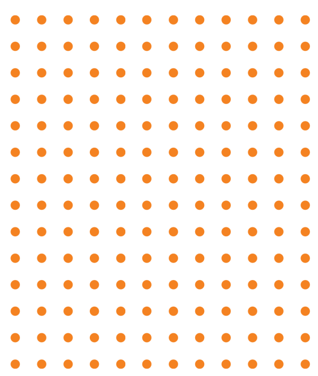
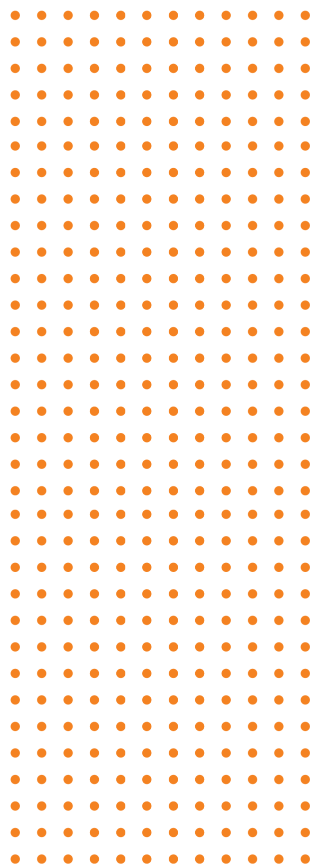


Policy Document

Aboriginal and Torres Strait Islander Medical Student Recruitment and Retention (2023)



Position Statement

AMSA believes that:

1. A comprehensive approach is required to ensure Aboriginal and Torres Strait Islander people experience equitable outcomes in tertiary education, including engagement, co-design, collaboration, data collection and monitoring and evaluation.
2. The number of Aboriginal and Torres Strait Islander medical student graduates needs to be greater than the current population parity target to reach parity within the current generation.
3. Governments, universities, and the medical workforce must all foster and support a culturally safe environment free of racism against Aboriginal and Torres Strait Islander medical students as per the United Declaration of Rights of Indigenous Peoples (UNDRIP), particularly articles 14,15,18 and 21.
4. Self-determination and the social determinants of health are the underlying foundations that shape an individual's life, these social forces can be applied to the successful recruitment, retention and graduation of students.
5. Implementing this policy would contribute towards the achievement of UN Sustainable Development Goals 3 – Good Health and Wellbeing and 10 – Reduced Inequalities.
6. Cultural Safety is defined as per the AHPRA definition; Cultural safety is determined by Aboriginal and Torres Strait Islander individuals, families and communities. Culturally safe practice is the ongoing critical reflection of health practitioner knowledge, skills, attitudes, practising behaviours and power differentials in delivering safe, accessible and responsive healthcare free of racism.

Policy Points

AMSA calls upon:

1. The Commonwealth Government, State and Territory Governments to:
    a. Co-design with the Aboriginal and Torres Strait Islander communities, Australian Indigenous Doctors Association (AIDA), educational

Head Office
A Level 1,
39 Brisbane Avenue,
Barton, ACT 2600

Postal Address
PO Box 6099,
Kingston, ACT 2604

ABN:
67079 544 513

Email:
info@amsa.org.au

Website:
www.amsa.org.au

institutions, and medical students regarding Aboriginal and Torres Strait Islander policy, specifically regarding the recruitment and retention of Aboriginal and Torres Strait Islander medical students;

b. Improve recruitment/ promotion campaigns by:
    i. Increasing presence in all schools, particularly rural and remote schools, and final year students to inform about pathways;
    ii. Multifaceted medicine entry information including discussions about the fear of failure, imposter syndrome and clarity on the requirements for entry as well as ongoing demands;
    iii. Empowering Aboriginal and Torres Strait Islander medical students and doctors to act as mentors to aspiring students;
    iv. Targeted promotion for rural, remote and mature-age students by incorporating summer courses, non-business hours, or online programs in every state or territory to increase equitable access to education;
    v. The promoting of Aboriginal and Torres Strait Islander doctors to the general public;
    vi. Developing dedicated mentoring program between Aboriginal and Torres Strait Islander university students and school students;
    vii. Subsidising medical entrance exam fees for Aboriginal and Torres Strait Islander students;

