

**COMMITTEE OF PRESIDENTS OF MEDICAL COLLEGES
(CPMC)**

**NATIONAL
ABORIGINAL AND TORRES STRAIT ISLANDER
MEDICAL SPECIALIST FRAMEWORK
PROJECT**

**FINAL REPORT
MARCH 2013**

Prepared by the Royal Australasian College of Surgeons

**Funded by the Commonwealth Department of Health
(formerly Department of Health and Ageing)**

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ACKNOWLEDGMENTS

The project would like to thank everyone who assisted with this project. A special thanks go to all medical Colleges Presidents and CEOs, Commonwealth Department of Health, CPMC CEO, Co-Chairs of the CPMC Indigenous Health Subcommittee, past and present and Subcommittee members, AIDA, and all of the medical Colleges staff who helped the project to complete its critically important activities focused on Indigenous medical specialist framework implementation.

Last but not least, the project would like to thank Associate Professor Shaun Ewen, who provided a Framework guideline for implementation of this project based on his work on National Aboriginal and Torres Strait Islander Medical Specialist Framework for Action and Report, 2009.

EXECUTIVE SUMMARY

This is the final report for the National Aboriginal and Torres Strait Islander Medical Specialist Framework Project funded by Commonwealth Department of Health and executed under the contractual agreement between the Committee of Presidents of Medical Colleges (CPMC) and Royal Australasian College of Surgeons (RACS).

This report summarises the progress made by the project from January 2012 to December 2013 against the project deliverables stipulated in the contractual agreement.

The project deliverables are based on the nineteen recommendations of The National Aboriginal and Torres Strait Islander Medical Specialist Framework for Action and Report that was the result of a study commissioned by the CPMC and carried out in 2009 by Associate Professor Shaun Ewen, Onemda VicHealth Koori Health Unit, University of Melbourne.

These 19 recommendations were categorized into three levels of priority by the CPMC Australian Indigenous Health Subcommittee (CPMC-AIHS), in October 2010. In the early phases of the Project the Subcommittee agreed that it would not be possible to implement all nineteen recommendations within the two year timeframe of the project, and thus the main focus for the project was to progress all the First Priority Recommendations, and as many of the Second and Third Priority Recommendations as time and opportunity presented.

The project carried out two major surveys of the 15 specialist medical Colleges to investigate gaps between current activities in Aboriginal and Torres Strait Islander health and the National Framework recommendations so that the project could plan appropriate activities in accordance with the prioritised Framework recommendations. The major finding of the surveys was that Colleges were at different stages in the implementation of the National Framework and at different levels of engagement in Aboriginal and Torres Strait Islander health. The factors causing this variance relate to the size of the College, the resources (both human and financial) available to the College to engage in Indigenous health activities, and the correlation between the areas of need in Indigenous health and the medical specialty of individual Colleges.

In response to the survey results and feedback from the Colleges, a number of initiatives were undertaken to support the implementation of the National Framework. These included the development of a template to standardise the collection of data on the Indigenous status of Trainees and Fellows; an Indigenous specific portal to provide information on specialty training pathways; the convening of a stakeholder workshop to scope guidelines for Indigenous health content; and an Indigenous knowledge Initiative for CPMC leadership. The project also produced a newsletter on a six monthly basis.

The project also identified aspects of the National Framework that would require more targeted action by the Colleges supported by the guidance and leadership by the CPMC and AIDA (through the collaboration agreement), and are reflected in the ensuing recommendations.

The CPMC give consideration to:

- I. the continuation of the work on cultural safety including Colleges' development and implementation of Aboriginal and Torres Strait Islander curriculum and training, strengthen leadership of Indigenous development agenda, development of Indigenous development agenda, development of Indigenous strategies, policies and priorities;
- II. the co-ordination of information dissemination regarding the availability of training posts in Indigenous community settings;

- III. the development of packages of assistance/support for Aboriginal and Torres Strait Islander doctors into and through specialist training including mentoring, financial support and including scholarships, access to networks, research opportunities and related activities;
- IV. the exploration of future STP proposals and how it might prioritise Aboriginal and Torres Strait Islander candidates and settings, liaising with the Department and related stakeholders accordingly, and
- V. further dialogue on Indigenous employment strategies and cross-cultural training for College staff within the agenda of the next IKI for College CEOs.

1. INTRODUCTION

In 2010 the Committee of Presidents of Medical Colleges (CPMC) endorsed the National Aboriginal and Torres Strait Islander Medical Specialist Framework (hereafter referred to as the National Framework). The National Framework outlines 19 strategies for action and reform in vocational graduate medical education in Aboriginal and Torres Strait Islander health. The strategies address curriculum reform to reflect Indigenous health perspectives, the recruitment and retention of Indigenous medical graduates in specialist training programs, and engaging in partnership with the Aboriginal and Torres Strait Islander community. The National Framework was the result of a project commissioned by the CPMC Australian Indigenous Health Subcommittee in 2009.

The CPMC National Aboriginal and Torres Strait Islander Medical Specialist Framework Project (NATSIMSFP) is a collaborative project between the CPMC member Colleges and the Australian Indigenous Doctors' Association (AIDA), funded by the Commonwealth Department of Health (formerly the Department of Health and Ageing). The aim of the two year project has been to work with the specialist Colleges to implement the six Priority One recommendations of the National Framework, as determined by the CPMC Australian Indigenous Health Subcommittee on the 14 October 2010. The National Framework recommendations are provided as Appendix 1.

This report maps the progress made by the project and the CPMC member Colleges in implementing the National Framework during the project period from January 2012 to December 2013.

2. BACKGROUND

The CPMC is the peak specialist medical body in Australia. It supports its fifteen member Colleges in the provision of high quality training and continuing education of the specialist medical workforce in service of the needs of the community.

The individual member Medical Colleges are responsible for the determination and maintenance of standards for their respective disciplines and for the training and education of medical specialists in that discipline.

The CPMC Australian Indigenous Health Subcommittee (CPMC-AIHS) is a subcommittee of the CPMC and was established in 2008 to provide advice on and undertake specific tasks in relation to Aboriginal and Torres Strait Islander health. The Subcommittee's over-arching brief is to develop and facilitate activities with the objective of-

- increasing the number of Indigenous doctors and medical specialists;
- developing mentoring and other programs to support indigenous medical students and doctors in training;
- enhancing training in indigenous health for doctors; and
- establishing collaborative cross-College projects designed to address the gap in Indigenous life expectancy.

In 2009 the Subcommittee commissioned Associate Professor Shaun Ewen from the Ommeda VicHealth Koori Health Unit at the University of Melbourne, to prepare a work plan to guide the CPMC in its commitment to close the gap in health status between Indigenous and other Australians. The National Aboriginal and Torres Strait Islander Medical Specialist Framework for Action and Report was the result of this work. The report specifically highlighted the need to train more Indigenous medical specialists and the need to develop a competency framework for vocational graduate medical education in Aboriginal and Torres Strait Islander health.

The National Policy Context

The Council of Australian Governments (COAG) Close the Gap Statement of Intent signed in March 2008 is an agreed partnership between all levels of government to work with Indigenous Australian communities to achieve the target of closing the gap on Indigenous disadvantage. COAG committed to:

- closing the life expectancy gap within a generation;
- halving the mortality gap for children under five within a decade; and
- halving the gap in reading, writing and numeracy within a decade.

The Statement of Intent acknowledged that specific measures are needed to improve Aboriginal and Torres Strait Islander peoples' access to health services, especially the active involvement of Aboriginal and Torres Strait Islander peoples involved in the design, delivery, and control of these services.

The nineteen strategies outlined in the CPMC National Aboriginal and Torres Strait Islander Medical Specialist Framework are consistent with the targets and outcomes desired by Close the Gap and will ensure CPMC's contribution to this work.

3. PROJECT OPERATION

3.1 Project Governance

The oversight of the Project was the responsibility of the CPMC Australian Indigenous Health Subcommittee (CPMC-AIHS) which reports to the CPMC. The membership of the Subcommittee comprises

- One member of the CPMC;
- President of the Australian Indigenous Doctors Association;
- One representative nominated by each of the Member Colleges;
- Representatives of key indigenous health stakeholders, including the Australian Indigenous Doctors' Association (AIDA), the National Aboriginal Community Controlled Health Organisation (NACCHO) and the Medical Deans Australia and New Zealand, as determined by the Committee from time to time; and
- A representative of the Department of Health and Ageing.

The Subcommittee is chaired jointly by a CPMC member and the AIDA President (or the President's nominee).

At the discretion of the Co-Chairs observers and invited guests may participate in Subcommittee meetings, and during the course of this project the CEOs of CPMC and AIDA, as well as representatives from the Royal Australasian College of Surgeons (RACS) and Onemda Vic Health Koori Health Unit, The University of Melbourne were in attendance.

3.2 Project Administration

Project administration was provided by a Senior Project Officer (SPO), whose main task was to assist the Subcommittee and the member Colleges implement the National Framework. While the position was hosted by the RACS, the SPO worked under the direction of the Subcommittee with final reporting to the CEO CPMC.

3.3 Surveys

3.3.1 First Survey February 2012

In January 2012, the project undertook a survey of the CPMC member Colleges to investigate the gaps between their current activities in Aboriginal and Torres Strait Islander health and implementation of the National Framework. The survey contained 13 questions and is provided as Appendix 2. All 15 Colleges responded to the survey and the major findings were:

- 4 Colleges had data on the Indigenous status of their Trainees and/or Fellows.
- 2 Colleges had strategies for the recruitment, retention and mentoring of Indigenous trainees.
- 2 Colleges provided on-line information on their Indigenous medical specialisation program.
- 9 Colleges had developed Indigenous health-related learning packages, including online modules.
- 8 Colleges provided cultural competency training to their staff, Trainees and Fellows.
- 11 Colleges gave recognition to Indigenous knowledge and culture in their curriculum development and learning processes.
- 4 Colleges had mentoring programs for prospective and current Indigenous trainees.
- 3 had recruitment and retention strategies for Indigenous employment.

3.3.2 Second Survey June 2012

A follow-up survey was undertaken in late June 2012 to clarify and supplement the data collected in the first survey. It contained 35 open-ended questions drawn from the National Framework recommendations, and is provided as Appendix 3. Responses were received from 14 Colleges and the key findings are provided below.

Indigenous Status of Trainees and Fellows

Thirteen Colleges indicated their willingness to use a standard question to collect data on the Indigenous status of their membership. One College, on the other hand, opined that collecting data of this nature was a sensitive issue and was unsure if it would use the standard question.

Indigenous Health Content in Curriculum

Eleven Colleges reported prior knowledge of the Indigenous Health Curriculum Framework prepared in 2004 by the Committee of Deans of Australian Medical Schools (CDAMS), for inclusion in undergraduate medical education. The majority of Colleges were, however, unsure about the meaning of “vertical integration” and unclear how the principles of vertical integration could be incorporated in to specialist training curricula. Twelve Colleges reported they were in the process of either revising or developing curricula to include Indigenous health content but did not specify when this would be completed. Two Colleges already had Indigenous health curricula in their training program.

The majority of Colleges wanted the project to provide a template/framework for appropriate content or, at best, some expert advice and guidance on what this should entail. The Colleges were in favour of using existing resources and agreeable to sharing of information and resources in Indigenous health content.

Critical Reflection and Cyclical Quality Review Tool

The Critical Reflection Tool (CRT) was developed by the Leaders in Indigenous Medical Education (LIME) for use by medical schools to monitor and evaluate implementation of the CDAMS Framework. Nine Colleges reported awareness of the CRT and while acknowledging its merits, indicated some reservation to its use because of its length and complexity. Only one College showed interest in developing a Cyclical Quality Review Tool (CQRT) based upon the CRT. Seven Colleges indicated that a reflection and quality review tool would be beneficial and suggested the project assist in the development of one appropriate to the specialist medical colleges.

Project Newsletter

All Colleges expressed their willingness to contribute to a project newsletter. A newsletter was seen as an important communication tool for reporting on project activities and sharing information on each College’s work in Aboriginal and Torres Strait Islander health and progress in implementing the National Framework

Indigenous Employment Opportunity

Eleven Colleges affirmed their commitment to increasing the number of Indigenous employees in their College, and the belief this could be achieved under Equal Employment Opportunity policies. None of these Colleges however, had specific policies or programs in place to accomplish this commitment. Some Colleges were of the view that Indigenous candidates could be attracted by advertising positions in Indigenous media, such as the National Indigenous Times and Koori Mail, or through Indigenous employment agencies. Nine Colleges suggested that it would be useful for the project to develop a framework or guideline to promote Indigenous employment opportunities within the Colleges.

Medical Student Outcome Database

Eleven Colleges reported awareness of the Medical Student Outcome Database, but offered no information on whether it had been used to guide their recruitment and retention strategies for prospective Indigenous trainees.

Enablers or Barriers to Success for Indigenous Trainees/Graduates

The majority of Colleges do not have Indigenous trainees so could not report on this issue. What feedback was received identified financial and social factors, relocation to undertake training, lack of appropriate role models and support structures, cultural appropriateness, lack of information regarding training programs and training preparation, as the main barriers to recruitment and retention of Indigenous doctors in specialty training.

Indigenous Specific Online Portal for Training and Pathways

Only two Colleges reported they had online information specific to Indigenous training and pathways in their specialty.

Community-Based Cross-Cultural Training in Indigenous Issues

Eleven Colleges reported that they did not have any community based cross-cultural training in Indigenous issues in their College, but all agreed that such training would be beneficial. Three Colleges did report they offer cross-cultural or cultural competence training, but did not specify if it was community-based

Knowledge about the Australian Indigenous Doctors' Association's Pathways into Specialist Paper

Eight Colleges reported no prior knowledge of the AIDA's Pathways into Specialists paper. Colleges familiar with it, found it to be a useful resource to guide College understanding of the policy context, issues and reform needed to increase the Indigenous medical workforce. Colleges were interested in implementing the paper's recommendations where applicable and possible. The AIDA paper is provided as Appendix 4.

Indigenous Knowledge Initiatives for Leaderships

Twelve Colleges reported they did not have an Indigenous Knowledge Initiative for their College leadership, but were very interested in running such a program in the future. One College reported it did have a "meeting with Indigenous leaders all over the country as part of a congress every year", and another that they had "Indigenous Health Chapter- collaboration between the College and Indigenous organisation such as AIDA and NACCHO".

Partnership Approach to Indigenous Health

The majority of Colleges considered a partnership approach to Indigenous health as crucial to the success of program delivery and outcomes. NACCHO, AIDA and the Aboriginal and Torres Strait Islander community controlled health sector were considered to be the relevant partners for Colleges. One College expressed the view that an effective partnership required involvement of Indigenous people at all stages of a project, from initial planning and implementation through to evaluation. This required a long term commitment based on a shared vision, with a realistic consideration of the time and resources available to support the partnership to ensure the project's sustainability and contribution to local capacity building. Nine Colleges reported current relationships with Indigenous organisations such as AIDA, NACCHO and the community controlled health sector through formal or informal arrangements.

