

Policy Document

Aboriginal and Torres Strait Islander Medical Student Recruitment and Retention Policy

Background

The Australian Medical Students' Association (AMSA) is the peak representative body of Australia's medical students. AMSA believes that all Australians have the right to the best attainable health. Accordingly, AMSA advocates on issues that may impact health outcomes.

It is well known that health outcomes are significantly worse for Aboriginal and Torres Strait Islander peoples than the general population. The projected life expectancy rates of Indigenous Australian's are around 10 years lower than that of non-Indigenous Australians; an Indigenous male or female born in 2010-2012 is expected to live to 69.1 and 73.7 years respectively [1]. This health inequity is in part due to the high underrepresentation of Aboriginal and Torres Strait Islander Australians in accessing the healthcare system (see *Aboriginal and Torres Strait Islander Health Policy*) [2]. A significant contributor to this is their underrepresentation in the Australian medical workforce. In 2015, there are 204 medical practitioners and 310 medical students in Australia who identify as Aboriginal and/or Torres Strait Islander [3], which equates to approximately 0.3% of medical practitioners who have provided their Indigenous status [4]. 2011 census data states that 3% of Australians identified as Aboriginal or Torres Strait Islander, therefore the number of medical practitioners whom identify as Aboriginal or Torres Strait Islander is well below population parity [5]. As of 2015, Aboriginal and Torres Strait Islander people make up approximately 1% of the total health workforce in Australia [7].

Aboriginal and Torres Strait Islander doctors play a key role in the delivery of culturally appropriate health care. They are able to share their cultural, spiritual, emotional and physical perspectives of health and are therefore able to provide a more holistic approach within the healthcare system [14]. Aboriginal and Torres Strait Islander patients accessing a culturally appropriate health care system may feel supported and be more likely to access health services in the future.

Aboriginal and Torres Strait Islander doctors are viewed as leaders, role models and mentors that inspire further participation from their communities in the healthcare system as well as advocating for the improvement of health outcomes of Aboriginal and Torres Strait Islander people. As the numbers of Aboriginal and Torres Strait Islander doctors remain well below parity, there is a strong need for collegiate support amongst medical professionals to deliver culturally appropriate healthcare to Aboriginal and Torres Strait Islander people.

The shortage of Aboriginal and Torres Strait Islander doctors is innately linked to the underrepresentation of Aboriginal and Torres Strait Islander medical students in Australian medical schools [13]. Factors that contribute to this underrepresentation may be attributed to the social, cultural, economic and geographical barriers that prevent the participation and engagement of Aboriginal and Torres Strait Islander students in tertiary education. For these medical students, factors such as the lack of familiarity with tertiary studies and institutions, as well as the lack of awareness of alternative entry pathways, schemes and financial support, may further contribute to the disparity of participation in tertiary study.

In 2011, the number of first year Aboriginal and Torres Strait Islander medical students reached population parity for the first time, however, the total enrolment rate across the years remains low, at 1.6% of total domestic medical students and Aboriginal and Torres Strait Islander medical students contribute to only 0.5% of total domestic graduations [11]. These figures suggest that, while recruitment numbers have been improving, there is still a significant issue regarding Aboriginal and Torres Strait Islander medical student retention. Aboriginal and Torres Strait Islander students, especially during their second and third year of study, may have significantly higher withdrawal rates than non-Indigenous students [11].

The provision of academic and social support for Aboriginal and Torres Strait Islander students through Aboriginal and Torres Strait Islander Centres within the university is important in the retention of Aboriginal and Torres Strait Islander medical students. These are culturally affirming spaces which provide a “home away from home” and role models such as established Aboriginal and Torres Strait Islander doctors.

