the university.

3) Support member Deans to take a leadership role in promoting understanding and valuing of the roles and scope of work of the Indigenous leads, academics and support staff within their schools. Build the capabilities of non-Indigenous academics in senior positions to be aware of and address the barriers experienced by Indigenous academics, and share the reform workload.

[5] *Closing the Gap Engagement report, Coalition of Peaks, June 2020, p.54.*
[6] *The gap in health outcomes for Indigenous and non-Indigenous Australians*
[7] *Ibid*
[8] *(Draft) National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework and Implementation Plan 2021-2031.*

Priority: Educate culturally safe and technically capable practitioners

The importance of cultural safety[9] in achieving equitable health care for Indigenous peoples is widely recognised around the world.[10] Indigenous peoples are more likely to access, and will experience better outcomes from, health services which are respectful and culturally safe places.[11]

Educating students to be culturally safe and technically capable practitioners includes education in each of the following three strands:

- ***Equity***: Inequitable health outcomes for Indigenous peoples, the historical, social and other determinants behind them, and the critical need for change.[12]
- ***Proficiency***: The ability to effectively interact, work and develop meaningful relationships with Indigenous people.
- ***Clinical awareness***: The capacity for individuals to identify the cultural preconceptions/biases they may bring to encounters with Indigenous patients, so there is no negative impact on consultations or patient care.

Medical schools across Australia and New Zealand recognise their responsibility to equip medical students with the knowledge, skills and attributes needed to deliver culturally safe and technically competent health services to Aboriginal and Torres Strait Islander and Māori patients.

The CDAMS Indigenous Health Curriculum Framework[13] developed on behalf of Medical Deans' member schools provides guidance for individual schools on how to embed training on Indigenous health within their curricula.

Providing more exposure for students to Aboriginal and Torres Strait Islander and Māori patients and their families during clinical placements – including where possible working within the community-controlled health sector – is one recommended avenue for training culturally safe practitioners.

However, there are significant calls on the community-controlled sector, which whilst very supportive, often has limited capacity and infrastructure to support such training. Another recommendation is for medical students to do more training as part of a broader team of health professionals (i.e. nurses, allied health practitioners, pharmacists) who are also deeply involved in the provision of health services to Indigenous peoples, families and communities.

---

[9] *The term 'cultural safety' expands the notion of 'cultural competency' to require health practitioners to examine themselves and the potential impact of their own culture on clinical interactions. Source: Curtis, Jones, Tipene-Leach, Walker, Loring, Pain, Reid, "Why cultural safety rather than cultural competency is required to achieve health equity: a literature review and recommended definition", International Journal for Equity in Health, 14 November 2019.*

[10] *Ibid*

[11] *AIDA https://www.aida.org.au/wp-content/uploads/2018/07/Cultural-Safety-Factsheet_08092015.docx.pdf*

[12] *Recognising that this will also increase understanding of the issues that influence the distribution of health and healthcare within populations.*

[13] *https://medicaldeans.org.au/md/2018/07/CDAMS-Indigenous-Health-Curriculum-Framework.pdf*

Strategies & Actions

The strategies and actions below aim to build on and improve the capacity for medical schools to train the culturally safe and technically competent practitioners of the future.

- ***Educate students in Indigenous health and the provision of culturally safe and technically competent care to Indigenous patients and communities***

1) Widely share, and support consideration of, the findings of a review of the Indigenous Health Curriculum Framework by the Leaders in Indigenous Medical Education (LIME) Network.

2) MECC to partner with the LIME Network Reference Group to develop strategies for enhancing cultural safety education and embedding Indigenous content throughout the curriculum.

3) MECC, in partnership with the LIME Network, to consider and recommend effective approaches to strengthening the assessment of students over the course of their medical degree on Indigenous health and culturally safe practice.

4) Partner with the Indigenous community-controlled health organisation (CCHO) sector to advocate for increased capacity/resourcing for Indigenous CCHOs to undertake medical and health professional education as a core part of their business, where desired by Indigenous CCHOs.

Priority: Share reform workload – prevent 'cultural loading' of Indigenous staff and students

While increased interest in and exploration of Indigenous cultures and Indigenous health is welcome, the load too often falls on Indigenous medical staff and students. This reality was echoed in our consultations with Indigenous students, and in feedback from Indigenous medical school educators and academics.