Assessing Cultural Competency Standards

It is speculated that the Australian Medical Council (AMC), in its forthcoming review of accreditation standards for medical colleges, may require Colleges to be assessed on cultural competency in Indigenous health. One College expressed the view that the AMC, as a non-Aboriginal and Torres Strait islander organisation, needed to be cautious in recommending standards of cultural competency.

Thirteen Colleges would like the project to produce standards for cultural competence in collaboration with relevant Indigenous organisations. Nine Colleges agreed there was a need for a standard cultural competence curriculum for vocational medical education whilst four Colleges were unsure, with one commenting that a standard curriculum might not address the specific requirements for [the College] education.

Links with Medical Specialist Outreach Assistance Program (MSOAP) or Urban Specialist Outreach Assistance Program (USOAP)

More than half of the Colleges reported links with either the MSOA or USOAP or both. One College was not aware of these programs.

Provision of Indigenous Scholarships

Only two Colleges currently offer scholarship opportunities for Indigenous applicants, with one other exploring funding opportunities to establish one. Six Colleges would like to establish a scholarship for Indigenous trainees, and seven Colleges suggested the CPMC should be involved in this initiative. One College put forward the view that finance was not a barrier to Indigenous doctors pursuing a medical specialist career.

Relationships with Indigenous Community Health Posts.

Three Colleges reported that they had already established trainee placements in the Indigenous community health sector, and a further 6 Colleges indicating their willingness to establish such training opportunities. Some Colleges expressed the view that community health training posts needed to be well supported and adequately funded and decisions to create them were outside of their control. Others postulated that even if placements were provided, they “wouldn’t necessarily deliver more Indigenous specialists.”

Colleges favouring trainee placements in community settings felt it should be a mandatory experience with provision for cultural mentoring and appropriate supervision, and that more training sites needed to be accredited. One College suggested making use of “existing training sites that currently have a higher proportion of Indigenous Australians as well as existing programs that provide an opportunity for Fellows, trainees and IMGS to provide assistance in these areas.”

3.3.3 Survey Conclusions

The surveys revealed that Colleges were at different stages of implementation of the Framework and at different levels of engagement in Aboriginal and Torres Strait islander health. This was in part due to the variations in the size of the membership base and the resources available for work on Indigenous health. The majority of Colleges however were already delivering or in the process of developing education and training packages in Indigenous health and cultural competency. Many also reported the recognition of Indigenous knowledge and culture in their curriculum development.

It was clear from the surveys that some improvements in Indigenous health curriculum and delivery could be made to strengthen the capacity of non-Indigenous specialist Trainees and Fellows to provide culturally appropriate health care to Aboriginal and Torres Strait Islander patients. Colleges were willing to share knowledge and resources about cultural competence and cultural safety to maximise outcomes.

The Colleges also acknowledged that a more systemic approach to the recruitment and retention of Indigenous doctors to the specialty training programs was needed if the Colleges were to deliver increased numbers of Indigenous specialists in the Australian healthcare system. This included the value of improved data collection, access to training pathways and mentoring programs to support Indigenous doctors in both the pre and post training application process.

Importantly, Colleges acknowledged the importance of the Project and the potential for it to deliver tangible benefits to the health of Indigenous people and to the memberships of the Colleges in meeting their commitments to “Closing the Gap”.

4. KEY DELIVERABLES – PRIORITY ONE RECOMMENDATIONS

On 14 October 2010, the nineteen recommendations of the CPMC National Framework were ranked by the Subcommittee into three priority groupings for project delivery. These priority groupings formed the basis of deliverables for the current project.

This section reports on the project outcomes related to the First Priority deliverables, corresponding to recommendations 1 to 6 of the National Framework.

4.1 Deliverable 1- Project Support and Implementation

A funded project officer should be appointed to develop and maintain an Indigenous-relevant online access point for applications into training programs, to support and facilitate applicants' progress in their applications and to coordinate the implementation of the framework report recommendations, in consultation with the Subcommittee.

A fulltime Senior Project Officer (SPO) was appointed in January 2012 to support and assist the Subcommittee and Colleges in the implementation of the National Framework.

The Subcommittee met on 6 occasions to review progress. (Meetings were held on the 31 January 2012, 18 May 2012, 30 November 2012, 7 June 2013, 20 September 2013 and 22 November 2013)

In addition to the close consultations with the Co-Chairs and Subcommittee, the SPO maintained regular contact with all the Medical Colleges via telephone, email and site visits to discuss, advocate and encourage adoption of the National Framework. The SPO also met with AIDA and the Department of Health to discuss project activities and report on progress.

An Indigenous-relevant online access point (project webpage) was developed and launched in early June 2013, and sits under the CPMC website at <http://cpmc.edu.au/special-projects/national-aboriginal-and-torres-strait-islander-medical-specialist-framework-project/>

The project website provides information on the various specialty training programs and provides a list of Fellows from each of the Colleges representing each of medical specialist areas. Since applications into training programs are processed directly by each College, the SPO could not support and facilitate the application process of a prospective Indigenous trainee. Applicants can directly contact the relevant Fellow for advice, guidance and support.

The project participated in and presented at various national international conferences, including:

- The Te ORA (Māori Medical Practitioners Association) Scientific Conference, Ahipara, Kaitaia, Northland, New Zealand, 31 August to 2 September 2012;
- The 6th Pacific Region Indigenous Doctors' Congress (PRIDoC), Alice Springs, 3 to 6 October 2012;
- The LIME Connection V Conference, Darwin, 26 to 28 August 2013; and
- The AIDA Annual Symposium, Canberra, 2 to 6 October 2013.

4.2 Deliverable 2 - Indigenous Status Data

Given the variability of national census data, Colleges should collect the Indigenous status data of their members

To encourage and standardise collection of data on the Indigenous status of the Colleges' membership, the project developed a template (standard question) to assist Colleges in this process. The template is provided as Appendix 5.

The template was developed in consultation with AIDA, and is based on the national best practice guidelines for collecting Indigenous status in health data sets published by the Australian Institute of Health and Welfare (AIHW) in 2010.

The question was rolled out to all Colleges in October 2012 and since then 14 Colleges have reported its immediate adoption or plans for its introduction at next data collection opportunity. Figure 1 provides a summary of the status of Indigenous data collection by College.

Figure 1 Implementation of guideline for collecting data on Indigenous status of membership within Specialist Medical Colleges

Name of College	Implementation status of the question
The Royal Australasian College of Medical Administration (RACMA)	Using within the appropriate documentation
The Royal Australian & New Zealand College of Obstetricians & Gynaecologists (RANZCOG)	Question inserted into online/CV application form for prospective Trainees, and in the annual registration form for Trainees
Australian and New Zealand College of Anaesthetists (ANZCA)	Included in the training application forms from Jan 2013 and also information on existing Trainees and Fellow will be collected this year.
The Australasian College of Dermatologists (ACD)	Implemented for both Trainees and Fellows
The Australasian College for Emergency Medicine (ACEM)	Recently added to the Trainee registration form only.
The Royal Australian College of General Practitioners (RACGP)	College has already a formal document relating to Indigenous identification.
The Royal Australian and New Zealand College of Ophthalmologists (RANZCO)	Using for both trainees and Fellows.
The Royal College of Pathologists of Australasia (RCPA)	Using for both Trainees and Fellows
The Royal Australasian College of Physicians (RACP)	Implemented in the form of College policy for identifying Indigenous status of Trainees and Fellows.
The Royal Australian and New Zealand College of Psychiatrists (RANZCP)	Question implemented, and the College in December 2012 surveyed all the members asking to identify if they were Indigenous
Royal Australasian College of Surgeons (RACS)	Data collected from Fellows since 2009. Will be introduced in the Trainees application process in 2014
College of Intensive Care Medicine of Australia and New Zealand (CICM)	Started to collect this year information for Trainees and Fellows
Australasian College of Sports Physicians (ACSP)	Already implemented in part as the College is revising forms and information gathering process.
Australian College of Rural and Remote Medicine (ACRRM)	Using since Oct 2012 in the application process
The Royal Australian and New Zealand College of Radiologists (RANZCR)	No response

4.3 Deliverable 3 - Indigenous Health Curricula

To develop a learning module or modules in Indigenous health based upon the principles of vertical integration, using existing examples from the CDAMS National Indigenous Health Curriculum, College of General Practitioners and College of Psychiatry, and consistent with recommendations from the Med Ed 2009 conference.

The project surveys revealed that several Colleges had existing learning packages in Indigenous health or were in the process of developing or revising them. Further, Colleges thought it would be beneficial to have some guidelines for Aboriginal and Torres Strait Islander health content to encourage consistency in the curricula across the medical specialties.

To progress this work an intensive workshop was held on 16 August 2013 in Melbourne to identify the educational needs of Trainees and Fellows, identify learning themes and outcomes, and identify barriers and enablers in training and delivery, which needed to be considered in a curriculum guideline. Thirty-five people participated in the workshop. Attendees included 8 Fellows, 16 education staff from specialist Colleges; and 11 representatives from AIDA, AMC, Onemda and the Confederation of Postgraduate Medical Education Councils (CPMEC).

The workshop was structured into two parts. The first part saw brief presentations by each College on the current status of Indigenous health within their training programs, including examples of curricula, processes and strategies for Indigenous engagement, modes of training delivery and assessment, and planned future developments. The second part was devoted to group discussion on a number of questions relating to the training and education needs of Trainees and Fellows; key curriculum themes and content; and issues in implementation. The key issues raised by the discussion are provided as Appendix 6.

There was general agreement on a number of key points:

- It is important to ensure both a horizontal as well as vertical integration of Aboriginal and Torres Strait Islander health in the curriculum, and should not assume any prior knowledge or exposure is assumed, given the differing circumstances under which Colleges' trainees enter their programs.
- It is important to recognise that disease profile and epidemiological data as it relates to Indigenous health is important at specialty level, as are clinical guidelines (where they exist). A curriculum guideline must therefore be flexible to accommodate such specific knowledge and training requirements.
- That a strong recommendation for the mandatory inclusion of the Indigenous health curriculum be made to all specialty colleges
- That each college takes responsibility for curriculum needs specific to their area of specialization.
- The feedback from the workshop to be referred to the Subcommittee for consideration and action.

4.4 Deliverable 4 - Cyclical Quality Review Tool

In association with recommendation 16, the Project Officer to liaise with the medical colleges and develop a cyclical quality review tool, drawing upon the Critical Reflection Tool (<http://www.limenetwork.net.au/content/critical-reflection-tool-crt>) developed by the LIME project, and seeking permission to modify it to ensure relevance for Specialists Colleges.

The CDAMS Critical Reflection Tool developed by the LIME Network Project is a management tool for medical faculties and schools designed to encourage internal reflection, critical thinking, and review of current practice in Aboriginal and Torres Strait Islander health curriculum and medical workforce development, with a focus on future planning in education. A trial of the CRT in all medical schools was completed in October 2008 and provided feedback on the content and utility of the tool as well as the effectiveness of the reflection process. This has resulted in the development of "Reviewing and Mapping Indigenous Health Initiatives: Tools for Medical Schools", which will be trialled at three sites around Australia and New Zealand.

In its discussions on a cyclical quality review tool specific to the medical colleges, the Subcommittee meeting of 9 September 2013 agreed that the development of a tool was not achievable in the time-frame of this project and recommended that the CPMC and AIDA continue to work on the development of a suitable tool for the Medical Colleges, with the view it may be proposed for use in medical College accreditation.

4.5 Deliverable 5 – CPMC and AIDA Collaboration

CPMC to continue its collaboration with AIDA to develop the Indigenous health workforce, from recruitment to specialisation. Advances made through the AIDA-MDANZ agreement provide a framework upon which this recommendation may be operationalised.

In order to develop the Indigenous health workforce from recruitment to specialisation, the majority of Colleges surveyed thought that notwithstanding their current relationship with AIDA, CPMC should itself work in collaboration with AIDA.

In July 2013 this was progressed through the signing of the 2013-2015 CPMC / AIDA Collaboration Agreement with a commitment to continue to develop the Indigenous health specialist workforce. The Agreement is provided as Appendix 7.

4.6 Deliverable 6 - Newsletter

Produce a periodic (twice yearly) e-newsletter from the CPMC Indigenous Health Subcommittee.

The project has produced four newsletters that were distributed by email to the Colleges, members of the Subcommittee, AIDA, NACCHO, LIME and other interested parties. The newsletter is also available on the project website at <http://cpmc.edu.au/special-projects/national-aboriginal-and-torres-strait-islander-medical-specialist-framework-project/#Newsletters>

The newsletters contain reports on project activities, profiles of Indigenous Fellows and Trainees, stories and news from medical specialist Colleges, and information on related conferences and event.

Over time the involvement and contribution of Colleges increased markedly with more news and success stories being published with each new edition.

5. OTHER DELIVERABLES – PRIORITY TWO & THREE RECOMMENDATIONS

This section outlines the project outcomes relating to Priority Two and Priority Three recommendations. These correlate to recommendations 7 to 17, and 18 to 19 respectively, as per the amended National Framework recommendations dated 14 October 2010.

5.1 Deliverable 7 – Indigenous Employment Strategy

CPMC member colleges to implement an Indigenous Employment Strategy within their own organisations.

The survey results showed that a majority of the Colleges (11 Colleges out of 15) believed in equal opportunity principles in relation to the employment of Aboriginal and Torres Strait Islanders in their Colleges.

As a result of advocacy of the project, some Colleges are investigating a range of employment promotion and intervention strategies such as pre-employment and on-the-job training for Aboriginal recruits, mentor support, and short-term secondment of staff from Indigenous organisations. Employment opportunities need to be offered in all aspects of Colleges business, and not just those with an Indigenous-health responsibility.

5.2 Deliverable 8 – Medical Student Outcomes Database

The Medical Student Outcome Database (http://www.medicadeans.org.au/MSOD_Webpages/msod.html) should be used to track medical graduates' pathways, and identify and better understand any enablers or barriers to success for Indigenous graduates.

The project surveys indicated that 11 Colleges were aware of the Medical Student Outcome Database, but none reported using it to inform their recruitment strategies.

The Medical Schools Outcomes Database and Longitudinal Tracking (MSOD) Project is a trans-Tasman project for tracking medical students through medical school and into training. The MSOD Project aims to provide a reliable mechanism for assessing long-term outcomes of educational programs, in particular those aimed at determining the effectiveness of targeted programs and interventions in influencing the career decisions of medical students

Further investigation is needed on how this database can be used for planning and research purposes at the vocational level.

5.3 Deliverable 9 - Online Portal for Indigenous Pathways to Specialty Training

CPMC An online portal specific to Indigenous medical students, junior doctors and trainees should be developed with a focus on support and identifying pathways into specialist training.

The survey results revealed that although individual Colleges provide information about their training program to prospective applicants, there was no specific information on Indigenous pathways to specialist training.