The development of the Australian Indigenous Doctors’ Association (AIDA) *Healthy Futures* Report (2008) was integral to providing best practice relating to the recruitment and retention of Aboriginal and Torres Strait Islander people of the health workforce [13]. This report outlines strategies and recommendations for medical schools to follow. There is, however, a significant variation in the implementation of the recommended recruitment and retention strategies made in *Healthy Futures*. In 2012, AIDA and the Medical Deans of Australia and New Zealand released the *National Medical Education Review* (2012). This report documents Australian medical schools’ implementation of AIDA’s Healthy Futures Reports and the Committee of Deans of Australian Medical Schools (now Medical Deans) Indigenous Health Curriculum Framework. In doing so, the report covers the progress that Australian medical schools have made in implementing Aboriginal and Torres Strait Islander medical student recruitment and retention initiatives and Indigenous health curricula since the publication of both documents in 2004/05. In 2012, it was reported that only 6 of 19 Australian medical schools were identified as having implemented some of these strategies. Not coincidentally, these schools are also responsible for most of the recruitments and graduations of Indigenous students. [11]

Indigenous Health Units (IHUs) within tertiary institutions are seen as a fundamental part of supporting Aboriginal and Torres Strait Islander student participation due to their involvement in Indigenous health curricula and Indigenous student recruitment and support as well as establishing partnerships with Indigenous organisations and culturally safe environment at these institutions. IHUs were established within 14 of 19 Australian medical schools/faculties [11]. Of the 218 Indigenous students enrolled in medicine in 2011, 211 were enrolled within these 14 schools, indicating that IHUs play crucial role in the Aboriginal and Torres Strait Islander medical student recruitment and retention.

Position Statement

AMSA believes that:

1. The health of all Australians, regardless of Indigenous status, should be a top priority of all levels of Government and healthcare providers.
2. The current disparities in health outcomes are unacceptable and are a priority for all levels of Government as well as the health community.
3. Aboriginal and Torres Strait Islander peoples should be consulted and provided with meaningful engagement on policies and programs that contribute to Aboriginal and Torres Strait Islander health and wellbeing.
4. Aboriginal and Torres Strait Islander doctors have an important role in the Australian health workforce and their representation in this workforce should be increased through appropriate recruitment and retention strategies in training programs.

Policy

AMSA calls upon:

1. Medical Schools and Universities to:
 - a. Identify and provide appropriate support to Aboriginal and Torres Strait Islander people who are interested in entering medical school, through pathways programs and other university entry programs.
 - b. Develop formal and evidence-based recruitment strategies, including:
 - i. Involving IHU’s, Indigenous staff and Indigenous student health organisations (where available) in the recruitment of Aboriginal and Torres Strait Islander medical students.
 1. Using established relationships between medical schools’ IHUs and Indigenous communities in the recruitment process.
 - ii. Providing support and mentoring programs for Aboriginal and Torres Strait Islander secondary students with an interest in medicine.

