

POLICY DOCUMENT

ABORIGINAL AND TORRES STRAIT ISLANDER HEALTH EDUCATION IN MEDICAL CURRICULA

Background

It is the position of AMSA that the health of all Australians both should be a top priority of the government and other relevant organisations. AMSA believes the long-standing inequity in health status between Aboriginal and Torres Strait Islander Australians and non-Indigenous Australians is unacceptable and that it is the responsibility of the future health workforce and their educators to ensure they are prepared to tackle this. AMSA believes that Aboriginal and Torres Strait Islander health is a matter for all healthcare providers, not just Aboriginal and Torres Strait Islander people. AMSA supports all efforts to develop long term and sustainable initiatives that result in equitable health outcomes for all Australians.

AMSA affirms that Aboriginal and Torres Strait Islander communities are highly diverse in culture and beliefs, and that practices of engagement must be tailored to individual communities.

AMSA believes that an understanding of, and respect for, an individual's culture, practices and beliefs is integral in the provision of appropriate healthcare and the attainment of good health. Whilst cultural safety teaching provides a model to be used with a diverse range of cultures, there are many unique aspects to Aboriginal and Torres Strait Islander health and culture that must be understood by medical students in order to provide the highest level of care. AMSA recognises the impact of social determinants on health status, particularly for Aboriginal and Torres Strait Islander people, and encourages teaching that emphasises an understanding of these factors. AMSA works to promote an understanding of the challenges, issues and rewards involved in working to provide healthcare and improve the health of Aboriginal and Torres Strait Islander Australians.

AMSA recognises that the development and implementation of significant changes in medical curricula require adequate financial and human resources. AMSA believes that universities need to put Aboriginal and Torres Strait Islander health high on their priority list and specific funding should be made available for this specific purpose. Furthermore, AMSA recognises that universities will be at different stages of development and implementation of specific components of the curriculum. However, this document is intended to outline AMSA's beliefs on the importance of Aboriginal and Torres Strait Islander health in medical curriculum, and areas where universities may improve.

Position Statement

AMSA strongly supports efforts to improve and increase the medical education of Aboriginal and Torres Strait Islander health through:

1. Increased early exposure of students to Aboriginal and Torres Strait Islander health;
2. Appropriate cultural awareness and cultural safety training;
3. An Aboriginal and Torres Strait Islander curriculum that focuses on the wider socio-cultural and historical aspects including social determinants of health and public health approaches;
4. Consistent and continuous exposure befitting the student's level of training;
5. Utilisation of Aboriginal Community Controlled Health Organisations as teaching facilities and placement opportunities, and the provision of adequate funding for this to occur;
6. Utilisation of examination methods for Aboriginal and Torres Strait Islander health.

Policy

AMSA believes that:

1. medical schools must seek Aboriginal and/or Torres Strait Islander community involvement and engagement in the development of all student placements and provide opportunities for students to undertake similar community engagement during placements.
2. medical schools should utilise local Aboriginal and Torres Strait Islander community members in teaching curricula where possible.
3. a combination of 'immersion' and 'integration' techniques are required to teach Aboriginal and Torres Strait Islander health.
4. a 'whole of faculty' approach is required to ensure students recognise that Aboriginal and Torres Strait Islander health is a matter for all healthcare professionals.
5. medical schools located in similar regions should develop sustainable relationships with Aboriginal Community Controlled Health Organisations (ACCHO) to ensure capacity for student placements.
6. medical schools should attempt to provide all medical students with at least one placement in an Aboriginal Community Controlled Health Organisation.
7. Aboriginal Community Controlled Health Organisations must be appropriately resourced to fully utilise placement capacity.
8. in instances where placements are unavailable to all students, other methods of sharing experiences should be investigated and implemented. These may include online forums or student-led discussions.
9. placements at ACCHOs should demonstrate to students successful campaigns and models of delivering healthcare to emphasise achievements, as well as demonstrating the challenges in delivering healthcare to Aboriginal and Torres Strait Islander communities.
10. medical schools should utilise ACCHOs in both rural and urban locations to ensure that there is not a misperception from medical students that Aboriginal and Torres Strait Islander health is only relevant in rural locations.
11. medical schools should provide adequate cultural preparation and support during placement in Aboriginal and/or Torres Strait Islander communities to ensure attachments are mutually beneficial to students and the communities themselves.
12. medical schools should provide incentives to encourage exposure to Indigenous health.
13. the Indigenous Health Curriculum Framework developed by the Medical Deans of Australia and New Zealand must be implemented at all medical schools.
14. medical schools should utilise the Critical Reflection Tool through a whole of school process of evaluation and internal review
15. regular review and auditing in respect to this Framework by the Australian Medical Council is imperative to ensuring that medical schools continue to be held accountable for the Aboriginal and Torres Strait Islander health education they deliver.
16. medical schools should provide an education on Aboriginal and Torres Strait Islander history with respect to the impact this history has on the state of Aboriginal and Torres Strait Islander health.
17. racism must be dealt with a zero tolerance approach.

AMSA believes that an Aboriginal and Torres Strait Islander health curriculum should:

1. be integrated across all year levels to ensure students are engaged early in their degree and maintain their awareness and understanding in line with increased knowledge and complexity of understanding in later years.
2. emphasise typical, not stereotypical, presentations and conditions.
3. emphasise the integrated social, cultural and medical aspects of Aboriginal and Torres Strait Islander health.
4. consider the principles of cultural safety and provide cultural safety training to all students and staff.
 - a. cultural safety training must ensure that students and doctors delivering healthcare to Aboriginal and Torres Strait Islander people are aware of how their own cultural perspective may impact on the delivery of healthcare, and seek to minimise this impact.
 - b. students must be supported through the challenges and confrontational nature of addressing the impact of culture on an individual's beliefs about other people.
 - c. given that "Indigenous students regularly experience racism and discrimination, particularly in relation to misperceptions from students and staff that they are receiving special treatment"(1), medical schools must ensure that non-Indigenous students do not develop this mentality. This should be through a comprehensive education on Aboriginal and Torres Strait Islander history and health status and the necessity and extent of targeted strategies.
5. foster an understanding between Aboriginal and Torres Strait Islander and non-Indigenous students to enable the latter to identify and question potential racist beliefs about Aboriginal and Torres Strait Islander people.
6. provide a safe, supported and well-structured environment for Aboriginal and Torres Strait Islander students to discuss cultural beliefs with non-Indigenous students where appropriate.
7. provide appropriate and carefully constructed, formative and summative evaluation and examination of principles and practices in providing healthcare to Aboriginal and Torres Strait Islander people.
8. provide greater opportunities for medical students to learn in Aboriginal and Torres Strait Islander health centres and Aboriginal Community Controlled Health Organisations. These could include longer, more in-depth placements with aspects such as research and public health campaign implementation.
9. record, evaluate and report on their achievements in regards to implementing an Aboriginal and Torres Strait Islander health curriculum.

References

1. Australian Indigenous Doctors' Association, *Healthy Futures*, Published by Australian Indigenous Doctors' Association, 2005

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