A project webpage on the CPMC website was launched in June 2013. The webpage provides project information and outlines on the specialty interests of each College and links to their websites.

It is hoped that this webpage will continued to be populated with up to date general as well as College specific information about training opportunities and be of use to Indigenous medical students and junior doctors in identifying pathways into specialist training.

The CPMC website is currently under migration to a new internet host and a tool to monitor hits by page will be available for reporting and evaluation purposes.

5.4 Deliverable 10 – Training for Administrative Staff

Colleges should provide the opportunity for their entire administrative staff to undertake community-based cross-cultural training in Indigenous issues.

The project surveys revealed that the majority of Colleges do not provide their administrative staff with opportunities to undertake community based cross-cultural training in Indigenous health. While many Colleges indicated they would like to conduct such training for their staff in future, they were uncertain as to cross cultural training would be suitable.

5.5 Deliverable 11 – Continuing Medical Education

Utilising Continuing Medical Education/Continuing Professional Development processes, Colleges to encourage Fellows to attend cultural competence training courses related to Indigenous health.

All Colleges provide Continuing Professional Development (CPD) programs for their Fellows. Through the Department of Health under the Rural Health Continuing Education (RHCE) Sub-Program Stream One, many colleges have been able to develop and deliver educational tools and activities in Aboriginal and Torres Strait Islander health. While these have been aimed primarily at rural and remote clinicians, these Indigenous health and cultural competency resources have been taken up by city based specialists.

It was recently reported to the project by one of the Colleges that they carried out a cultural awareness program in Tasmania for their Trainees and Fellows inviting a local Indigenous speaker on the training program.

5.6 Deliverable 12 – Pathways into Specialties

CPMC to recommend that member colleges implement the recommendations of the AIDA Pathways into Specialties paper. Currently, initiatives are in place at RACP and RAGP

The AIDA Pathways into Specialties paper is about strategic approaches to increasing the number of Aboriginal and Torres Strait Islander Fellows in Australia. In January 2013 the paper was distributed to all Colleges, and Colleges were encouraged to consider its recommendations in their Indigenous trainee recruitment and retention strategies. All College Presidents have now agreed to adopt the paper.

5.7 Deliverable 13 – Indigenous Knowledge Initiative

Implement an Indigenous Knowledge Initiative for CPMC leadership.

The inaugural Indigenous Knowledge Initiative (IKI) program for CPMC leadership was convened at the Koorie Heritage Trust in Melbourne on 6 November 2013. Hosted by the CPMC Subcommittee and AIDA, the program

included presentations from Indigenous leaders and health practitioners and a visit to the Victorian Aboriginal Health Service (VAHS) to meet with staff and discuss the services provided to Aboriginal people in Victoria. The program for the inaugural IK is provided as Appendix 8.

The main objectives of the program were

- to share knowledge and understanding of Aboriginal and Torres Strait Islander health and wellbeing between Presidents and Aboriginal and Torres Strait Islander health leaders and health services providers;
- to engage in two-way conversation in a mutually respectful, supportive and collegiate manner; and
- to consider the translation of knowledge gained by President's in their leadership roles within their specific areas of medical specialty.

The program was very well received by those Presidents who attended, but unfortunately only five Presidents were available to attend on the day. In line with the Collaboration Agreement, 2013-2015 between CPMC and AIDA, the IKI will be offered every 2 years.

5.8 Deliverable 14 Partnership Approach to Indigenous Health

To re-affirm a partnership approach to Indigenous health. This recommendation needs to be realised at the national, state and territory, and local levels. Specifically, relationships with NACCHO and their state affiliates, and other community-based organisations, could offer a broad range of training opportunities in Aboriginal health.

The project surveys revealed that while just over half of the Colleges had limited relationships with AIDA and NACCHO, all Colleges acknowledged that the partnerships were important to Indigenous health development. Such partnerships included Indigenous representation on committees and Faculty boards and co-operation in specific projects and events. The signed Collaboration Agreement between CPMC and AIDA is an important example of the partnership approach to Indigenous health at the national policy level.

5.9 Deliverable 15 - Training for AMC Accreditation Teams

To develop a training module to assist the AMC accreditation teams when assessing College standards of cultural competence.

The project surveys revealed that all Colleges supported the inclusion of standards in Indigenous health and cultural competency in the Australian Medical Council (AMC) accreditation of the Medical Colleges. On 17 October 2012, a joint letter was issued by the CPMC and AIDA to the AMC requesting that the Specialist Education Accreditation Committee (SEAC) consider the inclusion of specific accreditation standards in relation to Aboriginal and Torres Strait Islander health in the Standards for Assessment and Accreditation of Specialist Medical Education Programs and Professional Development Programs. This request has been acknowledged by the AMC and further collaborative work between all three parties is anticipated. The relevant documentation is provided as Appendix 9.

5.10 Deliverable 16 – Cultural Competence Curricula

CPMC to direct the Subcommittee to systematically evaluate and promote to the medical colleges, relevant sections of existing initiatives in Indigenous health and cultural competence curricula and to identify best practice.

The project surveys revealed that the majority of Colleges were in favour of the CPMC developing a standard template for cultural competence curricula based on best practice education guidelines. This recommendation will be further discussed by the Subcommittee and CPMC.

5.11 Deliverable 17 - Medical Specialist Outreach Programs

CPMC to support MSOAP and USOAP in its efforts to provide services to Indigenous people based on community identified needs and priorities, regardless of their geographic circumstances. This recommendation can best be met through strong partnerships, e.g. with NACCHO and its membership, and with other organisations.

The project surveys revealed that more than half of the Colleges were engaged in the Medical Specialist Outreach Assistance Program or Urban Specialist Outreach Assistant Program or both.

The extent to which specialists are able to engage in MSOAP and USOP is governed by the programs' guidelines. Both programs aim is to increase access by Aboriginal and Torres Strait Islander communities living in urban, rural and remote areas to a range of health services specific to the treatment and management of chronic disease, and in particular target diabetes, cardiovascular disease, chronic respiratory disease, chronic renal (kidney) disease and cancer.

5.12 Deliverable 18 – Indigenous Trainee Scholarships

The CPMC should develop, and seek funding for, scholarships to support Indigenous trainees. These could be used to assist Trainees in their vocational development activities including, but not limited to, paying aspects of the training program such as examination fees. The Puggy Hunter Memorial Scholarship is an example of such a named scholarship for Indigenous health science undergraduates.

The project surveys revealed that only two Colleges offered Indigenous health-related scholarships, and these were primarily bursaries to support attendance by Indigenous doctors and/or medical students at scientific meetings or specialty workshops.

More recently the Australasian College of Dermatologists was successful in creating a designated Indigenous training post through funding under the Rural Specialist Training Program (RSTP)

Many Colleges reported the lack of funding as the major barrier to establishing new scholarships, and urged the CPMC to be involved in securing financial support for Indigenous scholarships as well as identifying opportunities to create designated Indigenous training posts.

5.13 Deliverable 19- Indigenous Health Training Posts

Promote a centralised, coordinated approach to identifying and communicating trainee placements into Indigenous health training posts. Particularly at more advanced levels, this provides valuable medical services to Indigenous people whilst exposing trainees to Indigenous contexts.

The project surveys indicated that 3 Colleges were providing trainee placements in Aboriginal and Torres Strait Islander community health settings. Many Colleges believed that lack of funding was the major barrier to having training placements in community settings, and Colleges did not have control of this.

6. DISCUSSION AND RECOMMENDATIONS

Work commenced on the Project with the expectation that implementation of all nineteen recommendations of the CPMC National Framework would occur within the two year timeframe for the project. By mid-term it was evident that this expectation was unrealistic, given the complex nature of some of the recommendations, the lead time required for College review and approval purposes and the resources that each College was able to dedicate to the project. Despite these factors the Project did accomplish some key deliverables, progressed many of the Second and Third Priority recommendations, and laid the foundations for on-going collaboration between the Colleges. The CPMC and AIDA are to continue this work towards full implementation of the National Framework beyond the post project end date. The project's progress on the implementation of the 19 recommendations is summarised as Appendix 10, with the key deliverables being:

- the introduction of a standard for collecting data on the Indigenous status of the college membership;
- initial scoping of guidelines for Indigenous health content for medical specialists;
- the initiation of the Indigenous Knowledge Initiative (IKI) to promote recognition of Indigenous knowledge and translation of this knowledge by the college leadership into practice;
- the establishment of an online Portal for prospective Indigenous trainees; and
- a project newsletter.

The Project also had other outcomes, which while not directly related to project deliverables, did contribute to the success of the project and will hopefully benefit future collaboration between all stakeholders. These outcomes include:

- a renewed commitment by all Colleges to Aboriginal and Torres Strait Islander health and support for the CPMC National Framework;
- a recognition that Colleges have varying levels of resources and capacity to implement the National Framework;
- a willing engagement by all Colleges to share resources and learn from each other's experience to achieve common goals; and
- an understanding of the governance and administrative structure of medical colleges and appreciation of timelines for approvals process.

The project also identified aspects of the National Framework that would require more targeted action by the Colleges supported by the guidance and leadership by the CPMC and AIDA (through the collaboration agreement), and are reflected in the ensuing recommendations.

The CPMC give consideration to:

- I. the continuation of the work on cultural safety including Colleges' development and implementation of Aboriginal and Torres Strait Islander curriculum and training, strengthen leadership of Indigenous development agenda, development of Indigenous development agenda, development of Indigenous strategies, policies and priorities;
- II. the co-ordination of information dissemination regarding the availability of training posts in Indigenous community settings;
- III. the development of packages of assistance/support for Aboriginal and Torres Strait Islander doctors into and through specialist training including mentoring, financial support and including scholarships, access to networks, research opportunities and related activities;
- IV. the exploration of future STP proposals and how it might prioritise Aboriginal and Torres Strait Islander candidates and settings, liaising with the Department and related stakeholders accordingly, and

- V. further dialogue on Indigenous employment strategies and cross-cultural training for College staff within the agenda of the next IKI for College CEOs.

APPENDICES

Appendix 1 National Framework Recommendations

**CPMC Australian Indigenous Health Subcommittee
Recommendations from framework report 2010
as amended by the Subcommittee on 14 October 2010**

First priority

1. A funded project officer should be appointed to develop and maintain an Indigenous-relevant online access point for applications into training programs, to support and facilitate applicants' progress in their applications and to coordinate the implementation of the framework report recommendations, in consultation with the Subcommittee.
2. Given the variability of national census data, Colleges should collect the Indigenous status data of their members.
3. To develop a learning module or modules in Indigenous health, based upon the principles of vertical integration, using existing examples from the CDAMS National Indigenous Health Curriculum, College of General Practitioners and College of Psychiatry, and consistent with recommendations from the Med Ed 2009 conference.
4. In association with recommendation 16, the Project Officer to liaise with the medical colleges and develop a cyclical quality review tool, drawing upon the Critical Reflection Tool (<http://www.limenetwork.net.au/content/critical-reflection-tool-crt>) developed by the LIME project, and seeking permission to modify it to ensure relevance for Specialists Colleges.
5. CPMC to continue its collaboration with AIDA to develop the Indigenous health workforce, from recruitment to specialisation. Advances made through the AIDA-MDANZ agreement provide a framework upon which this recommendation may be operationalised.
6. Produce a periodic (perhaps twice yearly) e-newsletter from the CPMC Indigenous Health Subcommittee.

Second priority

7. CPMC member colleges to implement an Indigenous Employment Strategy within their own organisations.
8. The Medical Student Outcome Database (http://www.medicaldeans.org.au/MSOD_Webpages/msod.html) should be used to track medical graduates' pathways, and identify and better understand any enablers or barriers to success for Indigenous graduates.
9. An online portal specific to Indigenous medical students, junior doctors and trainees should be developed with a focus on support and identifying pathways into specialist training.

- 10. Colleges should provide the opportunity for their entire administrative staff to undertake community-based cross-cultural training in Indigenous issues.*
- 11. Utilising Continuing Medical Education/ Continuing Professional Development processes, Colleges to encourage Fellows to attend cultural competence training courses related to Indigenous health.*
- 12. CPMC to recommend that member colleges implement the recommendations of the AIDA Pathways into Specialties paper. Currently, initiatives are in place at RACP and RACS.*
- 13. Implement an Indigenous Knowledge Initiative for CPMC leadership.*
- 14. To re-affirm a partnership approach to Indigenous health. This recommendation needs to be realised at the national, state and territory, and local levels. Specifically, relationships with NACCHO and their state affiliates, and other community-based organisations, could offer a broad range of training opportunities in Aboriginal health.*
- 15. To develop a training module to assist the AMC accreditation teams when assessing College standards of cultural competence.*
- 16. CPMC to direct the Subcommittee to systematically evaluate and promote to the medical colleges, relevant sections of existing initiatives in Indigenous health and cultural competence curricula and to identify best practice.*
- 17. CPMC to support MSOAP and USOAP in its efforts to provide services to Indigenous people based on community identified needs and priorities, regardless of their geographic circumstances. This recommendation can best be met through strong partnerships, eg with NACCHO and its membership, and with other organisations.*

Third priority

- 18. The CPMC should develop, and seek funding for, scholarships to support Indigenous trainees. These could be used to assist Trainees in their vocational development activities including, but not limited to, paying aspects of the training program such as examination fees. The Puggy Hunter Memorial Scholarship is an example of such a named scholarship for Indigenous health science undergraduates.*
- 19. Promote a centralised, coordinated approach to identifying and communicating trainee placements into Indigenous health training posts. Particularly at more advanced levels, this provides valuable medical services to Indigenous people whilst exposing trainees to Indigenous contexts.*

Appendix 2 First Survey Questionnaire

CPMC AUSTRALIAN INDIGENOUS HEALTH MEDICAL SPECIALIST PROJECT

(First Survey questionnaire)

Name of College:

Questions	Yes	No	If “yes” a brief description of the information about your answer
	(Please tick)		
Do you have data on Indigenous trainees/fellows?			
Do you have Indigenous medical specialist training recruitment, retention, and mentoring strategy?			
Do you have on-line information regarding your Indigenous medical specialisation program (e.g. a portal, website)?			
Have you developed any Indigenous health-related learning module, including e-learning?			
Do you have cultural competency training to college staff, medical trainees and fellows and also training module, if any?			
In curriculum development and learning process, is there specific recognition of Indigenous knowledge and culture?			
Is there any information			

Questions	Yes	No	If “yes” a brief description of the information about your answer
	(Please tick)		
collection regarding enablers or barriers to success for Indigenous trainees?			
Do you have relationships with Aboriginal controlled health organisation/s , and also with National Aboriginal Community Controlled Health Organisation (NACCHO)?			
Do you have partnership approach to Indigenous health?			
Do you provide trainees placements into Indigenous health training posts?			
Do you have mentoring programs and models for indigenous trainees?			
Do you have recruitment and retention strategies in promoting indigenous employment?			
Have you any program/ project that may be of great importance in relation to impacting indigenous health, education, and training?			

