

# Policy Document

## Aboriginal and Torres Strait Islander Health and the Medical Curricula policy

### Background

The Australian Medical Students' Association (AMSA) is the peak representative body of Australia's 17,000 medical students. AMSA believes that everyone has the right to the best possible health and so advocates on all issues that impact health outcomes. Specific education regarding groups with poorer health outcomes is key to forging health equity. As such, AMSA advocates for the inclusion of Aboriginal and Torres Strait Islander Health Education in the medical curriculum.

The 2009 United Nations' State of the World Indigenous People's report found that Australia ranks equal last in the world with respect to life expectancy gaps between their Indigenous and non-Indigenous populations [1]. Furthermore, Aboriginal and Torres Strait Islander people are more likely to experience poorer health and medical care than other non-Indigenous Australians [2-5], including a 10-17 year gap in life expectancy, and a greater likelihood to experience disability and self-report poor health [6].

Overall, Aboriginal and Torres Strait Islander people consistently experience poor social determinants of health, including low levels of education, high unemployment, low income, discrimination and poor quality housing [7]. These social factors increase the likelihood of risky health behaviours such as smoking and/or excessive alcohol consumption [8], which is compounded by an inability to access timely and effective health services, resulting in overall poorer health outcomes [7].

Aboriginal and Torres Strait Islander people are Australia's first peoples, and are highly diverse in language, culture and beliefs. They make up 3% of the total Australian population, with approximately one third residing in major cities. Geographically, the majority of Aboriginal and Torres Strait Islander people reside in urban areas, with approximately 40% living in regional areas and 8% in remote areas [9].

Aboriginal and Torres Strait Islander people are a marginalised group in Australian society and continue to face racism. Indeed, 30% of Aboriginal and Torres Strait Islander people report discrimination due to ethnic origin [10], and 40% report being "physically or emotionally upset as a result of treatment based on their race" [11]. Racism has many forms, including (but not limited to) covert, overt, internalised, interpersonal and systemic manifestations, which all have direct impacts on the health of Aboriginal and Torres Strait Islander people. Examples of this include Aboriginal and Torres Strait Islander patients being one-third less likely to receive appropriate medical care [12] and racism being related to one third of the prevalence of depression amongst Aboriginal and Torres Strait Islander people [13].

However, there is evidence to show that interventions to improve cultural competency can lead to positive health outcomes [14-15]. Research shows positive correlation between the influence of an Indigenous health curriculum in shaping students' understanding of Aboriginal issues and year-level progression in medical school [16].

The Australian Medical Council's accreditation guidelines stipulate the use of the Committee of Deans of Australian Medical Schools (CDAMS) Indigenous Health Curriculum Framework. This Framework is designed to aid medical schools in implementing the changes required to ensure all medical students nationwide provide quality medical care to Aboriginal and Torres Strait Islander people [17]. It includes coverage of Aboriginal and Torres Strait Islander histories, cultures, and health in order to satisfy national medical standard education [18], and highlights the Critical Reflection Tool as a monitoring and evaluation tool of the framework to ensure ongoing success of the Indigenous health curricula. Whilst this framework has provided some guidance to the implementation of Aboriginal and Torres Strait Islander health in the medical curricula, it lacks specific technical content [19]. Other critiques of the framework include lack of assessment and compulsory content, limited vertical and horizontal integration and poor prioritisation and leadership in order to integrate the curriculum [19].

Adequate budgeting from medical schools is essential for the implementation of this Framework [3]. Whilst organisations directly involved in the implementation of Aboriginal and Torres Strait Islander health curricula such as the Leaders in Indigenous Medical Education Network (LIME) and the Australian Indigenous Doctors Association (AIDA) [5] receive direct funding from the government, specific funding for Aboriginal and Torres Strait Islander curricula is not provided. Despite the resource support from LIME and AIDA, many medical schools still report insufficient staff resources and time to integrate the framework effectively [19]. There is evidence suggesting dedicated funding within medical schools is only enough to support superficial integration of the framework where a funding partnership with the Commonwealth government would likely resolve this issue [19].

All medical schools currently have an Aboriginal and Torres Strait Islander health curriculum. A 2006 study of medical students in Western Australia found that a relatively small amount of teaching on Aboriginal and Torres Strait Islander health resulted in significant shifts in student attitudes and skills [NEW REFERENCE]. This indicates that it is imperative for universities to further improve and prioritise their Aboriginal and Torres Strait Islander health curriculum. A 2012 review of the CDAMS Indigenous Health Curriculum framework [19] identified ongoing challenges for medical schools in delivering quality curricula, including: significant resourcing and funding issues, lack of senior leadership and managing diverse student discomfort and potential racism. Best practice implementation of the Indigenous Health Curriculum framework included experience based learning activities, such as clinical placements in Aboriginal Medical Services, within a vertically and horizontally integrated curriculum [19]. This form of integration would see consistent and continual teaching throughout the year-levels, with this teaching "woven into a range of subjects and disciplines in each year" [16].