c. Reach population parity by:
    i. Increasing the number of Aboriginal and Torres Islander medical students commencement rate to 11% and graduation rate to 11% until updated population parity modelling is completed;
    ii. Using an updated population parity model of Aboriginal and Torres Strait Islander doctors and medical student commencement and graduation aims with a goal to achieve parity within 25 years;
    iii. Monitoring and evaluating of existing pre-entry programs to ensure students are adequately prepared for medicine given the increased quantity commencing medicine;

d. Ensure Commonwealth Supported Places are:
    i. Available to Aboriginal and Torres Strait Islander medical students at all universities via the Higher Education Contribution Scheme (HECS);

    ii. Distributed equitably across all in every state and territory so that Aboriginal and Torres Strait Islander medical students can study on or near Country;
    iii. Deferrable to the Higher Education Loan Program (HELP);

e. Support the AMA's *Aboriginal and Torres Strait Islander Audit Report 2012* workforce position for fully funded training places and full scholarships that factor in relocation costs for Aboriginal and Torres Strait Islander medical students to increase participation in the health workforce;
f. Centralise scholarships such that they are pooled in one funding stream so students can submit one application for a whole degree scholarship instead of many applications for piecemeal funding, with this funding stream to be managed by a provider with appropriate governance such as the National Aboriginal Community Controlled Health Organisation;
g. Calling on the Medical Deans to develop a National Re-entry Pathway for Aboriginal and Torres Strait Islander medical students to ensure investments of governments and students are retained by ensuring graduation and adding to the health workforce;
h. Provide an up to date website that is in plain English explaining the journey for Aboriginal and Torres Strait Islander medical students, covering the spectrum of recruitment, retention and post-graduation such as; alternative entry pathways, specialist pathways, cost of university degree, Higher Education Contribution Scheme (HECS), Student Services and Amenities Fees (SSAF) and a scholarship calendar to be able to subscribe to, developed in conjunction with Aurora Foundation, Leaders in Medical Education (LIME), AIDA and AMSA;
i. Improve Abstudy funding by:
    i. Reversing the recent changes to the *Limits to Assistance* for Abstudy financial payments for Medical students so that they can access this culturally appropriate payment regardless of whether they have a prior undergraduate degree, given that 12 out of the 21 Australian universities offer combined undergraduate and masters degrees and students often enter medicine with a prior degree;
    ii. Increase earning limits for students, particularly those with children, and remove the classification and taxable status of scholarships as income;
    iii. Decreasing the age of independence from 22 to 18 to access Abstudy.

2. Medical Schools to:
    a. Adopt and embody the AHPRA definition of cultural safety and embed in the medical curriculum by:
        i. Providing anti-racism training to all staff and students to develop culturally safe places of learning for Aboriginal and Torres Strait Islander medical students;
        ii. Ensure every University has a Reconciliation Action Plan (RAP) and that the RAP Committee has dedicated student positions for both Aboriginal and Torres Strait Islander students and non-Indigenous students to contribute to improving race relations and eradicating racism;
        iii. Monitor student experience and satisfaction of cultural safety through an annual survey;
        iv. Ensuring that the curriculum has patient cases that have Aboriginal perspectives and Torres Strait Islander perspectives to display the differences in these cultures and their unique health needs;
        v. Ensure that information about Aboriginal and Torres Strait Islander people is presented, not in a deficit discourse manner, but from a strengths based perspective;
        vi. Ensure that curriculum development is in line with the *AMSA Aboriginal and Torres Strait Islander Health in Medical Curriculum* Policy (2022);
    b. Foster connections to culture, through Indigenous Education Centres (IEC) reconnecting students with communities, culture and history to instil student empowerment, community and identity;
    c. Better prepare applicants for medicine by offering subjects with a pre-medical focus in Tertiary Enabling Pathways (TEP);
    d. Monitor and evaluate existing Aboriginal and Torres Strait Islander entry pathways and Tertiary Enabling Pathways (TEP);
    e. Increase the Aboriginal and Torres Islander medical students' commencement rate to 11% and graduation rate to 11% by developing effective recruitment and retention strategies via:
        i. Providing alternate-entry requirements and processes for Aboriginal and Torres Strait Islander students at every medical school;
        ii. Ensuring alternate–entry processes are culturally safe and include a community-based interviews utilising Aboriginal and Torres Strait Islander staff and/or community members;