Appendix 3 Second Survey Questionnaire

CPMC AUSTRALIAN INDIGENOUS HEALTH MEDICAL SPECIALIST PROJECT

(Second round questionnaire for Colleges)

Framework recommendations and related questions	Answers to the questions to be provided in the space below. If the space is not sufficient, please use extra sheet of paper as an attachment to the relevant question.
<p>First priority recommendations: Given the variability of national census data, Colleges should collect the Indigenous status data of their members. Question:</p> <ol style="list-style-type: none"> 1. The project has recently developed a format/ layout for questioning indigenous status. This will make data collections easier, and comparisons and projections possible. What mechanism can you identify to ensure this data is collected? 	
<p>To develop a learning module or modules in Indigenous health based upon the principles of vertical integration, using existing examples from the CDAMS National Indigenous Health Curriculum, College of General Practitioners and College of Psychiatry, and consistent with recommendations from the Med Ed 2009 conference.</p> <p>Question:</p> <ol style="list-style-type: none"> 1. Are you aware of curriculum framework for the inclusion of Indigenous health in basic medical education developed by Medical Deans Australia and New Zealand, formally known as CDAMS? 	

Framework recommendations and related questions	Answers to the questions to be provided in the space below. If the space is not sufficient, please use extra sheet of paper as an attachment to the relevant question.
2. Have you included vertical integration principles in developing learning modules?	
3. What is the timeframe/plan for development of Indigenous content for your college?	
4. In what ways could this project support your College in developing learning modules in Indigenous health?	

Framework recommendations and related questions	Answers to the questions to be provided in the space below. If the space is not sufficient, please use extra sheet of paper as an attachment to the relevant question.
<p>In association with recommendation 16, the Project Officer to liaise with the medical colleges and develop a Cyclical Quality Review Tool, drawing upon the Critical Reflection Tool (http://www.limenetwork.net.au/content/critical-reflection-tool-crt) developed by the LIME project, and seeking permission to modify it to ensure relevance for Specialists Colleges.</p> <p>Question:</p> <ol style="list-style-type: none"> 1. Are you aware of Critical Reflection Tool developed by the LIME project? If yes, do you have any thought on the development of a Cyclical Quality Review Tool based on the Critical Reflection Tools developed by LIME? 	
<ol style="list-style-type: none"> 2. How could this project support the development of sustainable Cyclical Quality Review for indigenous health curriculum for your College? 	
<p>CPMC to continue its collaboration with AIDA to develop the Indigenous health workforce, from recruitment to specialisation. Advances made through the AIDA-MDANZ agreement provide a framework upon which this recommendation may be operationalised.</p> <p>Question:</p>	

Framework recommendations and related questions	Answers to the questions to be provided in the space below. If the space is not sufficient, please use extra sheet of paper as an attachment to the relevant question.
1. Does your College have a formal or informal relationship with AIDA- could you describe it?	
2. Can you envisage ways this project could help facilitate the relationship with AIDA?	
Produce a periodic (perhaps twice yearly) e-newsletter from the CPMC Indigenous Health Subcommittee. Question: 1. This project is planning on disseminating an e-newsletter twice yearly. What information would be useful for you to see in this newsletter?	
Second priority recommendations: CPMC member Colleges to implement an Indigenous Employment Strategy within their own organisations. 1. Are there existing opportunities for Indigenous employment within your College?	

Framework recommendations and related questions	Answers to the questions to be provided in the space below. If the space is not sufficient, please use extra sheet of paper as an attachment to the relevant question.
<p>2. What sort of strategy do you think would be more suitable to promote Indigenous employment opportunity?</p> <p>3. Do you think the project should consider coming up with a framework to help your College in this regard?</p>	
<p>The Medical Student Outcome Database (http://www.medicadeans.org.au/MSOD_Webpages/msod.html) should be used to track medical graduates' pathways, and identify and better understand any enablers or barriers to success for Indigenous graduates.</p> <p>Question:</p> <p>1. Are you aware of the medical student outcome database to track medical graduates' pathways?</p>	
<p>2. Can you identify enablers or barriers to success for Indigenous trainees/graduates entering a training</p>	

Framework recommendations and related questions	Answers to the questions to be provided in the space below. If the space is not sufficient, please use extra sheet of paper as an attachment to the relevant question.
<p>program in your College?</p>	
<p>An online portal specific to Indigenous medical students, junior doctors and trainees should be developed with a focus on support and identifying pathways into specialist training.</p> <p>1. Are you developing an online portal specific to Indigenous medical training and pathways within your College?</p>	
<p>2. Are you willing to contribute to the project portal by providing your College information regarding your training programs and fellowships?</p> <p>Colleges should provide the opportunity for their entire administrative staff to undertake community-based cross-cultural training in Indigenous issues.</p> <p>Question:</p> <p>1. What program do you have to train your staff on community-based cross-cultural training in Indigenous issue?</p> <p>If none, do you think it would be useful to organise such a program to train your staff adequately and appropriately in handling Indigenous issues?</p>	

Framework recommendations and related questions	Answers to the questions to be provided in the space below. If the space is not sufficient, please use extra sheet of paper as an attachment to the relevant question.
<p>CPMC to recommend that member colleges implement the recommendations of the AIDA Pathways into Specialties paper. Currently, initiatives are in place at RACP and RACS.</p> <p>Question:</p> <ol style="list-style-type: none"> Are you aware of AIDA's Pathways into Specialists paper? If "yes", would you like to make a comment about it? If "no", would you like to receive a copy of the paper? 	
<ol style="list-style-type: none"> Would you be interested to implement the recommendations of the AIDA Pathways into Specialities paper within your College? <p>Implement an Indigenous Knowledge Initiative for CPMC leadership.</p> <p>Question:</p> <ol style="list-style-type: none"> Have you had any program in the past to implement an Indigenous Knowledge Initiatives for leaderships at your College? 	

Framework recommendations and related questions	Answers to the questions to be provided in the space below. If the space is not sufficient, please use extra sheet of paper as an attachment to the relevant question.
<p>If not, would you be interested in running such a program in future?</p>	
<p>2. What do you think would be the best way to run a program to implement an Indigenous Knowledge Initiative for leaderships?</p>	
<p>To re-affirm a partnership approach to Indigenous health. This recommendation needs to be realised at the national, state and territory, and local levels. Specifically, relationships with NACCHO and their state affiliates, and other community-based organisations, could offer a broad range of training opportunities in Aboriginal health.</p> <p>Question:</p> <p>1. What do you think about the partnership approach to Indigenous health?</p>	

Framework recommendations and related questions	Answers to the questions to be provided in the space below. If the space is not sufficient, please use extra sheet of paper as an attachment to the relevant question.
2. Who do you think would be the relevant partners in Indigenous health and training programs for your College?	
3. What do you think would make an effective partnership with Indigenous organisations, such as NACCHO, AIDA, and Community controlled health organisations?	
4. What relationships are there? Can we use this for other Colleges to assist?	

Framework recommendations and related questions	Answers to the questions to be provided in the space below. If the space is not sufficient, please use extra sheet of paper as an attachment to the relevant question.
<p>To develop a training module to assist the AMC accreditation teams when assessing College standards of cultural competence.</p> <p>Question:</p> <ol style="list-style-type: none"> 1. It has been suggested that the AMC will assess College standards of cultural competency as part of the assessment of all Colleges. Would it be of assistance to your College if the project produces a template for standard of cultural competency? 	
<p>CPMC to direct the Subcommittee to systematically evaluate and promote to the medical colleges, relevant sections of existing initiatives in Indigenous health and cultural competence curricula and to identify best practice.</p> <p>Question:</p> <ol style="list-style-type: none"> 1. Do you think there is a need to have standard cultural competence curricula for Indigenous health so as to identify best practice? 	
<ol style="list-style-type: none"> 2. Do you think the project can be helpful to design standard cultural competence curricula? 	

Framework recommendations and related questions	Answers to the questions to be provided in the space below. If the space is not sufficient, please use extra sheet of paper as an attachment to the relevant question.
<p>CPMC to support MSOAP and USOAP in its efforts to provide services to Indigenous people based on community identified needs and priorities, regardless of their geographic circumstances. This recommendation can best be met through strong partnerships, e.g. with NACCHO and its membership, and with other organisations.</p> <p>Question:</p> <ol style="list-style-type: none"> 1. Have you had some links with MSOAP and USOAP? If yes, can you describe it briefly? 	
<p>Third priority recommendations:</p> <p>The CPMC should develop, and seek funding for, scholarships to support Indigenous trainees. These could be used to assist Trainees in their vocational development activities including, but not limited to, paying aspects of the training program such as examination fees. The Puggy Hunter Memorial Scholarship is an example of such a named scholarship for Indigenous health science undergraduates.</p> <p>Question:</p>	

Framework recommendations and related questions	Answers to the questions to be provided in the space below. If the space is not sufficient, please use extra sheet of paper as an attachment to the relevant question.
<p>the community members, while, at the same time, exposing trainees/fellows to Indigenous health conditions and situations.</p>	

Appendix 4 AIDA Pathways into Specialists: A strategic approach to increasing the number of Aboriginal and Torres Strait Islander Fellows

Pathways into Specialties

A strategic approach to increasing the number of Aboriginal and Torres Strait Islander Fellows

Context

The poor status of Aboriginal and Torres Strait Islander health and the 17-year life expectancy gap is well documented. The burden of disease experienced by Indigenous Australians is estimated to be two and a half times greater than the burden of disease in the wider Australian population.

Aboriginal and Torres Strait Islander people experience higher death rates than non-Indigenous Australians across all age groups, from all major causes of death.ⁱ This – in a nation which in general, has one of the healthiest populations of any developed country and which has access to a world-class health system – is unacceptable.

Since the 2008 national *Apology to the Aboriginal and Torres Strait Islander peoples of Australia*, the Australian Government has demonstrated commitment to overcoming the disadvantages faced by Aboriginal and Torres Strait Islander people.

In signing the *Close the Gap Statement of Intent* (2008), the Australian Government commits to developing a comprehensive, long-term plan of action to achieve equality of health status and life expectancy between Aboriginal and Torres Strait Islander peoples and non-Indigenous Australians by 2030. This commitment includes the training of an adequate number of health professionals to deliver health care services.

The Council of Australian Governments (COAG) *National Healthcare Agreement* (29 November 2008) provides for a significant funding reform package that will enable this to occur through:

- \$500 million in additional Commonwealth funding for undergraduate clinical training
- An increase of 605 postgraduate training places
- 212 additional ongoing GP training places and 73 specialist training places.

The (former) National Aboriginal and Torres Strait Islander Health Council (NATSIHC) auspiced the development of the *Blueprint for Action: Pathways into the health workforce for Aboriginal and Torres Strait Islander people* - a framework for Australian, State and Territory government to retain and build the capacity of the existing Aboriginal and Torres Strait Islander health workforce by addressing ongoing support and career development needs.ⁱⁱ

In response to this key document, Ministers Gillard, Roxon and Macklin agreed to form an interdepartmental committee (IDC) to consider the recommendations of the Blueprint for Action report. The 21 recommendations raise significant implications

for cross-portfolio initiatives and are congruent with the Council of Australian Government's (COAG) workforce strategies under the *Closing the Gap* agenda.

The current environment provides the political will, intent and opportunities to develop and imbed a range of strategies that will have long-lasting positive benefits towards improving the health and well-being of Aboriginal and Torres Strait Islander people.

There are significant roles for key agencies such as the Australian Indigenous Doctors' Association (AIDA) to play in advocating for improved Aboriginal and Torres Strait Islander health workforce development.

Profile of Indigenous Fellowship

There are currently 140 Aboriginal and Torres Strait Islander medical graduates throughout Australia and some 137 Aboriginal and Torres Strait Islander medical students. Within the cohort of Aboriginal and Torres Strait Islander medical graduates, there are many examples of success.

Exemplar: Aboriginal and Torres Strait Islander Fellows

Australian & New Zealand College of Psychiatrists – 1 Fellow
Cardiac Society of Australia and New Zealand – 1 Fellow
Royal Australian College of General Practitioners – 10 Fellows
Royal Australasian College of Surgeons – 1 Fellow
Royal Australasian College of Physicians – 3 Fellows
Royal Australian and New Zealand College of Obstetricians and Gynaecologists – 1 Fellow

Note: There is limited data available regarding the number of Aboriginal and Torres Strait Islander Fellows. The information provided is indicative of AIDA's knowledge across the network.

These exemplars have a flow-on effect for other medical graduates in that Fellows are paving the way, supporting and championing for Registrars and others. This in turn provides an increased critical mass of the Aboriginal and Torres Strait Islander medical specialist workforce across Medical Colleges.

The current 137 Aboriginal and Torres Strait Islander medical students provides fertile ground with which to grow the Aboriginal and Torres Strait Islander medical workforce. Given the increasing numbers of Aboriginal and Torres Strait Islander medical students and graduates, it is feasible that a range of strategies be developed in partnership with Medical Colleges and the Committee of Presidents of Medical Colleges (CPMC) to clarify pathways into specialty training, and support the current and future Registrars in training.

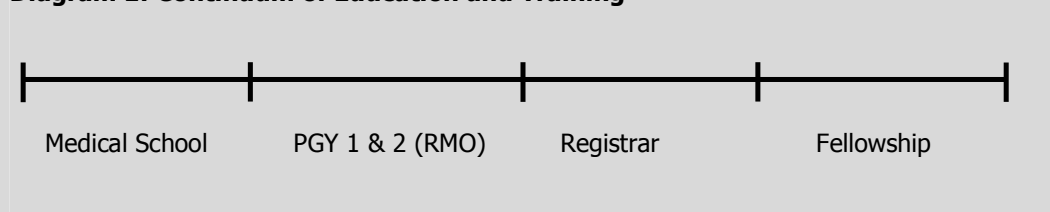
There is a greater role that AIDA can play in ensuring a smoother pathway for medical graduates into Fellowship and thereby increasing the number of Aboriginal and Torres Strait Islander graduates into Fellowship.

Pathways into Specialties

AIDA's Aboriginal and Torres Strait Islander medical graduates have identified four stages in the ideal pathway into Fellowship. These comprise:

- Medical School graduation
- Post Graduate Year 1 (Intern) & Post Graduate Year 2 (Junior Medical Officers)
- Registrar Training
- Fellowship

Diagram 1: Continuum of Education and Training



However along the continuum of education and training, many Aboriginal and Torres Strait Islander people face barriers, including lack of knowledge of the options available, lack of access and contact with key people, and isolation from colleagues.

