

Policy Document

Aboriginal and Torres Strait Islander Medical Student Recruitment and Retention

Background

Australia's medical students are primarily represented through the Australian Medical Students Association (AMSA), advocating on their behalf to ensure that their concerns are heard and respected. As such, AMSA takes strong stances on Aboriginal and Torres Strait Islander health outcomes - in particular, the recruitment and retention of Indigenous medical students into the health workforce.

Indigenous Australians almost universally have poorer health outcomes than the non-Indigenous population, an issue primarily centred on a lack of accessible and appropriate healthcare [1]. Despite recent efforts to create cohesive public policy and the 10th anniversary of the "Close the Gap" campaign, Indigenous health outcomes have consistently fallen below target levels [2]. As of 2017, Indigenous Australians face projected life expectancies of 10-12 years less than non-Indigenous Australians [3, 4]. Furthermore, whilst not an exhaustive list, Indigenous Australians are more likely to suffer from depression or suicidal ideation, chronic disease, and are twice as likely to have severe disabilities [5, 6].

This health inequity has a basis in a long history of neglect, exclusion, and negligence from the medical community, culminating in a lack of accessible healthcare and distrust of western medicine [7,8,9]. Historically, Indigenous communities have had little ability to influence health policies, systems, and medical education, with a severe underrepresentation of Aboriginal and Torres Strait Islander people in the medical workforce [8, 10]

Currently, the number of Aboriginal and Torres Strait Islander doctors is significantly below population parity, which is approximately 3% [10]. Only 0.31% of doctors identified as Aboriginal or Torres Strait Islander in 2014. [10]. As of 2015, there were 56.1 Aboriginal and Torres Strait Islander medical practitioners per 100,000 people compared with 352.6 per 100,000 people for non-Indigenous Australians. [11]

Enrolment of Aboriginal and Torres Strait Islander students in medical programs is on the rise, with 133% more doctors graduating in 2016 compared with the previous five years [12]. The number of Aboriginal and Torres Strait Islander doctors that were expected to graduate in 2017 is 51, compared with 35 the year before [12]. Additionally, in 2017, the percentage of Aboriginal and Torres Strait Islander students starting first-year medicine was 2.4%, moving closer to population parity [12]. Despite the increasing enrolment of Indigenous people in medical programs, there are still challenges to the retention of students, some of which is attributed to cultural factors [13].

It is vital that the medical profession continues to strive for greater representation of Aboriginal and Torres Strait Islander people in the health workforce, in order for healthcare equity and equality to be reached. Currently, racism, lack of understanding of culture and an Anglo-Australian model of health service delivery are all contributing to the lack of utilisation of current healthcare providers, and poorer health outcomes as a result [14]. To address this issue, more Aboriginal and Torres Strait Islander medical students need to be recruited and retained, as they have a greater understanding of Indigenous culture and its significance to the Aboriginal and Torres Strait Islander people, and can therefore deliver more culturally appropriate care as a result [15].

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There are numerous unique barriers and challenges faced by Indigenous students that must be overcome to pursue a medical career. These barriers are already present in the pre-medical school phase. There is a complex historical background of social stigma and racism toward Indigenous people in Australia. Indigenous students can feel unworthy or incapable of being “good enough” to pursue a career in medicine [16]. Additionally, more Indigenous people compared with the rest of the population live in rural and remote areas, where access to quality education is a known issue [17]. Furthermore, when Indigenous students apply for medical school, some universities may require a ‘Confirmation of Aboriginality’ and do not accept a statutory declaration or letter from an Elder to access alternative pathways. This can cause issues for students who have become estranged from their families due to trauma, family or community conflict and whose families were part of the Stolen Generations.

1: A Confirmation of Aboriginality is a document which supports someone's identification as an Aboriginal and Torres Strait Islander person by a registered Indigenous community organisation[18]. It utilises the accepted definition of an Indigenous person as created by the Australian Commonwealth government in the 1980s as “*a person of Aboriginal or Torres Strait Islander descent who identifies as Aboriginal or Torres Strait Islander and is accepted as such by the community in which he or she lives.*” This definition was to serve as a replacement for the blood quantum definitions [19].