iii. Inclusion of community and Aboriginal and Torres Strait Islander staff in the retention of Aboriginal and Torres Strait Islander medical students;
iv. Fostering a culturally safe approach in the recruitment and retention of medical students, whereby individual guidance, preferably through an Aboriginal and/or Torres Strait Islander staff member, is given to students throughout the recruitment process, acceptance process and during the course;
v. Ensure that all allocated Aboriginal and Torres Strait Islander student CSPs are filled;
vi. Improving the data on the Medical Deans website to clearly display:
    1. the year of the medical degree that the Aboriginal and Torres Strait Islander medical students withdraw or take leave;
    2. the number of students returning to the degree;
    3. number of Aboriginal and Torres Strait Islander medical students have a prior degree to better identify how many students are affected by the Abstudy change to not supporting students with a second degree;
vii. The implementation of exit surveys for Aboriginal and Torres Strait Islander students with key themes reported each year;

f. Provide collegiate support to Aboriginal and Torres Strait Islander students through Aboriginal and Torres Strait Islannder Medical Engagement and Support Units by:
    i. Establishing and investing resources into creating and maintaining Aboriginal and Torres Strait Islander Medical Engagement and Support Units;
    ii. Monitoring their impact and strengthening evidence-based supports;
    iii. Maintaining culturally safe relationships with local Aboriginal and Torres Strait Islander communities;
    iv. Recognising inherent variation in learning styles and providing resources to Aboriginal and Torres Strait Islander Engagement Units to assist in the transition to university;
    v. Aiming to increase the consistency and transparency of statistical data on Aboriginal and Torres Strait Islander medical student numbers and progress, particularly in regards to student retention, to allow for a better understanding of the needs of these students;

vi. Recognising Aboriginal and Torres Strait Islander students in financial need and making them aware of the available forms of financial assistance such as bursaries, scholarships, and HECS-HELP;

g. Encourage placement opportunities for all medical students in Aboriginal Community Controlled Health Centres and similar organisations to foster the importance of improved recruitment and retention policies in medicine.

3. Aboriginal and Torres Strait Islander Representatives in conjunction with Australian Indigenous Doctors Association (AIDA), Australian Medical Student Association (AMSA) and University Medical Societies at all levels to:
    a. Ensure greater transparency, collaboration and engagement at national, state and university levels, including governance and leadership training to enable those in representative roles to perform at a high standard and improve the engagement and diversity of students in these roles;
    b. AMSA Aboriginal and Torres Strait Islander Committee to adopt a Terms of Reference with key deliverables including:
        i. Improving engagement, collaboration, and transparency by creating a community, where the committee consists of all Aboriginal and Torres Strait Islander students who are AMSA members. With the members to be invited to all the meetings by email invite for shared decision making about issues that affect them;
        ii. Creating and maintaining a contact directory of all Aboriginal and Torres Strait Islander Medical Student Representatives with distribution to all medical students;
        iii. Facilitating quarterly meetings with all Aboriginal and Torres Strait Islander medical students Representatives (medical society, clubs and AIDA representatives) to ensure representation on advocacy issues and information sharing;
        iv. Ensuring that there is a Torres Strait Islander Representative position on that Committee;
        v. Emailing all members of the AMSA Aboriginal and Torres Strait Islander Committee a quarterly communique to stay up to date on what the Committee has been working on in the last quarter and what is planned so Aboriginal and Torres Strait Islander medical students are kept up to date with this community on a National level;

vi. Collating data by way of surveys so that future AMSA policy can better identify what Aboriginal and Torres Strait Islander students want;

c. Updating and utilising the AIDA Student Representative Council Project 2018 "Engaging Aboriginal and Torres Strait Islander Medical Students" framework annually to highlight and reflect on areas of improvement regarding Aboriginal and Torres Strait Islander student engagement;

d. Ensure there are position descriptions for the representative roles that demonstrate transparent leadership deliverables, with the minimum requirements of the role to deliver:

    i. Regularly sharing information, resources and scholarships each month;
    ii. Quarterly face to face meetings/catch ups with the whole cohort of students they represent;
    iii. Quarterly updates of what the representative has been working on for their cohort and what is coming up;
    iv. Quarterly check-ins to support the students they represent;.
    v. Where possible assist students with securing a tutor, meeting the local Cultural Elder/s and providing a senior peer-to-peer student mentor.