The AIDA graduate membership has identified a range of support strategies which would smooth the pathway for medical graduates into Fellowship. These include:

- The promotion of prerequisites for entry into Medical Colleges. For example: the Royal Australasian College of Surgeons (RACS) requires research and publication of articles.
- Information, support and assistance about the pathway into Medical Colleges. For example, exams to prepare for, introductions to influential people and networking, choosing your referees.
- Professional mentoring and cultural support along the continuum. For example, Dr Kelvin Kong's "Cutting Clubs" with surgical registrars.
- Development of an induction or "survival" kit as an Aboriginal and Torres Strait Islander Doctor. This needs to include information regarding dealing with stress, dealing with death in a culturally appropriate manner, healing yourself, and what to do if you fail an exam?
- Medical Colleges implementing an accredited Indigenous health curriculum.
- Facilitating flexible training opportunities that develop a suite of skills within the portfolio, including Indigenous health

Rationale

AIDA is dedicated to the pursuit of leadership, partnership and scholarship in Aboriginal and Torres Strait Islander health, education and workforce. AIDA is a large membership based organisation, which plays a critical role in advocating for an increase in the numbers of Aboriginal and Torres Strait Islander graduates and medical students.

AIDA operates at a range of levels to influence for an increased Aboriginal and Torres Strait Islander health workforce including; communities and schools, universities, government and Parliament.

AIDA members are unique to the medical workforce in that they not only are able to practice a high level of clinical medicine, but they also bring an understanding and knowledge of the Aboriginal and Torres Strait Islander concept of holistic health:

“Not just the physical well-being of the individual but the social, emotional, and cultural well-being of the whole community. This is a whole-of-life view and it also includes the cyclical concept of life-death-life.”ⁱⁱⁱ

In this respect, the benefits of an increased Aboriginal and Torres Strait Islander workforce are two-fold:

1. Indigenous medical practitioners offer a unique combination of clinical and cultural competence and expertise in improving the health and wellbeing of Aboriginal and Torres Strait Islander people and communities.
2. The medical fraternity and wider community are enriched by embracing the cultural diversity of Aboriginal and Torres Strait Islander professionals. Through the development of culturally safe environments for Indigenous medical graduates, more Aboriginal and Torres Strait Islander people are able to reach their potential.

Aims

This paper forms part of AIDA's policy framework and engagement with key stakeholders and aims to:

- ❖ Increase the number of Aboriginal and Torres Strait Islander graduates recruited, supported and retained by specialist Medical Colleges.
- ❖ Ensure smoother pathway into and through specialty training for Aboriginal and Torres Strait Islander medical graduates.

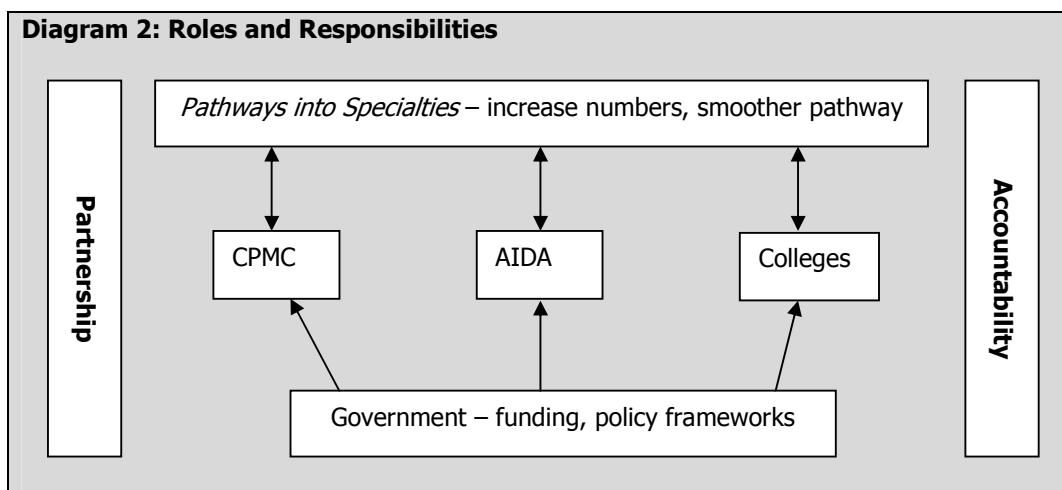
Targets

1. All government policy and programs regarding workforce development commit to resourcing the capacity of Aboriginal and Torres Strait Islander medical graduates into Fellowship.
2. CPMC and Medical Colleges provide advocacy and leadership in relation to improving Aboriginal and Torres Strait Islander health.
3. CPMC establish an integrated plan that encourages, supports and resources cross-College initiatives on Aboriginal and Torres Strait Islander projects and programs.
4. All Medical Colleges develop and implement a recruitment and retention plan to support Aboriginal and Torres Strait Islander medical graduates into Fellowship.
5. All Medical Colleges identify, record and collate Aboriginal and Torres Strait Islander status of Fellows and Registrars.
6. All Medical Colleges provide culturally competent and safe support to Aboriginal and Torres Strait Islander medical graduates, Registrars and Fellows.

Roles and Responsibilities

AIDA is not able to achieve the aims of increasing the numbers of Aboriginal and Torres Strait Islander Fellows and ensuring a smoother pathway alone.

Key roles and responsibilities for the pathway into specialist medical education, training and Fellowship are held with key organisations including Government, CPMC, and Colleges.



- ❖ Government - the Australian and State Governments play dual roles in establishing the policy frameworks for medical education and enabling the resourcing of training positions and posts.
- ❖ AIDA is committed to advocating, supporting and growing the number of Aboriginal and Torres Strait Islander medical graduates into Fellowship.
- ❖ The CPMC ensures that medical specialties have a broad base of intercollegiate knowledge to provide the highest quality of medical care to the Australian public.
- ❖ Medical Colleges are responsible for the training, assessment, and representation of specialist medical doctors throughout Australia and in some cases New Zealand.

Australian Indigenous Doctors' Association (AIDA)

AIDA is dedicated to the pursuit of leadership, partnership and scholarship in Aboriginal and Torres Strait Islander health, education and workforce. AIDA provides advocacy, information and collegiate support across the membership network of Aboriginal and Torres Strait Islander doctors and medical students.

Priorities

AIDA is committed to growing the numbers of Aboriginal and Torres Strait Islander medical graduates into Fellowship and identifies the following priorities for the next 3-5 years:

- ❖ Data on Aboriginal and Torres Strait Islander medical graduates
 - AIDA will establish the infrastructure to collate and maintain data and information regarding the numbers of Aboriginal and Torres Strait Islander medical graduates.
 - AIDA will synthesise, analyse and promote the trends, patterns, and identifiable gaps in data.
 - AIDA will advocate the needs and career aspirations of our members to CPMC, Medical Colleges, governments and other key organisations.
- ❖ Build knowledge and expertise amongst the AIDA network regarding postgraduate options
 - AIDA will promote, support and facilitate access of our medical graduates along the pathway to Fellowship.
 - AIDA will facilitate knowledge and development of AIDA members in research and writing for publication.
 - AIDA will establish an AIDA Fellows network to draw on and provide advice on increasing the numbers of Aboriginal and Torres Strait Islander Fellows.
- ❖ Support and Mentor Aboriginal and Torres Strait Islander medical graduates
 - AIDA will implement a mentoring program that provides collegiate support and connects members with professional mentors.
 - AIDA will develop a range of support tools. For example: a survival kit with career guidance and an "Old fullas" network.
 - AIDA will facilitate skills development and capacity building. For example: how to operate a small business and life planning.
- ❖ Maintain a high level of partnership
 - AIDA will establish a framework that outlines key partners for engagement and priorities for review.
 - AIDA will monitor and evaluate progress against the framework in increasing the numbers of Aboriginal and Torres Strait Islander medical graduates into Fellowship.

Exemplar: AIDA Graduate and Student Workshops

Each year at the AIDA Symposium, targeted workshops are held for AIDA graduates and AIDA medical students on a range of issues which members have identified as priority. The AIDA Graduate and Student Workshops provide an opportunity for the dissemination of information, training and collegial support in a culturally-safe, supportive family environment.

Government

There are several key roles that the Australian government and State government play in the area of medical workforce development.

The Australian government establishes national policy frameworks for workforce development and accreditation of medical education. The Australian government also provides funding to State governments and Medical Colleges to implement these frameworks and regulates the number of medical school places and GP training place available.

State Governments determine the distribution of government funding for public hospital and community health services, including medical services and specialist or 'vocational' training. State Governments also set medical registration standards and conditions and employ a significant number of practitioners for hospitals and the community health sector.

Priorities

Government at both the Australian Government level and State government level need to commit to improving the representation of Aboriginal and Torres Strait Islander people into and through the continuum from medical schools to Fellowship. In achieving this aim, the following actions need to be a priority over the next 3-5 years:

- ❖ Data on Aboriginal and Torres Strait Islander medical graduates
 - State Governments will establish the infrastructure to collate and maintain data and information regarding the numbers of Aboriginal and Torres Strait Islander medical graduates in Post Graduate Internships.
- ❖ Prioritise Aboriginal and Torres Strait Islander medical graduates
 - Governments will prioritise Aboriginal and Torres Strait Islander medical graduates for internships within hospital and community health setting.
- ❖ Required training in Aboriginal and Torres Strait Islander health
 - Governments will require Colleges to demonstrate curriculum in Aboriginal and Torres Strait Islander health.
- ❖ Advocacy on Aboriginal and Torres Strait Islander medical workforce development
 - Governments will work with AIDA and other Indigenous health leadership organisations in the spirit of partnership to improve the Aboriginal and Torres Strait Islander workforce.

Committee of Presidents of Medical Colleges (CPMC)

The Committee of Presidents of Medical Colleges (CPMC) is the unifying organisation of and support structure for the 12 specialist Medical Colleges of Australia. The CPMC seeks to ensure the ready availability of high quality medical care in all medical disciplines, delivered in accordance with accepted ethical principles.

Priorities

CPMC aims to support Medical Colleges in the provision of an adequate, well-qualified, experienced and capable medical workforce to serve the best needs of the community. In achieving this aim for Aboriginal and Torres Strait Islander people, the following actions need to be a priority over the next 3-5 years:

- ❖ Working effectively with AIDA in the spirit of partnership.
- ❖ Establishment of the CPMC National Aboriginal and Torres Strait Islander Medical Specialist Framework
 - CPMC will increase the number of Aboriginal and Torres Strait Islander medical specialists by actively promoting options to general practitioners and doctors during their early postgraduate years.
 - CPMC will integrate Aboriginal and Torres Strait Islander health issues into existing specialist medical training programs across all disciplines and Medical Colleges, to build a greater understanding amongst mainstream health services of the issues in the provision of specialist health care to Aboriginal and Torres Strait Islander people.
 - CPMC will identify and develop a professional development support program for Aboriginal and Torres Strait Islander medical specialists.
- ❖ Leadership on Cultural Safety Training across all Colleges
 - CPMC will ensure that all Colleges are properly trained and competent to provide the highest standards of culturally appropriate, safe and respectful care to Aboriginal and Torres Strait Islander patients and their families. Health care delivery to Aboriginal and Torres Strait Islander communities must be provided in an acceptable manner that observes social and cultural sensitivities.
- ❖ Advocacy on *Closing the Gap* in Aboriginal and Torres Strait Islander health disadvantage
 - CPMC will develop position statements and guidelines, in partnership with AIDA, that advocate for improved Aboriginal and Torres Strait Islander health care.

Exemplar: Australian Indigenous Health Subcommittee (AIHS)

In 2008, CPMC established an AIHS to provide develop and facilitate activities to:

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

The AIHS is co-chaired by Peter O'Mara, AIDA President and Geoffrey Metz, President of the Royal Australasian College of Physicians (RACP).

Medical Colleges

Medical Colleges are responsible for the training, assessment and representation of specialist medical doctors throughout Australia and in some cases New Zealand. Medical Colleges have a duty to better the health of all Australians and New Zealanders through development of health and social policy and advocating for its implementation.

Priorities

All Medical Colleges need to improve the representation of Indigenous Fellows and Registrars in order to close the gap in workforce underrepresentation. In achieving this aim, the following actions need to be a priority over the next 3-5 years:

- ❖ Development relationships, in the spirit of partnership with Indigenous health leadership and organisations
- ❖ Development and Implementation of Indigenous health curriculum
 - Medical Colleges will develop and implement cultural safety, cross-cultural training for all Registrars
 - Medical Colleges will integrate Aboriginal and Torres Strait Islander health content into existing specialist medical training programs
 - Medical Colleges will facilitate flexibility in secondments to Indigenous training posts and sites
- ❖ Support and Development of Indigenous Fellows
 - Medical Colleges will develop and implement a recruitment and retention plan for Aboriginal and Torres Strait Islander medical graduates into Fellowship. This will include quotes and targets for Indigenous people.
 - Medical Colleges will identify and collate information regarding the numbers of Aboriginal and Torres Strait Islander Registrars and Fellows.
- ❖ Mentor and Support Aboriginal and Torres Strait Islander Registrars
 - Medical Colleges will recognise the breadth and depth of community work undertaken by Registrars in support of and improvement to Aboriginal and Torres Strait Islander health.
 - Medical Colleges will facilitate a space for mentors to be mentors
 - Medical Colleges will provide financial support to Aboriginal and Torres Strait Islander Registrars through such initiatives as scholarships, fees (subsidy or waiver), etc.
- ❖ Advocacy on *Closing the Gap* in Aboriginal and Torres Strait Islander health disadvantage
 - Medical Colleges will develop positions statements and guidelines ensuring the provision of high quality, culturally appropriate, safe and respectful care to Aboriginal and Torres Strait Islander patients and their families.

Exemplar: Medical Colleges in Aboriginal and Torres Strait Islander health

As key partners in the Close the Gap Campaign – that includes Australia’s leading health, human rights and Aboriginal organisations – the Royal Australian College of General Practitioners (RACGP) and the Royal Australasian College of Physicians (RACP) are leading the way in growing the number of Aboriginal and Torres Strait Islander Registrars in training and Fellows.

Exemplar: The Royal Australasian College of Physicians (RACP)

The RACP has established an Aboriginal and Torres Strait Islander Health Expert Advisory Group that provides expert advice across the College on Aboriginal and Torres Strait Islander issues. Activities thus far have included:

- Close the Gap Summit (with AIDA)
- Cultural Competency (with AIDA)
- Mentoring Project (with AIDA)
- Increased Pathways for Physicians in AMSs via the Outer Metropolitan Specialist Trainees Program (OMSTP) & Expanded Settings for Specialist Training Program (ESSTP)
- Aboriginal and Torres Strait Islander Trainee Scholarship fund
- *Strategic Plan 2008-2012* commits to improving the health of Aboriginal and Torres Strait Islander communities
- Reconciliation Action Plan
- Heads of Agreement with NACCHO to build capacity of ACCHSs and their access to physicians
- Advocacy through an RACP Indigenous representative on the National Indigenous Drug and Alcohol Committee (NIDAC)
- Advocacy through an RACP Indigenous representative on the Committee of Presidents of Medical Colleges' (CPMC) Australian Indigenous Health Sub-Committee (AIHS)

Recommendations

The following recommendations are strongly advocated by AIDA in order to increase the number of Aboriginal and Torres Strait Islander graduates into Fellowship:

1. The CPMC and Medical Colleges commit and advocate to improving the inequalities in health outcomes for Aboriginal and Torres Strait Islander peoples.
2. The CPMC and Medical Colleges partner with AIDA to identify and support existing, new and potential Indigenous medical students, graduates and Fellows to increase the number of Indigenous medical specialists by 2013.
3. The CPMC and Medical Colleges develop College wide plans regarding the implementation of a range of systemic support for Indigenous Fellows and Registrars by 2010.
4. AIDA commits to the partnership with other stakeholders and seeks to review progress to improve the pathways into specialties for Aboriginal and Torres Strait Islander people.
5. Governments will prioritise Aboriginal and Torres Strait Islander medical graduates for internships in hospital and community health.