There are significant ongoing challenges once Indigenous students begin their medical studies. Most Australian medical courses are in metropolitan areas and require significant upheaval for rural Indigenous students. While moving away from home can be a challenging event for all students, it is well known that Indigenous Australians have unique ties to their land, culture and community, [20] The impact of being away from their community is still pertinent for Indigenous students who live in a metropolitan or city centre, as they may not be able to fulfil the same role within their community with the demands of a medical degree. The medical program and career can be prohibitive and inflexible to Indigenous students and doctors attending important events within communities.

Australian universities have alternative entry pathways for Aboriginal and Torres Strait Islander people to apply to medical school. These pathways address the disparities in education that Aboriginal and Torres Strait Islander people and communities face. Alternative admission pathways/programs aim to graduate more Aboriginal and Torres Strait Islander doctors into the workforce to help overcome health barriers that have been in place for generations.

Formulating an academic and culturally safe environment is imperative for the retention of Aboriginal and Torres Strait Islander medical students. It allows students to express themselves in a culturally affirming space and provides a “home away from home”. Universities achieve this by having Indigenous Engagement and Support Units and Aboriginal and Torres Strait Islander support staff in identified positions.

The Australian Indigenous Doctors’ Association (AIDA) plays a vital role in supporting the health of Aboriginal and Torres Strait Islander people and communities [21]. They achieve this by promoting the recruitment and retention of not only Aboriginal and Torres Strait Islander medical students, but also doctors who have graduated medical school and are now practising medicine within the community. AIDA host a broad spectrum of events and gatherings throughout the academic year to bring together Aboriginal and Torres Strait Islander medical students and doctors. These important mentorship opportunities allow students to access support in a culturally safe environment as well as discuss their unique challenges within the medical field. The annual AIDA conference also hosts non-Indigenous people from the medical community including medical colleges and institutions [21]. By supporting each other, trusting one another and all working together, there can be active recruitment and retention of Aboriginal and Torres Strait Islander medical students.

The benefits of increasing the number of Aboriginal and Torres Strait Islander medical students to reach population parity can be recognised for the student individually, their community, their medical school and for the greater health profession. Increasing the number of Aboriginal and Torres Strait Islander medical students creates educational opportunities for Indigenous students which positively contributes to the individual’s health and wellbeing, as well as their financial stability [22].

A university with dedicated Indigenous medical student selection schemes and support services also contributes to strengthening the connection to cultural identity and community [23]. These connections are often disrupted for individuals with families affected by the Stolen Generations

and other discriminatory laws and policies [24]. Indigenous Engagement and Support Units can assist in re-connecting students with their communities, providing learning opportunities from Elders, and teaching cultural practices [23]. Students suggest that these units also provide social and cultural support for students who have Sorry Business¹, experience racism or discrimination, and family disruptions which can often hinder academic performance or completion of their course. Indigenous medical student selection schemes provide validation of students' Aboriginal and Torres Strait Islander identity, [23] which has positive effects on their mental health and ongoing academic success.

1: Sorry Business is the term given to cultural protocol surrounding the death of a family or community member.

Many Aboriginal and Torres Strait Islander students are the first in their family to attend university and medical school [25]. Therefore incorporating Indigenous students consistently into the medical student cohort, can create a community of support and mentorship, as students who are more progressed in their degrees help guide and support students in earlier years [24]. When students graduate they become strong mentors for current medical students with the ability to guide students through the early years of being a doctor.

Increasing the number of Aboriginal and Torres Strait Islander doctors has a positive effect on Indigenous medical student recruitment [25]. The visibility of Indigenous doctors and medical students in traditional media, on social media and in the community influences young Indigenous people to attend tertiary education, in addition to inspiring them to pursue a career in healthcare. Indigenous doctors can pave the way for future Aboriginal and Torres Strait Islander medical students, junior doctors and specialists [25].