4. Medical professionals and medical students to:

    a. Recognise the unique challenges experienced by Aboriginal and Torres Strait Islander people that impact their tertiary studies;
    b. Engage with Aboriginal and Torres Strait Islander professional development opportunities delivered by Aboriginal and Torres Strait Islander health organisations;
    c. Advocate and support current and future Aboriginal and Torres Strait Islander medical students and doctors by:

        i. Actively calling out discrimination, bullying and racism;
        ii. Proactively investing in self-education around Aboriginal and Torres Strait Islander people, their health, challenges and successes and not relying on people with lived experience for education;
        iii. Seeking out placements in Aboriginal and Torres Strait Islander practices and communities;
        iv. Ensure that information about Aboriginal and Torres Strait Islander people is presented, not in a deficit discourse manner, but from a strengths based perspective;
        v. Become a peer-to-peer student mentor to students in junior years;

vi. Where possible, donate to the AMA Indigenous Medical Scholarship;

d. Undertake culturally safe medical training and promote a culturally safe workplace environment for Aboriginal and Torres Strait Islander medical students and doctors, consider the Cultural Safety training by AIDA or Tracey Westermann, an Aboriginal Psychologist.

Background

Multiple Commonwealth, state, university and peak body frameworks and strategies exist calling for improving the education of Aboriginal and Torres Strait Islander people and aiming for a population parity of Aboriginal and Torres Strait Islander doctors. [1, 2, 3, 4, 5, 6] At the current graduation rate it would take decades to reach the population parity figure for 2023. To make advancements in this area and truly reach population parity, there is a requirement for appropriate commitment and investment in the recruitment, retention and graduation of Aboriginal and Torres Strait Islander medical students. Whilst this policy cannot address all the challenges and solutions it aims to highlight the key areas.

This policy was written in partnership between Aboriginal and Torres Strait Islander medical students with non-Indigenous students. To ensure representation, Aboriginal and Torres Strait Islander students were surveyed, and the findings of the challenges are expanded on throughout this background. Solutions to the challenges in the background are provided as calls to actions in the policy points.

Feedback from Aboriginal and Torres Strait Islander medical students

Ensuring adequate engagement from the Aboriginal and Torres Strait Islander medical student cohort is difficult due to the lack of existing governance and leadership structures and processes. Given the short timeframe to write this policy and contact students only a small population could be reached.

A 2023 AMSA survey of 27 Aboriginal and Torres Strait Islander medical students for this policy found;

- 2 of the 27 Aboriginal and Torres Strait Islander were of Torres Strait Islander background [7].
- 92% of the Aboriginal and Torres Strait Islander medical students had entered Medical school via an alternative entry pathway.
- 8 out of the 27 (29%) of the Aboriginal and Torres Strait Islander medical students had difficulty accessing Abstudy, the culturally appropriate payment for Aboriginal and Torres Strait Islander Students. [7]
- 80% of the the Aboriginal and Torres Strait Islander students surveyed supported a National Reentry Pathway to increase the graduation rate of

Aboriginal and Torres Strait Islander medical students to become doctors, with opposers wanting to know how it could work. [7]