- iii. Fostering a culturally appropriate approach in the recruitment of medical students, whereby individual guidance, preferably through an Indigenous staff member, is given to students throughout the recruitment process.
- iv. Providing alternate entry requirements and processes for Aboriginal and Torres Strait Islander students.
- v. Providing physical space for Aboriginal and Torres Strait Islander medical students to seek support and information.
- vi. Providing opportunities for Aboriginal and Torres Strait Islander secondary students to visit universities with information on pathways and support networks available.
- vii. Engaging with and making available to communities culturally appropriate and accessible literature and information about medical studies, admission processes, entry schemes and support structures.
- viii. Providing Aboriginal and Torres Strait Islander students with pre-medical bridging programs.
 - 1. Bridging courses should be available to students either considering applying for medicine, or about to commence first year.
 - 2. Bridging courses should provide educational models for students lacking traditional qualifications for entry into university, prepare students for university study, provide foundation knowledge and skills and develop confidence in student's abilities.
- c. Develop formal and evidence-based retention strategies, including:
 - i. Maintaining (or establishing if necessary) a culturally appropriate approach in the retention and support of individual Aboriginal and Torres Strait Islander Medical students all throughout their medical education.
 - ii. Providing mentoring support programs for Aboriginal and Torres Strait Islander medical students, including social and academic support and professional guidance from experienced medical professionals.
 - iii. Fostering and promoting a culturally safe learning environment for Aboriginal and Torres Strait Islander medical students.
 - iv. Promoting and supporting the involvement of IHU's and Indigenous staff in the medical education and support of Aboriginal and Torres Strait Islander medical students.
- d. Establish population parity entry quotas and ensure that equitable support and retention schemes are in place to maintain population parity graduation numbers.
 - i. Entry schemes should be designated places, which are only available to Aboriginal and Torres Strait Islander students, in addition to students being eligible for regular places.
 - ii. Alternate entry processes should be culturally appropriate and include a community-based interview utilising local Aboriginal and/or Torres Strait Islander community members.
- e. Invest resources into establishing and maintaining IHU's at each university to provide collegiate support for Aboriginal and Torres Strait Islander students. This may be through linking Aboriginal and Torres Strait Islander students within the medical school with academics and local Aboriginal and Torres Strait Islander doctors and AIDA.
 - i. Universities should maintain relationships with their local Indigenous communities via these IHUs.
 - ii. Universities may need to recognise variation in learning styles associated with culture, and provide resources to Indigenous Health Units to assist in the transition to university-style teaching.
- f. Work with their IHUs and local Indigenous communities to recognise those Aboriginal and Torres Strait Islander students who are in financial need and make them aware of the available forms of financial assistance such as bursaries, scholarships and HECS-HELP debt.
- g. Record and provide statistical data on Aboriginal and Torres Strait Islander medical student numbers and progress. This includes recording and evaluating their achievements with regard to implementing recruitment strategies and should be done regularly.
- h. Provide, as much as possible and where appropriate, educational opportunities including clinical placements within a student's own community.
- i. Engage with the wider Aboriginal and Torres Strait Islander community through multiple avenues such as local high schools, local media including Koori mail and radio programs, career development days, and local community events.
- j. Provide medical students with the opportunity to attend engage with Aboriginal and Torres Strait Islander communities through events such as Indigenous festivals in order to promote health-based careers to Aboriginal and Torres Strait Islander high school students.
- k. Provide meaningful engagement and support through medical student groups or societies through various avenues, such as providing roles on their committees dedicated to this.

2. The Australian Government and Government Departments to:

- a. Consult widely with the Aboriginal and Torres Strait Islander community, leaders and health and educational bodies regarding Aboriginal and Torres Strait Islander policy.
 - b. Develop and implement a long-term and sustainable plan to produce equitable health outcomes for all Australians.
 - c. Set and fund a national target for Aboriginal and Torres Strait Islander medical graduates.
 - i. The funding should take into account all the necessary recruitment and retention strategies that Aboriginal and Torres Strait Islander students require.
 - ii. Implementation requires a whole of Government approach, including but not limited to, the Department of Health and Aging and the Department of Education.
 - d. Expand primary and secondary school programs which provide Aboriginal and Torres Strait Islander students with tutoring to identify students requiring appropriate assistance very early on, and before identification in standardised tests when it is often too late.
 - e. Implement schemes that actively encourage Aboriginal and Torres Strait Islander primary and secondary school students to remain within and succeed in the education system and go on to tertiary study.
3. Medical profession to:
- a. Be mindful of the unique vulnerabilities and disadvantages experienced by Aboriginal and Torres Strait Islander people that impact on their physical and mental health and wellbeing.
 - b. Recognise that it is the responsibility of the future health workforce and their educators to ensure they are prepared to reduce this disparity.
 - c. Actively engage with Aboriginal and Torres Strait health related teaching provided through medical school curricula and professional development opportunities, and pursue further adequate and culturally appropriate training.
 - d. Be agents of social change; actively advocating through initiatives that campaign for, and build awareness of, Aboriginal and Torres Strait Islander health issues.
 - e. Act as advocates for Aboriginal and Torres Strait Islander people when encountered in medical practice, taking care to assert their right to an equitable standard of care and educate them regarding available healthcare resources.

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Policy Details

Name: Aboriginal and Torres Strait Islander Medical Student Recruitment and Retention Policy

Category: A – Medical School Programs and Admissions

History: Adopted Council 2 2015

Amalgamated from the Indigenous Student Recruitment and Entry Policy (2010) and Indigenous Student Retention and Support Policy (2010)