An increase in the number of Aboriginal and Torres Strait Islander doctors has significant positive effects on the healthcare experience of Indigenous communities. [26]. Doctors with cultural similarities often establish a more effective doctor-patient relationship [27]. Indigenous doctors can share their cultural, spiritual, emotional and physical perspectives of health and are therefore able to provide a more holistic approach within the healthcare system [26]. While not a complete list, positive features of this relationship include:

- Increase understanding of the unique struggles of Indigenous patients [26].
- Patients are more likely to engage with health services consistently.
- Patients trust in western health professionals and health services increases.
- Patients with preventable illness present earlier for management and those with chronic illnesses present more frequently for treatment and management.
- Cultural issues can be openly discussed in a safe and understanding environment [27]

The incorporation of Indigenous students in medical schools has several benefits for universities. Aboriginal and Torres Strait Islander students influence the university learning environment. Anecdotal evidence suggests that Indigenous students have the capacity to influence the curriculum to engage in Indigenous health issues in a culturally safe manner that accurately reflects the experiences of Aboriginal and Torres Strait Islander students. In addition, Aboriginal and Torres Strait Islander students attending westernised education institutions such as universities are said to learn how to navigate and operate the differences between Indigenous and non-Indigenous culture and dialects as with all students from diverse backgrounds. This brings diverse experience, ideas and insight into the learning environment.

Appropriate Cultural Safety Training of the medical profession is essential to ensure the retention of Aboriginal and Torres Strait Islander medical students. The Australian Indigenous Doctors Association (AIDA) defines cultural safety as “the accumulation and application of knowledge of Aboriginal and Torres Strait Islander values, principles and norms” [28]. This is viewed on a continuum of care with cultural awareness, cultural sensitivity and cultural safety being the dynamic and multidimensional process to create a culturally safe healthcare setting [28].

Within the medical students' experience, cultural safety is essential in the classroom and in clinical settings to ensure the success of Aboriginal and Torres Strait Islander medical students [28]. Aboriginal and Torres Strait Islander people experience higher levels of discrimination and racism compared to non-Indigenous people [28]. The beyondblue national health survey of doctors and medical students conducted in 2013 showed that Aboriginal and Torres Strait Islander doctors reported 5.5 times the number of incidents of bullying, and 10 times the number of incidence of racism compared to their non-Indigenous counterparts [28]. In an AIDA member survey conducted in 2017, more than 60% reported racism or bullying at least once a week with

10% reporting hiding their Indigenous identity to avoid racial stereotyping, harassment and bullying [29]. Individuals reported being accused of using their racial background to achieve financial advantage and career advancement, being avoided or excluded, and humiliation in front of peers or patients [29]. The report identified considerable mistrust in the existing reporting procedures for incidents of racism and bullying [29].

Systemic racism², interpersonal racism³ and internalised racism⁴ in association with inadequate reporting and follow up mechanisms when racial or discriminatory incidents occur is harmful to Aboriginal and Torres Strait Islander medical student recruitment and retention [29]. As the numbers of Aboriginal and Torres Strait Islander doctors remains well below parity, there is a strong need for collegiate support amongst medical professionals to deliver culturally safe healthcare to Aboriginal and Torres Strait Islander people as well as creating and maintaining culturally safe learning and workplace environments for Indigenous medical students.

2: Systemic Racism involves the policies and practices utilised in establish organisations or institutions which result in a promotion or exclusion of a specific culture, race or racial identity [30]

3: Interpersonal Racism involves the negative attitude of an individual toward a different culture, race or racial identity [30]

4: Internalised Racism involves the negative attitude of an individual toward their own culture, race or racial identity [30]

Position Statement

AMSA believes that:

1. Universities and institutions are individually accountable and collectively responsible for the direct recruitment and retention of Aboriginal and Torres Strait Islander medical students.
2. Aboriginal and Torres Strait Islander people must be consulted in order to actively and meaningfully engage with policies and programs that contribute to the admission and support of Indigenous people into medical schools.
3. The number of Aboriginal and Torres Strait Islander medical students should directly correlate with their represented percentage of the Australian population to ensure culturally safe and appropriate care is provided to Indigenous communities, and to overcome the health deficits seen in Aboriginal and Torres Strait Islander communities.
4. Universities, Governments and the medical workforce must all foster and support a culturally safe environment for Aboriginal and Torres Strait Islander medical students. Moreover, they should also assist students through their studies to meet essential education/course requirements and help overcome or remove barriers to starting and completing their degree.