- Effectiveness of student representation roles with the medical society and AIDA was variable amongst student responses. [7]
    - "0 - I don't know who the representative is / if we have one" and "1 - this role is not helpful". This is of great concern. "3 - neutral, I guess this role is helpful enough". This was the most commonly selected response. "5 - this role is really helpful", demonstrating the positive impact of these roles when students are engaged. It was evident that students particularly want:
    - From their representatives:
        - a greater sense of community with other Aboriginal and Torres Strait Islander medical students with regular meet-ups, events and cultural engagement.
        - improved transparency, representation, engagement and accountability with regular updates from representatives.
        - Increased support with check-in's and sharing of information, and mentoring.
        - Access to on-campus representatives rather than clinical / away from campus representatives. [7]
    - From the Indigenous Education Centres (IEC) and University:
        - Increased support, check-ins and fostering of an Aboriginal and Torres Strait Islander community.
        - More access to cultural connections and activities.
        - Support extending from the home campus to all satellite locations, and a dedicated person in the Indigenous Education Centre that understands the specifics of the medicine degree and pathways.
        - Financial and pastoral care, such as assistance with accommodation, linking-in with services.
        - Improved cultural safety at university. [7]

Admissions and Recruitment

Proof of Aboriginality Requirements

Aboriginal and Torres Strait Islanders are required to provide a Confirmation/Proof of Aboriginality (POA) to access services through special measures to reduce inequality, particularly government services. [8] For example, services such as applying for pathways into university, tutoring or scholarships. The document is confirmed by Aboriginal organisations or Land Councils when a person satisfies the three-prong declaration; [9]

- Identifies as Aboriginal or Torres Strait Islander;
- Is accepted by the community as such; and
- Is of Aboriginal or Torres Strait Islander descent.

Due to colonisation, racism and the ongoing impacts of Stolen Generations, some Aboriginal and Torres Strait Islander students are unable to satisfy the requirements due to a lack of records or connection to their tribe or nation of belonging. Consequently, some students miss out on resources and access to their community. Whilst the process is in place to prevent fraudulent claims for special measures, it also negatively impacts community members by policing personal identities [10]. Therefore, a new national standard needs to be developed by the peak Aboriginal and Torres Strait Islander bodies for the granting of a POA. Equally as important is the development of a management process for those who can not satisfy the three-pronged approach to ensure Aboriginal and Torres Strait Islander students are not further disadvantaged within their own community.

Population Parity of Aboriginal and Torres Strait Islander Doctors

Australia lags significantly behind in achieving population parity of Aboriginal and Torres Strait Islander doctors evidenced by;

- According to the National Health Workforce Data set on the Australian Government Department of Health and Aged Care Factsheet Dashboard in 2021, there were 124,808 Doctors, and **only 649 (0.52%) of those were Australian-born Aboriginal and / or Torres Strait Islander Doctors.** [11]
- **A 2021 Population Parity of 3.2% Aboriginal and/or Torres Strait Islander Doctors equates to 4225 Aboriginal and Torres Strait Islander Doctors** based on total 124,808 total medical practitioners in Australia in 2021 and 812,000 Aboriginal and Torres Strait Islander people being 3.2% of the total Australian population in the Australian Bureau of Statistics 2021 Census. [11,12]
- In 2022, there were only 434 Aboriginal and Torres Strait Islander students enrolled in medical schools, with 123 starting their first year and 59 graduating.[13]

This demonstrates that significant investment and effort is needed to increase recruitment, retention and graduation. Therefore, updated population parity modelling and targets are necessary to achieve parity of Aboriginal and Torres Strait Islander doctors within the next 25 years. In the interim a new target of 11% of commencements, and graduation should be set for Aboriginal and Torres Strait Islander medical students to make advancements in population parity of doctors until updated modelling and targets is completed. This number was selected to

highlight the importance of achieving population parity within a shorter time frame, and to promote the necessity of updated modelling.

End-to-end rural medical training

Doctors with rural backgrounds were 2.3 times more likely to work in a rural community than doctors from non-rural backgrounds. [14, 15]. As already noted the location of medical schools influences the distribution of the medical workforce, with more students who study rurally choosing to train and practise outside major cities. Offering End-to-End Rural Medical Schools aids the recruitment and retention by;

- Where possible, preferencing Aboriginal and Torres Strait Islander rural students to study on or near to Country — the land that Aboriginal and Torres Strait Islander people belong to in their tribe or nation. This will have several benefits including:
    - The support of family;
    - Connection to culture;
    - Minimise life disruption;
    - The reduction of relocation based financial pressures;
    - Improved access to health care whilst increasing rural workforce.
- Tailoring curriculum and training for the communities that students come from and will work in. This has ancillary benefits pertaining to retention of rural and GP workforce, as Aboriginal and Torres Strait Islander medical students are more likely to choose General Practice over other specialities, Data from 2021 found that Aboriginal and Torres Strait Islander doctors make up about 134 (0.42%) of the 31,891 General Practitioners [11, 20] Therefore the opportunity exists to strengthen rural and remote training of medical students in these areas.

