COUNCIL OF PRESIDENTS OF MEDICAL COLLEGES

Partnering for Good Health and Wellbeing for Aboriginal and Torres Strait Islander Australians

The health of Aboriginal and Torres Strait Islander Peoples remains unacceptably poorer than non-Indigenous Australians. In 2007 Aboriginal and Torres Strait Islanders were dying nearly twenty years earlier than non-Indigenous Australians, and the Indigenous infant mortality was three times the rate for non-Indigenous Australians. A broad coalition called for action (1) and the Council of Australian Governments (COAG) brokered an agreement between the Commonwealth and jurisdictions to address the situation creating the National Indigenous Reform Agreement (Closing The Gap) (1, 2). There has been progress (3, 4) but the Closing the Gap Prime Minister's Report 2017 (5) concludes that there has been only modest narrowing of the gap in mortality rates between Indigenous and non-Indigenous Australians since 1998. Aboriginal and Torres Strait Islander peoples' deaths from circulatory disease have decreased but their mortality rate from cancer has increased, there is still a ten year gap in life expectancy between Indigenous Australians as compared to the non-indigenous population. There is some good news. The infant mortality rate has more than halved from 13.5/1000 live births in 1998 to 6.3/1000 in 2015 (6). This, sadly, has not been reflected in child mortality rate as the gap remains unchanged at thirty-one per cent (31%) over the same period. This means that Australia is unlikely to close the gap within this generation.

The 2007 briefing paper identified specific measures to be addressed to achieve equity in health outcomes (1, 2). Among these was improved access to culturally appropriate health care and increased numbers of Aboriginal and Torres Strait Islander people in the health workforce. It is agreed that an increase in Indigenous health care workers will impact positively on health care delivery and also improve cultural awareness of all practitioners (7).

Medicare figures show marked improvements in some activities between July 2009 and June 2016. The rate of completion of Indigenous health assessments has increased by approximately two hundred per cent (200%) for all age groups and the use of Chronic Disease Management items has doubled (3-5). Much of this success has been due to the hard work and diligence of the many Aboriginal Community Controlled Health Services (ACCHS) and the advocacy of their umbrella organisation the National Aboriginal Community Controlled Health Organisation (NACCHO). However, for the twenty per cent of Indigenous Australians living in rural or remote and very remote areas, health workforce maldistribution and culturally appropriate access to care continues to be a problem (4).

Indigenous Australians represent approximately three per cent of our population. The number of Aboriginal and Torres Strait Islander people entering medical schools has increased to almost population parity at 2.5%. Many medical schools now have specifically designed programs to support indigenous students and have improved the graduation rate (8). The Australian Indigenous Doctors Association (AIDA)

provides access to an excellent mentoring program for medical students and young graduates on their pathway to specialty training.

Despite this, indigenous medical graduates continue to be particularly poorly represented amongst new Fellows of Australian Specialist Medical Colleges. There are signs that this is slowly changing but more work is required. Indigenous health advocates in Australia continue to call for improvements in the cultural capability of health care in Australia (9). The Specialty Colleges have a significant role to play in building this capacity. It would make sense for NACCHO, AIDA, Australia's specialist Medical Colleges and the Federal Government to work together to train an indigenous workforce to help serve the indigenous community and all Australians.

A New Collaborative Partnership

In May 2017 an historic agreement was signed between the Australian Government, the Council of Presidents of Medical Colleges (CPMC), AIDA and NACCHO to work collaboratively to improve the health and wellbeing of Aboriginal and Torres Strait Islander Peoples. The partnership aims to focus on developing measurable improvements at the system performance level of the Australian Government's National Aboriginal and Torres Strait Islander Health Plan and its revision process. Specific action in six priority areas of reducing the barriers to accessing care, enabling earlier access to antenatal care, integrating mental health care, making available access to prescription medicines, training more Aboriginal and Torres Strait Islander Peoples in the health workforce generally and for medicine, enabling career pathways through to advanced specialism.

The defining purpose of the engagement of CPMC is to increase Indigenous doctor selection, training and graduation into specialist practice. This addresses a significant deficiency.

Specialist Colleges must learn from the experiences of universities that have shown the way (10, 11). Professor Martin Nakata, a well-respected indigenous academic, makes the strong point that it is not about “lowering the bar” but rather about providing appropriate support specifically designed for the indigenous trainee (12). Close collaboration between the Specialist Colleges, AIDA and NACCHO will be essential for this goal to be achieved.

A National Forum was convened in August 2017 to progress the collaboration and comprised representatives from the Australian Government, AIDA, NACCHO, Medical Deans of Australia and New Zealand, the National Aboriginal and Torres Strait Islander Health Worker Association, Australian Institute of Health & Welfare, the Australian Medical Council and presidents and representatives of medical colleges and Leaders in Indigenous Medical Education. The discussion focused on looking for ways to develop strategies to improve Aboriginal and Torres Strait Islander health and wellbeing. It was agreed that challenges are in the areas of ear and eye disease; perinatal care; mental health; chronic diseases including renal, diabetes, rheumatic heart and cancer services. These areas are not new. Many organisations and colleges are already working in the space but it was agreed we needed to find new ways of working in partnership to improve outcomes by reflecting

on models which have been successful. For example blindness in Indigenous Australians is three times higher than non-Indigenous Australians and to reduce that rate a roadmap was developed in 2012 which scoped the extent of eye health from primary eye care, refractive services, cataract, diabetic eye disease and trachoma and made available services to where they were required.
There has been a twenty per cent reduction in the prevalence of trachoma in children since 2008; eye examinations have tripled, and regional stakeholder groups have formed to guide community consultation processes (13).

Positive change can be achieved in collaboration with partners and building upon community consultation and control. However, developing a more culturally aware medical workforce that includes Indigenous specialists is widely acknowledged as key to improving access to and quality of care received (7). There is a real deficiency here and all Colleges have agreed to develop specific programs to improve their performance in this area. CPMC will have a significant role in supporting this activity.

The partnership has consolidated the six priority areas under the National Partnership Agreement into two key comprehensive focus areas for collective strategic action in the short, medium and longer term. The collaborative partners will work to increase the Aboriginal and Torres Strait Islander workforce and the non-Indigenous health workforce in mainstream and community controlled health care settings by focussing on recruitment, support, mentoring programs and role

modelling to grow the depth and number of Aboriginal and Torres Strait Islander people in the health sector. Medical schools have committed to increase enrolment of Aboriginal and Torres Strait Islander medical students to address the population inequity over the medium to long term. Medical Colleges are now committed to develop programs of both recruitment and retention that provide equity to indigenous medical graduates. Our specialist medical workforce must reflect and resource all members of the Australian community.

Cultural competency and cultural safety are integral to building a diversity in the Australian health workforce and providing culturally appropriate care that improves the Indigenous patient outcome. Better training, supporting and mentoring the non-Indigenous workforce through embedding a cultural safety program that is legitimate and engaging as a product is critical. Work already underway by AIDA will provide a cultural safety model for implementation in all college curriculum and continuing professional development (CPD) requirements by 2018-19.

There is a window of opportunity. Bipartisan commitment is strong to “closing the gap”. Government has asked specialist Medical Colleges to assist. Colleges can add unique educational and operational value to solve this serious social inequity.

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