Policy

AMSA calls upon:

1. Medical Schools, Universities and Institutions to:
 - a. Identify and provide appropriate support to Aboriginal and Torres Strait Islander people who are interested in entering medical school, through mentoring, alternative pathways programs, and other university entry programs.
 - b. Develop effective recruitment and retention strategies via:
 - i. Providing alternate entry requirements and processes for Aboriginal and Torres Strait Islander students.
 - ii. Involving community and Indigenous staff in the recruitment and retention of Aboriginal and Torres Strait Islander medical students.
 - iii. Alternate entry processes which should be culturally safe and include a community-based interview utilising local Aboriginal and Torres Strait Islander community members.

- iv. Fostering a culturally safe approach in the recruitment and retention of medical students, whereby individual guidance, preferably through an Indigenous staff member, is given to students throughout the recruitment process, as well as during the course.
 - v. Establish population parity minimum entry targets and ensure that equitable support and retention schemes are in place to maintain population parity graduation number.
 - c. Invest resources in maintaining Indigenous Engagement and Support Units at each university to provide collegiate support for Aboriginal and Torres Strait Islander students. This may be through linking Aboriginal and Torres Strait Islander medical students with academics, local Indigenous doctors, and the Australian Indigenous Doctors Association (AIDA).
 - i. Universities should maintain relationships with their local Indigenous communities via Indigenous engagement units.
 - ii. Universities need to recognise inherent variation in learning styles and provide resources to Indigenous Engagement Units to assist in the transition to university teaching.
 - iii. Aim to increase the consistency and transparency of statistical data on Aboriginal and Torres Strait Islander medical student numbers and progress, particularly in regards to student retention to allow for better understanding of the needs of Indigenous students.
 - d. Recognise 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.
 - e. Foster a connection to culture, and provide assistance through Indigenous engagement units to reconnect students with their community, culture and history to ensure a sense of empowerment and sense of identity.
 - f. Provide meaningful engagement and support through each university's associated medical student society.
 - i. Ensure involvement of the elected AIDA Student Representative within the university's medical society.
 - ii. Utilise the AIDA Student Representative Council Project 2018 "Engaging Aboriginal and Torres Strait Islander Medical Students" framework annually to highlight and reflect on areas of improvement regarding Aboriginal and Torres Strait Islander student engagement.
 - g. Encourage placement opportunities for all medical students in Aboriginal Community Controlled Health Centres and similar organisations to foster the importance of improved recruitment and retention policies in medicine.
2. The Commonwealth Government, State and Territory Governments and Government Departments to:
 - a. Consult with the Aboriginal and Torres Strait Islander communities, Elders, Australian Indigenous Doctors Association (AIDA), and educational institutions regarding Aboriginal and Torres Strait Islander policy, specifically regarding the recruitment and retention of Indigenous medical students.
 - b. Develop and implement a long-term, sustainable and tangible plan to improve health outcomes for Indigenous people through increasing Aboriginal and Torres Strait Islander medical student recruitment and retention rates.
 - c. Always make Commonwealth supported places available to Aboriginal and Torres Strait Islander medical students at all universities via the Higher Education Contribution Scheme (HECS).
 - i. Always allow Aboriginal and Torres Strait Islander medical student debts to be deferred to the Higher Education Loan Program (HELP).
 3. Medical profession to:
 - a. Be mindful of the unique challenges experienced by Aboriginal and Torres Strait Islander people that impact their tertiary studies.

- b. Engage with Aboriginal and Torres Strait Islander professional development opportunities delivered by Indigenous health organisations.
- c. Act as advocates and support people for current and future Aboriginal and Torres Strait Islander medical students.
- d. Provide culturally safe medical training and a culturally safe workplace environment to Aboriginal and Torres Strait Islander medical students.

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Policy Details

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