Alternative Entry Pathways

The AMSA survey of Aboriginal and Torres Strait Islander medical students showed 80% of respondents entered medicine via an Alternative Entry Pathway.[7] Ensuring the recruitment and retention of Aboriginal and Torres Strait Islander medical students is fundamental for improving health outcomes in Aboriginal and Torres Strait Islander communities and promoting a more diverse and culturally adept healthcare workforce.[21] Alternative entry pathways reduce inequality by providing access for underrepresented and underserved students, including Aboriginal and Torres Strait Islander applicants, enhancing accessibility and expanding opportunities.[22] These pathways acknowledge the strengths and experiences of Aboriginal and Torres Strait Islander applicants, fostering cultural diversity and inclusivity.[20,23] Entry programmes also provide holistic assessment, culturally safe interviews, flexible admission criteria, and targeted support services

to make medical education more accessible.[24] Collaborating with Aboriginal and Torres Strait Islander communities in developing and implementing these pathways ensures cultural appropriateness and responsiveness to student needs.[5] However, there is concern regarding the lack of transparency and consistency in university admission requirements and processes, causing confusion for potential Aboriginal and Torres Strait Islander applicants. To address this, medical schools must clearly outline criteria and processes and collaborate on a consistent framework for equitable access.

Recruiting Mature-Aged Aboriginal and Torres Strait Islander Students

Recruiting mature-aged Aboriginal and Torres Strait Islander students can enhance diversity in the medical profession. These students bring unique perspectives, skills, and life experiences that benefit all students. Their prior work experience is valuable in the medical field, and they can serve as role models for younger Aboriginal and Torres Strait Islander students. Currently, only 3.2% of medical students identify as Aboriginal and Torres Strait Islannder, so proactive recruitment strategies are needed. [13] These strategies can include outreach programs, partnerships with Aboriginal and Torres Strait Islander organisations, engagement with Aboriginal Health Practitioners and Nurses plus visits to remote communities. Also, work life friendly schedules such as after work, weekend or summer camp workshops or assessment programs including a pre-medicine pathway or taste tester that could lead into a Tertiary Enabling Program (TEP) or alternative entry pathway into medicine. Tailored support services and resources should also be offered to mature-age Aboriginal and Torres Strait Islander medical students. The Medical Deans Indigenous Health Strategy 2021-2025, identified incorporating Aboriginal and Torres Strait Islander leadership within universities and medical schools. [6] Proactive recruitment efforts can increase Aboriginal and Torres Strait Islander representation in the medical profession, promote culturally competent healthcare practices, and address health inequities faced by Aboriginal and Torres Strait Islander communities in Australia.

Supports to retain and graduate

Financial Barriers & Assistance

ABSTUDY

In 2021 the Federal Government changed the Limit to Assistance for Abstudy, whereby if a student had already accessed ABSTUDY financial support for an undergraduate degree, they could no longer access further Abstudy assistance for a second undergraduate degree. [25] It is typical for medical students to enter medicine with a prior degree, such as nursing or medical science. With 12 out of 21

Australian universities offering a combined bachelor's and master's level medical qualifications, this becomes a barrier for Aboriginal and Torres Strait Islander medical students. [26] Particularly as ABSTUDY is intended to be culturally appropriate financial assistance providing assistance such as travel away from home, assistance with travel, and compassionate travel for sorry business. Essentially, accessing assistance for placement and cultural obligations are impeded for students who cannot study on Country and to ensure equity and maintain access to culture.