'Cultural loading' – requests from other students and staff to provide information/training about Indigenous cultures and related aspects of Indigenous health and wellbeing – generates a significant workload, responsibility and strain. Such requests often also fall outside the professional roles of Indigenous educators and the personal knowledge or experience of Indigenous students and staff; they also place Indigenous students and staff at a professional disadvantage compared to their non-Indigenous peers, who have no such extra demands on their time.

The staff responsible for cultural safety training and other Indigenous knowledge-related tasks must be adequately resourced and trained to do this work and take care not to rely on Indigenous staff or students. Resourcing and planning must allow for properly organised input, advice and co-development of initiatives and materials by Indigenous partners and communities.

Strategies & Actions

The actions below seek to reduce the burden of cultural loading on Indigenous staff and students in medical programs.

Remove and prevent the cultural loading occurring within medical schools

1) Support member schools to audit the number of Indigenous staff in their program and the extent to which these staff are taking on Indigenous support tasks outside their job description.

2) Through the Medical Deans' network, and in partnership with the LIME Network, AIDA and Te ORA, identify and promote successful strategies to combat cultural loading.

3) Support Indigenous students to connect to professional networks (e.g., through AIDA, Te ORA) and their universities' Indigenous networks that can provide context and support to prevent cultural loading.

Priority: Address racism wherever it occurs in medical schools

Medical schools are committed to creating an environment and culture that is inclusive, respectful and intolerant of racism, bias and discrimination. This extends to work at the level of university systems and structures – such as human resources, faculty environmental planning, staff recruitment and training – to proactively identify and address what maintains racism and bias within medical schools.

Deans are committed to establishing and modelling an inclusive culture within their school, faculty/college and university, demonstrating the behaviours expected and being the first to call out racism wherever it occurs, whether at an organisational, interpersonal or internal level.

All medical programs must have robust and clear processes for reporting racist incidents and issues. The effectiveness of these systems depends on students and staff, non-Indigenous and Indigenous alike, feeling confident that if they raise an issue or make a complaint involving racism – including systemic or implicit bias – they will be supported, steps will be taken to address the issue, and they will not suffer negative repercussions. The systems and processes within the school should be co-designed with Indigenous students and staff, and reviewed to ensure they are operating as intended and to identify areas of improvement.

Strategies & Actions:

The actions below seek to address racism and bias within the culture and curricula of medical schools.

Address racism within the curriculum

1) Medical Deans to work with Indigenous partners to identify and address harmful Indigenous stereotyping in the curriculum (e.g., case studies and questions connecting Indigenous people to alcohol, domestic violence and non-compliance with health advice).

2) Deans to lead an inclusive, culturally safe and respectful medical school culture where all students and staff – Indigenous and non-Indigenous – are supported in calling out and addressing racism and 'othering' wherever they occur, without fear of repercussion.

3) Deans to ensure that appropriate and co-designed processes are in place, and easily accessible, for the reporting of racist issues, appropriate repercussions and remediation, and support for those impacted.

MONITORING AND EVALUATION

Medical Deans is committed to continuous assessment of the progress of this Strategy. We will collect regular feedback from medical schools, our Indigenous partners and, where appropriate Indigenous medical students, on the work undertaken to implement this Strategy, and the impacts and any implications flowing from the work. Consolidated reports will be presented to and discussed with the Medical Deans' Executive Committee and member schools throughout the period of this Strategy, as well as being shared and discussed with our Indigenous partners.

This reporting will provide the basis for any necessary adjustments or additions, as directed by the Medical Deans' Executive Committee – either to the Strategy itself or to our activities – to ensure we are keeping on-track and progressing the intent of the Strategy, as well as capitalising on any internal or external developments and new opportunities that may arise.

We look forward to continuing to work across the medical school network, with our students, and with our Aboriginal and Torres Strait Islander and Māori partners to ensure that Medical Deans and our member schools take and create every opportunity to drive and support equitable health and social outcomes for Indigenous peoples in the coming years.

Medical Deans
AUSTRALIA AND NEW ZEALAND

www.medicaldeans.org.au
consult@medicaldeans.org.au