# Position Statement

AMSA believes that:

1. Medical schools are responsible for enabling students to address the inequity of Aboriginal and Torres Strait Islander health in a culturally appropriate manner
2. This is best achieved through consistent and continual exposure to Aboriginal and Torres Strait Islander health throughout the medical course
3. Medical students, by virtue of becoming doctors, have a responsibility for improving Aboriginal and Torres Strait Islander health inequity
4. Medical schools need to put Aboriginal and Torres Strait Islander health high on their priority list and must continue to adequately resource and fund Aboriginal and Torres Strait Islander health in medical curricula

## Policy

AMSA calls upon:

1. Medical schools to:
  - a. Provide students with a vertically and horizontally integrated Aboriginal and Torres Strait Islander health curriculum, consistent with the Indigenous Health Curriculum Framework, emphasising the following:
    - i. Impacts of Aboriginal and Torres Strait Islander history on current health inequities;
    - ii. Impacts of Aboriginal and Torres Strait Islander culture and history on current health inequities;
    - iii. Role of racism in creating and perpetuating inequitable health outcomes;
    - iv. Social determinants of health, especially those pertinent and/or unique to Aboriginal and Torres Strait Islander health;
    - v. Aboriginal and Torres Strait Islander holistic view of health and its consequences for effective and culturally appropriate health care;
    - vi. The strength of community control, self-determination and collaboration in the context of effective Aboriginal and Torres Strait Islander health;
    - vii. Contextually relevant Aboriginal and Torres Strait Islander health content and learning, which recognizes urban contexts and the contextual diversity of Aboriginal and Torres Strait Islander people;
  - b. Implement early exploration of common misconceptions concerning Aboriginal and Torres Strait Islander people through frank and open discussion;
  - c. 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 community;
  - d. Form relationships with Aboriginal Medical Services in order to facilitate maximal placement opportunities for medical students in Aboriginal and Torres Strait Islander health;
  - e. Teach students that racism and discrimination have no place in the medical profession and equip them with the tools to recognise and tackle

all forms of racism and discrimination, including personal and institutional racism, in the medical profession;

- f. To teach all students how to promote positive interactions between patients, health professionals and health care systems;
  - g. Regularly review the effectiveness of the medical curricula in producing doctors capable of contributing to reducing the health inequity faced by Aboriginal and Torres Strait Islander people;
  - h. Target funding to support quality Aboriginal and Torres Strait Islander medical curricula;
  - i. Ensure all staff provide teaching in a manner that is consistent with the spirit of the Aboriginal and Torres Strait Islander health curriculum, being sensitive to the safety and values of Aboriginal and Torres Strait Islander students
  - j. Engage local Aboriginal and Torres Strait Islander community members in the design and teaching of the curricula where possible;
  - k. Medical schools should utilise Aboriginal Medical Services 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;
  - l. Designate 'champions' or staff member(s) with appropriate knowledge and skill in Aboriginal and Torres Strait Islander culture, history and health to facilitate the design and provision of a high quality curriculum ;
  - m. Emphasise practical relevance to experiences of and improvement to Aboriginal and Torres Strait Islander health;
2. All medical students to:
    - a. Take initiative for their own medical education concerning Aboriginal and Torres Strait Islander health as it is their role, by virtue of being doctors, to address the inequity faced by these populations;
    - b. Engage in ongoing critical reflection of their own beliefs, preconceived ideas as well as conscious and unconscious bias pertaining to Aboriginal and Torres Strait Islander people and how this impacts on their interactions with Aboriginal and Torres Strait Islander people;
3. LIME and Aboriginal Medical Services to:
    - a. Encourage local Aboriginal and Torres Strait Islander community members to participate in the design and teaching of the curricula where possible;
4. Government at all levels to:
    - a. Continue adequately funding Aboriginal and Torres Strait Islander health in medical curricula. AMSA specifically calls upon the Federal government to provide funding for the sole purpose of implementing Aboriginal and Torres Strait Islander curricula;
    - b. Specifically fund Aboriginal Medical Services to maximise opportunities for medical students to be placed in Aboriginal Medical Services
5. Aboriginal Medical Services to ensure that:
    - a. Placements at Aboriginal Medical Services expose students to Aboriginal and Torres Strait Islander health models to show how these models are working to improve health in Aboriginal and Torres Strait Islander communities;
6. All stakeholders to:
    - a. Promote positive interactions between patients, health professionals and health-care systems through ongoing cultural education, with an aim to eliminate all forms of racism;

- b. Endeavour to engage in evidence-based research that aims to deliver more up-to-date statistics on this matter.

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## Policy Details

**Name:** Aboriginal and Torres Strait Islander Health in the Medical Curricula policy

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