Accountability

Aboriginal health change can only be realised when all key stakeholders commit to and take responsibility for improving the abysmal status of Aboriginal and Torres Strait Islander health.

In advocating leadership, partnership and scholarship in Aboriginal and Torres Strait Islander health, education, and workforce development, AIDA will continue to monitor progress in smoothing the pathway and increasing the numbers of Aboriginal and Torres Strait Islander medical graduates into Fellowship. The barometer of progress in this area will become a standing item at the annual AIDA Symposium.

In the spirit of partnership and collaboration, it is opportune to facilitate multiple engagement points and bi-lateral relationships with such bodies as CPMC and Medical Colleges. The CPMC AIHS is well placed to monitor improvement of pathways into specialties (annually).

Final Note

As a number of Medical Colleges include New Zealand medical specialists, it is necessary that any developments to increase the participation for Aboriginal and Torres Strait Islander people should also consider improvements for the participation of our Maori brothers and sisters.

ⁱ Australian Bureau of Statistics (ABS) 2008.

ⁱⁱ Commonwealth of Australia 2008. *A Blueprint for Action: Pathways into the health workforce for Aboriginal and Torres Strait Islander people*. Canberra: Commonwealth Copyright Administrators.

ⁱⁱⁱ National Aboriginal Health Strategy Working Party 1989, x)

Appendix 5 Data Collection on Indigenous Status Template

GUIDELINE FOR COLLECTING INDIGENOUS STATUS DATA WITHIN MEDICAL COLLEGES

Introduction

Under-identification of Aboriginal and Torres Strait Islander people in many health and education data collections remains a problem.

The Committee of Presidents of Medical Colleges (CPMC), in partnership with both the Australian Indigenous Doctors' Association (AIDA) and the National Aboriginal Community Controlled Health Organisation (NACCHO), is committed to addressing this situation. This is evidenced by the CPMC's Indigenous Medical Specialist Project's priority:

given the variability of national census data, Colleges should collect the Indigenous status data of its members.

A systematic approach is required to ensure the standard Indigenous status question is asked correctly and consistently of all trainees and fellows within the medical College context. Information collected and analysed will be critical for improved planning, support and service responses at a range of levels including at the College, CPMC and national policy level.

The standard Indigenous status question

The guideline is based upon the standard national question contained in the *National best practice guidelines for collecting Indigenous status in health data sets*. The guideline states that inclusion of the Indigenous status question in all data collections normalises the question and reinforces its consistent use as standard practice (AIHW, 2009).

The following question should be asked of all trainees and fellows:

Are you of Aboriginal or Torres Strait Islander origin?

- ☐ No
- ☐ Yes, Aboriginal
- ☐ Yes, Torres Strait Islander

For persons of both Aboriginal and Torres Strait Islander origin, mark both 'yes' boxes.

Why is this important to you as a trainee or fellow?

Trainees

By answering the question, you are contributing to the collection of accurate information on participants of the College's training program. This information is important for the College to design and implement an effective training program, including curriculum and learning materials design and implementation, mentoring, and culturally appropriate medical practices that can provide you with the best possible training opportunity.

Fellows

By answering the questions, you are contributing to the collection of accurate information on participants of the College's fellowship program. This information will assist the College in the planning and provision of appropriate and improved fellowship services, including appropriate continuing professional development curriculum and learning materials.

Privacy

Your personal information collected by the College is subject to privacy laws and is strictly protected and used appropriately.

When to ask the question?

When first registered with the College as a trainee, and when applying for a fellowship after or almost completing the training.

How to ask the question?

- The question to be asked through the use of a form (online or otherwise)

Appendix 6 Feedback from August 2013 Indigenous Health Curricula Workshop

SUMMARY OF WORKSHOP DISCUSSION ON INDIGENOUS HEALTH CONTENT

The second part of the workshop involved group discussion on questions related to the training and education needs of Trainees and Fellows; curriculum themes and content; and key enablers and barriers to implementation. The key issues that emerged from the discussion are provided below

Training and education needs in relation to Indigenous health

Training needs for Trainees

- Developing an awareness and demonstration of cultural competence and effective communication in this context
- Developing effective relationships through exposure to Indigenous patients (orientation)
- Understanding context and complexity of Indigenous health issues

Training needs for Fellows

- Establishing a culture of awareness amongst professionals
- Developing an awareness of the complexity of need when dealing with Indigenous health issues/patients
- To act as mentors and role models in relation to dealing with Indigenous patients for their trainees
- Provision of supervision and mentoring for Indigenous trainees

Key issues for developing and implementing this training

- The urgency of the issue and need for commitment and priority in terms of implementation
- Should such training should be mandatory for both trainees and Fellows in terms of Continuing Professional Development
- The vital roles of Indigenous leadership in progressing this agenda, as well as leadership and commitment at the College level

Curriculum themes and content

Core content areas

- A standardised method for identifying Indigenous patients
- An understanding of the historical and the lived experience context for Aboriginal and Torres Strait Islander peoples
- The Indigenous concept of health/illness and related cultural and context influences
- An understanding of the diversity amongst Indigenous peoples: cultural, linguistic and geographic
- An understanding of the social determinants of health and impact on Aboriginal and Torres Strait Islander peoples
- A specific focus on the early years and the importance of a healthy start to life for Indigenous children
- The service delivery context and models of care specific to Indigenous health
- The policy context as it relates to service provision and clinical models in Indigenous health

Guiding principles and pedagogical approaches to be adopted

- Indigenous people must be involved at all stages
- Indigenous health needs to be prioritised and high level commitment evident
- There should be a renewed focus, with moves towards strengths based approaches, and a caution against an overemphasis on problems and deficits
- There needs to be an appropriate balance in the teaching approaches adopted – in the use of technology while ensuring adequate exposure to Indigenous patients and health care
- The use of case studies and problem based learning approaches is supported
- The inclusion of opportunities for research projects in Indigenous health should be considered
- Experiential/applied work capacity and self-reflective practices are important tools for learning and development

Key enablers for implementation of an Indigenous health curriculum:

- CPMC committee – while it was recognized that the committee may not have responsibility for co-ordination of implementation, it was seen as a key enabler in facilitating support and commitment to this activity

- Governance at College level – it is critical that each of the Colleges establish an appropriate structure and processes to ensure the ongoing oversight of the development and implementation of Indigenous health curricula (recognizing that some colleges already have these structures and processes in place)
- CPMC accountability – it is important to ensure that an accountability framework to CPMC exists for the ongoing monitoring and reporting of progress with implementation of the Indigenous health curriculum by each of the Colleges
- The AMC timeline is important, if this is to be built into the accreditation assessment processes, with the intent being to create standards for Indigenous health

Key barriers to implementation of an Indigenous health curriculum:

- There may be resistance at College or individual levels, and the need for an appropriate marketing strategy to promote the curriculum and its importance was identified.

Workshop conclusion and agreed next steps

It is important to ensure both a horizontal as well as vertical integration of Aboriginal and Torres Strait Islander health in the curriculum. In addition, the inclusion of Indigenous health in medical curricula with the adoption of the CDAMS Framework should not mean any prior knowledge or exposure is assumed, given the differing circumstances under which Colleges' trainees enter their programs. It is also important to recognise that disease profile and epidemiological data as it relates to Indigenous health is important at specialty level, as are clinical guidelines (where they exist). A curriculum guideline must therefore be flexible to accommodate such specific knowledge and training requirements.

The next steps in this process were agreed as follows:

1. The feedback from the workshop is to be considered by the CPMC Australian Indigenous Health Subcommittee
2. That a strong recommendation for the mandatory inclusion of the Indigenous health curriculum be made to all specialty colleges
3. That each college takes responsibility for curriculum needs specific to their area of specialization.

Appendix 7 The 2013-2015 CPMC / AIDA Collaboration Agreement

COLLABORATION AGREEMENT 2013 – 2015

Introduction

The Australian Indigenous Doctors' Association (AIDA) and Committee of Presidents of Medical Colleges (CPMC) believe that reducing the current gap in health outcomes and life expectancy between Indigenous and non-Indigenous Australians will be facilitated by increasing the Aboriginal and Torres Strait Islander medical specialist workforce and by all doctors working in Australia possessing the knowledge and skills to work competently with Aboriginal and Torres Strait Islander people.

AIDA is the peak body representing Aboriginal and Torres Strait Islander doctors and medical students. AIDA advocates for improvements in Aboriginal and Torres Strait Islander health and encourages Aboriginal and Torres Strait Islander people to work in medicine by supporting Indigenous students and doctors.

CPMC is the unifying organisation of and support structure for the specialist medical colleges of Australia. CPMC's mission is 'to promote the highest quality of medical care and the best of health for the Australian community by coordinated and collective advocacy and collaboration'.

Rationale

Increasing the Aboriginal and Torres Strait Islander medical specialist workforce by recruiting and supporting Indigenous graduates to fellowship will contribute to addressing the current under-representation of Indigenous doctors in the medical workforce. Moreover, a critical mass of Aboriginal and Torres Strait Islander medical specialists will make a significant contribution to reducing the gap in health outcomes between Indigenous and non-Indigenous Australians.

Equally, it is essential that all medical specialists understand the social, cultural and political context of Australia's Indigenous people's lived experiences, and practice with cultural competence when working with, and treating, Aboriginal and Torres Strait Islander people and their families.

This Collaboration Agreement seeks to realise the significant opportunities available to AIDA and CPMC, through joint stewardship and the identification and implementation of strategic priorities. For our work to be relevant, ambitious and impactful, AIDA and CPMC commit to joint decision making, priority setting and constant learning and reflection.

Principles

This Collaboration Agreement articulates the strong and sustainable commitment of AIDA and CPMC to work in partnership, under 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
- Cultural safety for all peoples in all spheres, with an understanding of the issues for Aboriginal and Torres Strait Islander peoples

Background

AIDA and CPMC acknowledge that there has been significant work undertaken so far including:

- CPMC endorsement of AIDA's Fellows Paper
- Establishment of the CPMC Indigenous Health Sub-Committee, co-Chaired by AIDA and CPMC
- AIDA and CPMC stewardship of the Aboriginal and Torres Strait Islander Medical Special Project
- AIDA participation in the CPMC Forum Session
- AIDA presentations to the CPMC
- Meetings of Presidents and Chief Executive Officers

AIDA and CPMC acknowledge that medical colleges are at various stages of developing and implementing their Indigenous health policy and program agenda. Further, it is recognised that, whilst CPMC is an organisation for medical colleges operating in Australia, for some medical colleges, trans-Tasman constitutional and governance arrangements necessitate the engagement of both Aboriginal and Torres Strait Islander bodies and representatives, and Maori bodies and representatives.

This agreement complements existing agreements between AIDA and Medical Deans Australia and New Zealand (Medical Deans) and the Confederation of Postgraduate Medical Education Councils (CPMEC).

This agreement will secure, for the first time in Australia's history, formal commitment to Aboriginal and Torres Strait Islander people and their health improvement, along the continuum of medical education and training.

Program of Collaboration

Outcome

This Collaboration Agreement will make a contribution to closing the gap in health outcomes between Indigenous and non-Indigenous Australians, by training more Aboriginal and Torres Strait Islander medical specialists, improving the ways in which medical specialists work with Aboriginal and Torres Strait Islander people and mentoring of future Aboriginal and Torres Strait Islander leaders in medicine.

Objectives

- to provide leadership within the medical community on priority matters for Aboriginal and Torres Strait Islander peoples
- to drive Aboriginal and Torres Strait Islander health initiatives within the medical specialist environment
- to build and share the knowledge and evidence base
- to identify and implement priority initiatives

Outputs

Priority outputs over the next three years are:

- Implement the recommendations of the Aboriginal and Torres Strait Islander Medical Specialist Framework Project
- Ensure that College wide Aboriginal and Torres Strait Islander identification data collected and reported
- Establish targets for Aboriginal and Torres Strait Islander trainees and fellows
- Implement initiatives to strengthen pathways, consolidate retention and fellowship completion for Aboriginal and Torres Strait Islander doctors, such as recruitment and mentoring strategies
- Implement Indigenous health learning modules within Colleges
- Negotiate with the Australian Medical Council for the inclusion of specific standards to address Aboriginal and Torres Strait Islander health
- Promote College level Aboriginal and Torres Strait Islander plans
- Develop joint position statements, media engagement and policy and advocacy initiatives
- Establish a biennial AIDA-CPMC Presidents and CEOs Indigenous Knowledge Initiative

How we will measure success

- Aboriginal and Torres Strait Islander Medical Specialist Framework Project final report highlights structural changes and specific achievements
- All Colleges routinely collect and report on Aboriginal and Torres Strait Islander participation
- Increased numbers of Aboriginal and Torres Strait Islander trainees and fellows
- Consolidated CPMC reporting on entry, support and completion of initiatives by Colleges
- Improved Indigenous health learning and training outcomes for all trainees and fellows
- Improved vertical integration of Indigenous Health content across the medical education and training continuum
- Standards specifically addressing Aboriginal and Torres Strait Islander health embedded within the AMC Accreditation framework and guidelines
- All Colleges have developed an Aboriginal and Torres Strait Islander plan
- Impact of joint statements, media engagement, policy and advocacy initiatives
- Indigenous Knowledge Initiative established and attended by all Presidents and CEOs

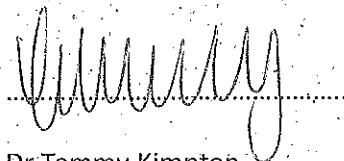
In implementing the *Program of Collaboration*, AIDA and CPMC will consult with each other on the development of joint policy papers, media statements, presentations, research and funding submissions, and as appropriate, the holding of joint meetings.

This Collaboration Agreement does not specifically bind AIDA or CPMC to act in any prescribed manner, including financial commitments, on any matter.

Operational

To assess progress toward the achievement of the above objectives, Presidents will meet at least once each year, with Chief Executive Officers meeting at least six monthly.


Signed on Monday 8 July 2013



Dr Tammy Kimpton

President

Australian Indigenous Doctors' Association



Professor Kate Leslie

Chair

Committee of Presidents of Medical Colleges

Appendix 8 Inaugural Indigenous Knowledge Initiative Program



MEDIA RELEASE

**Committee of Presidents
of Medical Colleges**

Medical bodies to share Indigenous knowledge

Monday 4th November, 2013

Presidents of the Committee of Presidents of Medical Colleges (CPMC) and leaders of the Australian Indigenous Doctors Association (AIDA) will meet in Melbourne for the launch of the Indigenous Knowledge Initiative program on 6 November 2013, as a result of a collaboration agreement signed in Melbourne during NAIDOC Week on 8 July this year.

