

POLICY DOCUMENT

ABORIGINAL AND TORRES STRAIT ISLANDER STUDENT RECRUITMENT AND ENTRY

Background

It is the position of AMSA that the health of all Australians 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 reasonable efforts to develop long-term and sustainable initiatives to produce 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 recognises that there is a chronic under-representation of Aboriginal and Torres Strait Islander Australians within the current healthcare system and particularly in medicine(1). In 2004 the AMA predicted that in order to fill the current Aboriginal and Torres Strait Islander medical workforce shortfall, fifty Aboriginal and Torres Strait Islander students would need to enrol in medical courses across the country each year for the first four years and then one hundred would need to enrol each year after that(2). Australian universities are far from this target(3). In order to increase the number of Aboriginal and Torres Strait Islander medical students there must be a concerted effort to increase Aboriginal and Torres Strait Islander students graduating from secondary school. A recruitment and retention strategy needs to begin early in education and focus on ensuring students gain the necessary qualifications for medicine. This strategy must be founded upon strong community engagement. Aboriginal and Torres Strait Islander school students require positive role models who can demonstrate the tasks, responsibilities and rewards of being a health professional in an Aboriginal and Torres Strait Islander community.

AMSA recognises that the development and implementation of recruitment strategies require significant investment of financial and human resources. Despite this, AMSA believes that this issue is a matter of great importance, and that schools must develop formal recruitment strategies in consultation with local Aboriginal and Torres Strait Islander communities.

AMSA is committed to working with Aboriginal and Torres Strait Islander people and organisations as well as universities and key stakeholders to ensure there is a real and sustainable increase in the number of Aboriginal and Torres Strait Islander doctors, and ultimately an improvement in Aboriginal and Torres Strait Islander health.

Australian Indigenous Doctors' Association's (AIDA) document, *Healthy Futures*, provides a best-practice standard for the recruitment and retention of an Aboriginal and Torres Strait Islander workforce(4). AMSA supports this document.

Position statement

AMSA believes that there is the urgent need for a nation-wide increase in Aboriginal and Torres Strait Islander students entering medicine and increased investment in ensuring Aboriginal and Torres Strait Islander students gain the necessary qualifications to be eligible for medical training.

Policy

AMSA believes that:

1. universities must first and foremost engage with communities in order to assist communities to support students who are interested in entering medical schools.
2. primary and secondary school programs which provide Aboriginal and Torres Strait Islander students with tutoring should be expanded to identify struggling students very early on. Systems which identify students who fail standardised tests are often too late to rectify learning habits.
3. Aboriginal and Torres Strait Islander primary and secondary school students should be actively encouraged through multiple avenues to remain within and succeed in the education system and go on to tertiary study.
 - a. Medical schools, through adequate preparation, briefing and cultural safety training, should provide medical students with the opportunity to attend engage with Aboriginal and Torres Strait Islander communities through events such as Indigenous festivals including Vibe Alive and Wakakirri in order to promote health-based careers to Aboriginal and Torres Strait Islander high school students.
 - b. Universities should engage with the wider Aboriginal and Torres Strait Islander community through multiple avenues such as local high schools, local media including Koori mail and radio programs, career development days, Vibe Alive festivals etc.
4. universities should engage with and make available to communities culturally appropriate and accessible literature and information about medical studies, admission processes, entry schemes and support structures.
5. medical schools should provide opportunities for Aboriginal and Torres Strait Islander potential students to visit the university and provide information on local support networks, accommodation, travel etc.
6. the Department of Health and Aging and the Department of Education should jointly set and fund a national target for Aboriginal and Torres Strait Islander medical graduates. The funding should take into account all the necessary recruitment and retention strategies that Aboriginal and Torres Strait Islander students require.
7. all medical schools should offer admission entry schemes for Aboriginal and Torres Strait Islander students into medical studies and establish ideal quotas. These entry schemes should be designated places which are only available to Aboriginal and Torres Strait Islander students, in addition to students being eligible for regular places.
8. all medical schools should provide culturally appropriate admissions process. This should include a community-based interview utilising local Aboriginal and/or Torres Strait Islander community members.
9. There is inequity in access to preparation for admission processes, and that key stakeholders including local Indigenous Health Units should be funded to support students throughout the medical school entry process.
10. Aboriginal and Torres Strait Islander admission places should be HECS-HELP funded.

11. Aboriginal and Torres Strait Islander students should be given the opportunity to finish a secondary school certificate equivalent in order to make them eligible for medical studies.
12. medical schools should provide Aboriginal and Torres Strait Islander students with pre-medical bridging programs.
 - a. Bridging courses should be available to students either considering applying for medicine, or about to commence first year.
 - b. Bridging courses should provide educational models for students lacking traditional qualifications for entry into university, prepare students for university study, provide foundation knowledge and skills and develop confidence in student's abilities.
13. medical schools should record and evaluate their achievements with regard to implementing recruitment strategies.

References

1. D Trewin, R Madden. The Health and Welfare of Australia's Aboriginal and Torres Strait Islander People. Canberra: Australian Institute of Health and Welfare, Australian Bureau of Statistics, 2003.
2. Australian Medical Association. Healing Hands: Aboriginal and Torres Strait Islander Workforce Requirements. Discussion paper, Canberra: Aboriginal and Torres Strait Islander Health, 2004
3. G Phillips. Committee of Deans of Australian Medical Schools Indigenous Health Curriculum Framework. Melbourne: VicHealth Koori Health Research and Community Development Unit, 2004.
4. Australian Indigenous Doctors' Association, Healthy Futures, Published by Australian Indigenous Doctors' Association, 2005

Policy adopted July 2010

For review July 2012