The program will be an opportunity for AIDA leaders President Dr Tammy Kimpton FRACGP, A/Professor Mark Wenitong, Professor Ngiare Brown FRACGP and A/Professor Kelvin Kong FRACS, to share their knowledge. The afternoon will focus on Indigenous history, heritage and culture; health and well-being including spirituality and healing; as well as Indigenous health systems and areas of inequity.

Professor Kate Leslie, Chair of the CPMC said it is hoped the two-way exchange through the Indigenous Knowledge Initiative will equip the organisations with the information to develop and strengthen the Indigenous medical specialist workforce and the colleges Aboriginal and Torres Strait Islander health curriculum.

"CPMC and AIDA share a common goal to increase the Aboriginal and Torres Strait Islander medical specialist workforce and to make a significant contribution to reducing the gap in health outcomes between Indigenous and non-Indigenous Australians," Professor Leslie said.

"This event marks the beginning of a biennial program of conversation, where we aim to explore how to increase our knowledge and understanding of Aboriginal and Torres Strait Islander health and well-being, to better equip medical specialty areas with that knowledge."

Dr Tammy Kimpton, President of the Australian Indigenous Doctors' Association said "Growing the number of Aboriginal and Torres Strait Islander medical specialists and seeing all of our colleagues across the specialties experience Indigenous health within their training will be a game changer for our people. Medical leadership is crucial to the forward agenda and AIDA commits to working closely with all medical colleges to achieve this end"

The Indigenous Knowledge Initiative is a key outcome of the CPMC National Aboriginal and Torres Strait Islander Medical Specialist Framework project funded by the Commonwealth Government Department of Health.

The launch of the Indigenous Knowledge Initiative will start at the Koorie Heritage Trust from 2pm, where the Victorian Community Controlled Health Organisation (VACCHO) will provide a perspective on local Aboriginal health issues and successes, before moving to the Victorian Aboriginal Health Service in Fitzroy from 4.30pm to 5.30pm.

The afternoon will also include the launch of online web resource nicheportal.org – Network for Indigenous Cultural and Health Education. The *nicheportal.org* is a collaborative project of the medical colleges, designed to link and share teaching and educational resources in Indigenous health and cultural learning. It promotes multidisciplinary engagement between specialists working with Indigenous communities. The portal is funded through the Commonwealth Government's Rural Health Continuing Education Program.

For Media inquiries: **Bridget Hooper, Media & Public Relations Officer**
Royal Australasian College of Surgeons
0437 008 891 or (03) 9276 7430



**Committee of Presidents
of Medical Colleges**

**INDIGENOUS KNOWLEDGE INITIATIVE
FOR
COMMITTEE OF PRESIDENTS OF MEDICAL COLLEGES (CPMC)
LEADERSHIP**

Wednesday 6 November 2013, 1:30pm-5:30pm

**Koorie Heritage Trust
295 King Street, Melbourne 3000**

PROGRAM BRIEF

A joint initiative under the CPMC – AIDA Collaboration Agreement 2013-2015

INDIGENOUS KNOWLEDGE INITIATIVE

For CPMC LEADERSHIP

Wednesday 6 November 2013, 1:30pm-5:30pm
Koorie Heritage Trust, 295 King Street, Melbourne 3000

P R O G R A M

1:30-2:00pm	Arrival of CPMC Presidents and Invited Guests at Koorie Heritage Trust
2:00-2:15	Welcome to Country and Smoking Ceremony Aunty Carolyn Briggs, Elder Boon Wurrung Mr Dean Stewart, Boon Wurrung Foundation
2:15-2:25	Welcome and Introductions Professor Kate Leslie, President, Committee of Presidents of Medical Colleges (CPMC) Overview of the Indigenous Knowledge Initiative program Dr Tammy Kimpton, FRACGP, Co-Chair, CPMC Australian Indigenous Health Subcommittee
2:25-2:48	Indigenous history, heritage and culture & health services delivery - The Victorian perspective Mr Timothy Moore, Manager, Policy and Advocacy Unit, Victorian Aboriginal Community Controlled Health Organisation (VACCHO)
2:48-3:10	Indigenous health and wellbeing, including spiritualities and healing Dr Mark Wenitong
3:10-3:20	Refreshments Launch of nicheportal.org – the Indigenous Health and Cultural Competency Portal for Medical Specialists A/Professor Kelvin Kong FRACS, Chair Portal Steering Committee.
3:20-3:42	Indigenous health systems and services, and inequity in all levels of health care systems Professor Ngiare Brown
3:42-4:05	Promotion of the development of the Indigenous medical workforce; and Indigenous-related education and training program to medical workforce A/Professor Kelvin Kong , FRACS
4:05-4:30	Depart to Victorian Aboriginal Health Service (VAHS), 186 Nicholson St, Fitzroy. Welcome by Ms Christine Ingram, Acting CEO
4:30-5:00	The Victorian Aboriginal Health Service and health service delivery to Indigenous patients Mr Alan Brown, Community Programs
5:00-5:25	Tour of VAHS and service facilities Ms Christine Ingram, Acting CEO and Mr Reg Thorpe, Senior Policy & Project Officer
5:25-5:30	Acknowledgements and Thank you Dr Tammy Kimpton and Professor Kate Leslie
5:30	CPMC Presidents depart VAHS

Contact Numbers

A/Prof. Kate Leslie, President CPMC 0418 374 071
Dr Tammy Kimpton, President AIDA 0417 535 899
Ms Angela Magarry, CEO CPMC 0437 227 422
Mr Romlie Mokak, CEO AIDA 0427 786 153
Dr Netra Khadka, Senior Project Officer 0499 775 996

PROGRAM BACKGROUND

The Collaboration Agreement: 2013-2015, signed on 8 July 2013 between the Committee of Presidents of Medical Colleges (CPMC) and the Australian Indigenous Doctors' Association (AIDA) includes provision for a biennial AIDA-CPMC Presidents and CEOs Indigenous Knowledge Initiative program. This Initiative implements one of the recommendations of the CPMC National Aboriginal and Torres Strait Islander Medical Specialist Framework.

This Indigenous Knowledge Initiative for CPMC Leadership focuses on Medical College Presidents as participants and is the first of what will be offered biennially. Similarly, Medical College CEOs will engage in an Indigenous Knowledge Initiative every two years.

OBJECTIVES

The objectives of the Indigenous Knowledge Initiative are to:

- share knowledge and understanding of Aboriginal and Torres Strait Islander health and wellbeing between the Presidents and Aboriginal and Torres Strait Islander health leaders and health services providers;
- engage in two-way conversation in a mutually respectful, supportive and collegiate manner; and
- consider the translation of knowledge gained to President's leadership roles within their specific areas of medical specialty.

Based on the above objectives, it is expected that the Presidents, at the end of the program, will have:

- enhanced knowledge and understanding of Aboriginal and Torres Strait Islander health and wellbeing, and
- better ability to implement Aboriginal and Torres Strait Islander health programs within their specialty areas, including the implementation of the medical specialist framework.

PARTICIPANTS AND PROGRAM CONTENT

The main participants are the CPMC Presidents and the AIDA leadership. They will be joined by Indigenous health and community leaders who will speak on local and national aspects of policy and service delivery. The speakers will engage the Presidents in a range of highly relevant Indigenous health-related issues as follows:

- Indigenous history, heritage and culture;
- Indigenous health and wellbeing, including spiritualities and healing ;
- Indigenous health systems and services, and inequity in all levels of health care systems;
- Promotion of the development of the Indigenous medical workforce; and
- Promotion of Indigenous-related education and training program to medical workforce

Professor Kate Leslie, FANZCA (Co-Convenor)

Professor Kate Leslie is the Chair of the Committee of Presidents of Medical Colleges and former President of the Australian and New Zealand College of Anaesthetists. She was trained in anaesthesia in Melbourne and works as a staff specialist and Head of Anaesthesia Research at the Royal Melbourne Hospital. As Chair of CPMC, Professor Leslie worked to facilitate the delivery of the AIDA-CPMC Collaboration Agreement.

Professor Leslie will share the Master of Ceremonies role for this event with Dr Kimpton.

Dr Tammy Kimpton, FRACGP (Co-Convener)

Dr Tammy Kimpton, a Palawa woman from the west coast of Tasmania, graduated from the University of Newcastle in 2003 and is a Fellow of the Royal Australian College of General Practitioners. Tammy is the current President of the Australian Indigenous Doctors' Association. Tammy has been actively involved in Aboriginal and Torres Strait Islander medical education and training issues for a number of years. Tammy has been a member of AIDA since its inception and is a founding member of the Indigenous GP Registrars Network, with considerable involvement with AGPT and GPET. Tammy is also a mother of three young children and is working in a private practice in Scone, NSW with visiting rights to Scott Memorial Hospital.

Dr Kimpton will share the Master of Ceremonies role for this event with Professor Leslie.

Mr Timothy Moore (Speaker)

Mr Timothy Moore is the Manager of Policy and Advocacy at the Victorian Aboriginal Community Controlled Health Organisation (VACCHO), a role he has held for over ten years. Scientifically trained and committed to evidence based public health and advocacy he has become an advocate on behalf of Victoria's Aboriginal Community Controlled Health Organisations. VACCHO is the peak body of 25 Aboriginal Community Controlled Health Organisations and the lead advocate for Aboriginal Health in Victoria. In facilitating the Aboriginal communities' views and priorities VACCHO is well aware of the complexity and confusion of forces and demands and of the opportunities for strategic investment, community innovation and the need for practical community based approaches.

Mr Moore will speak on Indigenous health and service delivery in Victoria.

Associate Professor Mark Wenitong (Speaker)

A/Professor Mark Wenitong is from Kabi Kabi tribal group of South Queensland. He is an Aboriginal Public Health Medical Officer at NACCHO, and the Senior Medical Advisor at Apunipima Cape York Health Council. He is a past president and founding member of the Australian Indigenous Doctors Association. A/Professor Wenitong serves on several national committees and councils including the National Health and Medical Research Committee - National Preventative Health Committee and the National Aboriginal and Torres Strait Islander Health Equity Council. He studied International Indigenous Health at Johns Hopkins in International Indigenous Health, and has also completed the Harvard Macy Leadership in Medical Education Course. In 2011 he received the AMA Presidents Award for Excellence in Healthcare. He is the Adjunct Associate Professor, James Cook University, School of Tropical Public Health.

A/Professor Wenitong will talk about Indigenous health and wellbeing, including spiritualities and healing.

Professor Ngiare Brown, FRACGP (Speaker)

Professor Ngiare Brown is a Yuin nation woman from the south coast of NSW. She is one of the first Aboriginal medical graduates in Australia. Professor Brown is passionate about Indigenous health and social justice. She has held a variety of positions in education, mentoring, clinical practice and advocacy. She is proud of her heritage and is committed to making a difference in the lives of Aboriginal and Torres Strait Islander people through improved health. She is the Executive Manager Research and Senior Aboriginal Public Health Medical Officer with the National Aboriginal Community Controlled Health Organisation (NACCHO).

Professor Brown will talk about Indigenous health systems and services, and inequality in all levels of health care system.

Associate Processor Kelvin Kong, FRACS (Speaker)

A/Professor Kelvin Kong is a Fellow of the Royal Australasian College of Surgeons (RACS) specializing in Paediatric & Adult Otolaryngology, Head & Neck Surgery (Ear, Nose & Throat Surgery) in Newcastle. He hails from the Worimi people of Port Stephens, NSW. He has a passion for the improvement of health and education of Indigenous communities. He is the current Chair of the RACS Indigenous Health Committee.

A/Professor Kong will talk about promotion of the development of the Indigenous medical workforce, and promotion of Indigenous-related education and training program to medical workforce.

PROGRAM SUMMARY

The first phase of the program will be held at the Koorie Heritage Trust to include a Welcome to Country and Smoking Ceremony followed by presentations by invited speakers as outlined previously. During the Welcome to Country ceremony, Indigenous Knowledge Initiative for CPMC Leadership participants will be welcomed as guests by Auntie Carolyn and Mr Dean Stewart to Boon Wurrung Country.

The Welcome to Country acknowledges traditional custodianship of the land on which the meeting takes place. During the Smoking Ceremony specific vegetation is burnt in order to produce a cleansing smoke. Smoking Ceremonies are for cleansing and are frequently conducted before important events and meetings.

The second phase of the program involves a visit to the Victorian Aboriginal Health Service (VAHS) in Fitzroy. Participants will meet with the Chief Executive Officer and staff and tour the service's facilities. The VAHS was established in 1972 to address the specific medical needs of Victorian indigenous communities. It provides a comprehensive range of medical, dental and social services for the community. VAHS is also committed to supporting the well-being of the community through contributions to community events and activities. It also assists with research into the ongoing needs of the community.

Launch of nicheportal.org – Network for Indigenous Cultural and Health Education for Medical Specialists

nicheportal is a collaborative initiative of the Specialist Medical Colleges, led by the Royal Australasian College of Surgeons (RACS) in co-operation with the Royal Australasian College of Physicians (RACP) and Australian College of Dermatologists (ACD). The project is funded through the Commonwealth Government's Rural Health Continuing Education (RHCE) Program.

The portal provides links to professional development activities and resources relevant to cultural competency and Indigenous health for medical specialists caring for Indigenous communities.

The portal aims:

- to encourage and support a multi-disciplinary approach to Indigenous health care through easier access to learning activities, engagement with other professionals, the formation of networks and communities of practice.
- to be an interactive and innovative platform and resource base through which Fellows, Trainees, International Medical Graduates (IMGs) and college staff can access practical information as steps forward to addressing health disparities. ; and
- to support the CPMC and its member colleges in implementation of the CPMC National Aboriginal and Torres Strait Islander Framework.

FREQUENTLY ASKED QUESTIONS

The Collaboration Agreement: 2013-2015, signed on 8 July 2013 between the Committee of Presidents of Medical Colleges (CPMC) and the Australian Indigenous Doctors' Association (AIDA) includes provision for a biennial AIDA-CPMC Presidents and CEOs Indigenous Knowledge Initiative program. This Initiative implements one of the recommendations of the CPMC National Aboriginal and Torres Strait Islander Medical Specialist Framework.

This Indigenous Knowledge Initiative for CPMC Leadership focuses on Medical College Presidents as participants and is the first of what will be offered biennially. Similarly, Medical College CEOs will engage in an Indigenous Knowledge Initiative every two years.

What is Indigenous Knowledge Initiative (IKI)?

The Indigenous Knowledge Initiative is a process to enhance the utilisation of local Indigenous knowledge in the formation of policies and programs that impact on Indigenous people. Indigenous knowledge recognises the importance of both a shared and a local Aboriginal and Torres Strait Islander history, connection to land, culture and cultural practice as elements influencing communication and decision making in the local community and are necessary considerations for achieving participation in and hence success in program outcomes. In our case, the IKI is to utilise Indigenous knowledge in promoting Indigenous health and wellbeing.

Why it is important?

Indigenous people are the important source of information on all matters affecting their lives. Their knowledge should inform the design and implementation of programs that impact on them, to ensure that what is proposed matches local needs and offer long lasting and sustainable solutions to the individuals, families and communities. This knowledge base incorporates information on history, heritage, culture and cultural practices.

How does IKI work?

This Indigenous Knowledge Initiative provides an opportunity to have a two-way exchange in knowledge, information and perspectives between Indigenous people and the Presidents of Medical Colleges. The participants in the IKI for the CPMC Leadership are the Presidents and CEOs of all the specialist medical colleges and Indigenous health leaders, including the Australian Indigenous Doctors' Association and health services providers, at both the national and local level.

Who and how does it benefit?

The Indigenous Knowledge Initiative will deliver benefits to all participants as it assumes that each will contribute knowledge on an equal basis to achieve a shared understanding of the issues and success in Aboriginal and Torres Strait Islander health. It provides a space where there is mutual respect for the roles that each may need to play to achieve the outcomes desired through designing and delivering culturally safe policies and programs for Indigenous people.

What difference it may make to Indigenous people on the ground?

The exchange of information promoted through the IKI for CPMC Leadership aims to assist the Presidents and CEOs recognise and value the contribution that Indigenous knowledge can make to the design and implementation of policies and programs by the medical specialist colleges, to ensure these are relevant and appropriate and reduce the gap in health disparities between Indigenous and non-Indigenous people.

How does it contribute to better health outcome to Indigenous people?

The IKI aims to enhance CPMC Presidents' knowledge and understanding of Aboriginal and Torres Strait Islander health and wellbeing, to assist in developing and implementing policies and programs for Aboriginal and Torres Strait Islander health within their specialty areas.

Appendix 9 Accreditation Standards in Relation to Aboriginal and Torres Strait Islander Health

Associate Professor Jill Sewell
Chair
Specialist Education Accreditation Committee
Australian Medical Council
PO Box 4810
KINGSTON ACT 2604

Old Parliament House
18 King George Terrace
Parkes ACT 2600

PO Box 3497
Manuka ACT 2603

Phone 02 6273 5013
Fax 02 6273 5014
Freecall 1800 190 498
Email aida@aida.org.au
Web www.aida.org.au
ABN 84 131 668 936

By Email: anthea.kerrison@amc.org.au

Dear Professor Sewell,

We are writing to you on behalf of the Australian Indigenous Doctors Association (AIDA) and the Committee of Presidents of Medical Colleges (CPMC) to request that the Specialist Education Accreditation Committee (SEAC) considers the inclusion of specific accreditation standards in relation to Aboriginal and Torres Strait Islander health in the *Standards for Assessment and Accreditation of Specialist Medical Education Programs and Professional Development Programs*.

A collaboration agreement between AIDA and CPMC is currently under development, and an improvement in college training and CPD programs in relation to Aboriginal and Torres Strait Islander patients, families and communities is one of the key outcomes that we seek to achieve.

Whilst AIDA and CPMC are principally concerned with issues facing Australia's Aboriginal and Torres Strait Islander people, most specialist medical colleges are bi-national and so reference to New Zealand Māori are appropriate as well.

Commencing in 2005, the process by which the *Standards for Assessment and Accreditation of Medical Schools by the Australian Medical Council* were modified to address these issues may be a useful model for revision of the specialist education standards.

AIDA and the Medical Deans Australia and New Zealand, under the auspices of the Medical Schools Accreditation Committee were involved in the revision, leading to the incorporation of Aboriginal and Torres Strait Islander and Maori specific standards. Within the medical schools context, there is recognition that *Australia has special responsibilities to Aboriginal and Torres Strait Islander people, and New Zealand to Māori, and these responsibilities should be reflected throughout the medical education process*.

Specific standards, or notes supporting standards, include the following:

1.3 Medical course management: The curriculum committee should develop a wider perspective on the content of the curriculum to recognise local and national needs in health care and service delivery (*including Aboriginal and Torres Strait Islander and New Zealand Māori issues*).

1.4 Educational expertise: The school ensures appropriate use of educational expertise, including the educational expertise of Indigenous people, in the development and management of the medical course.

1.5 Educational budget and resource allocation: Health initiatives relating to Australian Aboriginal and Torres Strait Islanders, and in New Zealand to Māori, should be considered as core responsibilities within medical school business and reflected accordingly within the budget.

1.8 Staff resources: Staff recruitment includes active recruitment by Australian schools of Aboriginal and Torres Strait Islander people and by New Zealand schools of Māori, together with appropriate training and support.

1.9 Staff appointment, promotion and development: In relation to Australian Aboriginal and Torres Strait Islander and New Zealand Māori staff, the medical school should actively respond to their professional development needs, including recognising that their work covers roles both within the medical school and in maintaining external responsibilities to, and relationships with, Indigenous communities.

2.1 Mission: The school's mission addresses Indigenous peoples and their health.

3.2.7 Indigenous health The course provides curriculum coverage of Indigenous health (studies of the history, culture and health of the Indigenous peoples of Australia or New Zealand).

6.1 Monitoring Australian Aboriginal and Torres Strait Islander and New Zealand Māori students should be consulted, as appropriate, but should not be expected to provide 'expert' advice on all matters 'Indigenous' within teaching and learning environments or public settings.

6.3 Feedback and reporting: The AMC encourages medical schools to seek community representation on committees with responsibilities for governance, curriculum development and evaluation, including Australian Aboriginal and Torres Strait Islander or New Zealand Māori community members. Those with an interest in the school's outcomes include education and health care authorities, representatives of the community, relevant Australian Aboriginal and Torres Strait Islander people, and/or New Zealand

Māori, individuals and organisations, and professional organisations and postgraduate education bodies including the specialist medical colleges.

7.1 Admission policy and selection: The school has clearly defined the nature of the student cohort, and quotas for students from under-represented groups, including Indigenous students and rural origin students.

Old Parliament House
18 King George Terrace
Parkes ACT 2600

PO Box 3497
Manuka ACT 2603

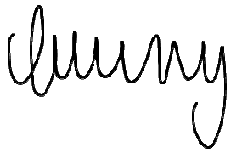
Phone 02 6273 5013
Fax 02 6273 5014
Freecall 1800 190 498
Email aida@aida.org.au
Web www.aida.org.au
ABN 84 131 668 936

These matters are not addressed in such a specific way in the accreditation standards for specialist medical education.

We understand that the accreditation standards are revised on a regular basis. We ask that issues affecting Aboriginal and Torres Strait Islander patients, families and communities be addressed in the next revision of the standards. We further request that Aboriginal and Torres Strait Islander representatives be involved in the revision of the standards.

We would be happy to meet with you to discuss our proposal and/or to assist the Specialist Education Accreditation Committee and the Australian Medical Council in any other way that they propose.

With kind regards



Dr Tammy Kimpton
President, AIDA



Professor Kate Leslie
Chair, CPMC

17 October 2012



Australian
Medical Council Limited

Dr Tammy Kimpton
President, AIDA
PO Box 3497
Manuka ACT 2603

14 November 2012

Professor Kate Leslie
Chair, CPMC
94-98 Chalmers Street
Surry Hills NSW 2010

Dear Dr Kimpton and Professor Leslie,

Thank you for your letter of 17 October 2012, in which you requested that the AMC Specialist Education Accreditation Committee consider adding accreditation standards relating to Aboriginal and Torres Strait Islander health to the Accreditation Standards for Specialist Education.

The Specialist Education Accreditation Committee (SEAC) considered your request at its last meeting, on 5 November 2012, and resolved that this issue be added to the agenda for the next review of the standards for specialist education, which is due to begin in 2013.

The standards you suggested in your letter will be considered, but you can expect to be asked to contribute your expertise in more detail during this process. The AMC has a policy of involving representatives of consumer groups and the community as a whole in all of its committees, working parties and other groups, and we shall certainly be adhering to this during the review of the Standards.

We appreciate your interest in this matter, and look forward to working with AIDA and the CPMC on this review of the Standards for Specialist Education.

Yours sincerely,

A handwritten signature in black ink, appearing to read 'J Sewell', written over a faint circular stamp.

Associate Professor Jillian Sewell
Chair, Specialist Education Accreditation Committee

Appendix 10 Summary of Project Progress against Deliverables

Implementation of National Aboriginal and Torres Strait Islander Medical Specialist Framework for Action and Report 2011-12 to 2012-13

Project Deliverables	Status (not started, started & expected finish date, incomplete, completed)	Additional comments CPMC
First Priority		
1. Engage a project officer to develop and maintain an Indigenous-relevant online access point for applications into training programs, to support and facilitate applicants' progress in their applications and to coordinate the implementation of the framework report recommendations, in consultation with the Subcommittee.	A fulltime Senior Project Officer was selected and appointed in January 2012 to run the project in consultation with the Subcommittee. A project website was designed and developed to support and facilitate medical specialist training programs for Indigenous doctors in June 2013.	Project website failed to migrate to cloud hosted system, is being specially re-constructed for migration by end Nov.
2. Given the variability of national census data, Colleges will collect the Indigenous status data of their members.	An Indigenous identification questionnaire was developed and rolled out to all of the 15 Colleges.	
3. Develop a learning module, or modules, in Indigenous health, based on the principles of vertical integration, using existing examples from the CDAMS National Indigenous Health Curriculum, the General Practitioners and College of Psychiatry and consistent with recommendations from the MedEd Conference 2009.	The project initially developed a draft Indigenous health guideline. A one-day facilitated workshop was held in Melbourne on 16 August 2013 to rapidly progress the development. A draft report of the workshop received on 23 September 2013.	Guideline to be submitted by consultants to Project Officer by 30 November.
4. In association with second priority number 16, the Project Officer will liaise with the medical colleges and develop a cyclical quality review tool, drawing upon the Critical Reflection Tool (http://www.limenetwork.net.au/content/critical-reflection-tool-crt) developed by the LIME project, and seeking permission to modify it to ensure relevance for Specialist Medical Colleges.	Based on the project survey results, the Critical Reflection Tool was considered not appropriate for the majority of Colleges to develop a Cyclical Quality Review Tool (CQRT). Therefore, no further action was taken for the CQRT development.	

Project Deliverables	Status (not started, started & expected finish date, incomplete, completed)	Additional comments CPMC
First Priority		
5. CPMC to continue its collaboration with AIDA to develop the Indigenous health workforce, from recruitment to specialisation. Advances made through the AIDA-MDANZ agreement provide a framework upon which this recommendation may be operationalised.	The partnership between the Australian Indigenous Doctors' Association (AIDA) and Committee of Presidents of Medical Colleges (CPMC) continues with co-chairing of the CPMC Indigenous Health Subcommittee. Further, a joint 2013-2015 collaboration agreement between AIDA and CPMC was recently launched.	Collaboration continues.
6. Produce up to two e-newsletter from the CPMC Indigenous Health Subcommittee.	From the beginning of the project until now three Project newsletters already developed and distributed to all stakeholders, including 15 medical Colleges	
7. CPMC member Colleges to implement an Indigenous Employment Strategy within their own organisations.		Part of individual College strategies.
8. Promote a centralised, coordinated approach to identifying and communicating trainee placements into Indigenous health training posts. Particularly at more advanced levels, this provides valuable medical services to Indigenous people whilst exposing trainees to Indigenous contexts.		Ongoing
9. The Medical Student Outcome Database (MSOD) should be used to track medical graduates' pathways, and identify and better understand any enablers or barriers to success for Indigenous graduates.		Medical Deans plan for 2014.
10. An online portal specific to Indigenous medical students, junior doctors and trainees should be developed with a focus on support and identifying pathways into specialist training.	A project portal (website) developed and launched in June 2013. This portal is placed on the CPMC Website under Specialist Projects	Portal under migration.

Project Deliverables	Status (not started, started & expected finish date, incomplete, completed)	Additional comments CPMC
First Priority		
11. Colleges should provide the opportunity for their entire administrative staff to undertake community-based, cross-cultural training in Indigenous issues.		At individual College level.
12. Utilising Continuing Medical Education/ Continuing Professional Development processes, Colleges to encourage Fellows to attend cultural competence training courses related to Indigenous health.		At individual College level.
13. CPMC to recommend that member Colleges implement the recommendations of the AIDA Pathways into Specialties paper. Currently initiatives are in place at RACP and RACS.	AIDA's paper on Pathways into Specialists: A strategic approach to increasing the number of Aboriginal and Torres Strait Islander Fellows was distributed to all of the 15 Colleges in January 2013 for their information and appropriate action for Indigenous health workforce development.	At individual College level.
14. Implement an Indigenous Knowledge Initiative for CPMC leadership.	An Indigenous knowledge initiative for CPMC leadership program currently is on preparation and is scheduled to be held on 6 November 2013.	Implemented & while President attendance was only 6 out of 15, it received good interaction and positive evaluation.
15. To reaffirm a partnership approach to Indigenous health – this recommendation needs to be realised at the national, state and territory, and local levels.		
16. To develop a training module to assist the AMC accreditation teams when assessing College standards of cultural competence.		AMC made aware by AIDA

Project Deliverables	Status (not started, started & expected finish date, incomplete, completed)	Additional comments
First Priority		CPMC
17. CPMC to direct the subcommittee to systematically develop and promote to the medical colleges, relevant sections of existing initiatives in Indigenous health and cultural competence curricula and to identify best practice.		
18. CPMC to support MSOAP and USOAP in its efforts to provide services to Indigenous people based on community identified needs and priorities, regardless of their geographic circumstances. This recommendation can best be met through strong partnerships, e.g. with NACCHO and its membership, and through other organisations.		

Project Deliverables	Status (not started, started & expected finish date, incomplete, completed)	
Third Priority	Netra Khadka to complete	
19. The CPMC will develop, and seek funding for, scholarships to support Indigenous trainees. These could be used to assist Trainees in their vocational development activities, including but not limited to, paying aspects of the training program such as examination fees.		

NOTE:

1. It was in the view of the Subcommittee before starting the project (please ref. letter to Ms Jolly by Mr Apolony dated 25/02/2011) that the Priority 1 recommendations could be implemented within a two year project life, and that progress could be made within that time in the planning and management of the remaining recommendations.
2. Although, research surveys were not included as part of the framework recommendations, it should be noted that the Indigenous health subcommittee headed by the former Co-Chairs instructed me to carry out two major surveys shortly after I joined the project. In consideration of time lapse between the publication of the framework recommendations and the project commencement, the main objective of these surveys was to see the gaps between the Colleges ongoing activities and the framework recommendations in order workout the appropriate program actions.
3. As of now the project has produced four project reports to go to DoHA through the CPMC and the project has not received any negative feedback from DoHA.