Scholarships

AMSA supports the AMA's Aboriginal and Torres Strait Islander Audit Report 2012 recommendation of fully funded scholarships for Aboriginal and Torres Strait Islander Medical Students.[27] The Closing the Gap initiative, aimed at improving Aboriginal and Torres Strait Islander outcomes in various areas, acknowledges the importance of scholarships in promoting Aboriginal and Torres Strait Islander student success and reducing educational disparities.[3]

Many Aboriginal and Torres Strait Islander medical students come from low-income backgrounds, have children, and are in caring roles for family members. The costs associated with medical education, such as tuition fees, textbooks, and living expenses, can be substantial. For mature-aged students, the loss of full-time income to study medicine is also coupled with the added expense of financing concurrent households, an on campus home and the family home. Scholarships help alleviate the financial burden and make education more accessible. Graduation of students is the goal, as such scholarships must modernise to reflect the student demographics if these financial supports are to make an impact. Currently, needs-based scholarships overlook mature-aged students and those who have financial dependents. Commonwealth scholarships are based on total credit points rather than the length of the academic year, and Abstudy does not cover all students at the postgraduate level. There is a gap in the scholarship coverage in postgraduate years, particularly in double-degree programmes. There will always be a need for means-tested scholarships. However, this must be supplemented by longitudinal scholarships, that is, guaranteed financial support that carries the student through the degree. Another solution involves creating fully-funded Aboriginal and Torres Strait Islander medical student scholarships in line with the AMA's Aboriginal and Torres Strait Islander Audit Report 2012 recommendations.[27]

Scholarships targeted at Aboriginal and Torres Strait Islander students play a pivotal role in supporting the recruitment of Aboriginal and Torres Strait Islander Australians into medical schools. Financial barriers are one of the most significant factors affecting the recruitment and retention of Aboriginal and Torres Strait Islander medical students.[8] Furthermore, the resource-intensive nature of medical studies

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provokes worrisome thoughts and emotions, as the pressure to obtain adequate funding to continue their studies was perceived as 'another reason to quit'.[8] The high cost of medical education, including textbooks, accommodation, and living expenses, can be unreasonable for many Aboriginal and Torres Strait Islander medical students. To address this issue, providing targeted scholarships, financial aid, and fully Commonwealth-supported places for Aboriginal and Torres Strait Islander students can alleviate financial barriers and support their access to medical education.[29]

Scholarships can be merit-based, needs-based, or specifically designed to support Aboriginal and Torres Strait Islander students in their medical education journey. In some cases, scholarships may also include additional support services, such as mentoring, networking opportunities, or academic assistance. Scholarships for Aboriginal and Torres Strait Islander medical students offer multifaceted benefits, including alleviating financial barriers, enhancing retention, and reducing mental stress. Firstly, they address the financial obstacles that may hinder Aboriginal and Torres Strait Islander students from pursuing medical education. Secondly, they support the retention and success of Aboriginal and Torres Strait Islander students in medical programs by alleviating financial burdens and enabling focused studies. Thirdly, scholarships attract more Aboriginal and Torres Strait Islander applicants to medical education by demonstrating a commitment to equity and support for underrepresented groups. Ultimately, scholarships are critical in recruiting and retaining Aboriginal and Torres Strait Islander medical students, fostering a diverse and culturally competent healthcare workforce.[30]

Geographical Relocation

Additionally, geographically rural and remote locations present another challenge for Aboriginal and Torres Strait Islander medical students. Many Aboriginal and Torres Strait Islander students come from remote or rural areas, which can present challenges with regards to accessing medical education and support services. Aboriginal and Torres Strait Islander students from these locations have been found to feel constrained by their rurality.[31] To address this issue, universities can provide relocation scholarships to cover the costs of moving to urban areas to pursue medical education. Additionally, universities can offer accommodation and other support services to Aboriginal and Torres Strait Islander students who relocate to pursue their studies. This approach can help facilitate access to medical education for Aboriginal and Torres Strait Islander medical students living in rural and remote regions, and increase the representation of Aboriginal and Torres Strait Islander people in the medical profession.[32]

First-in-Family Aboriginal and Torres Strait Islander medical students

Additionally, for many Aboriginal and Torres Strait Islander medical students, being the first in their family to attend university can present unique challenges. As such, targeted support is needed to help them navigate the complexities of higher education and succeed in their studies.[30] To support these first-in-family students, universities can offer specific orientation programs, ongoing mentorship, and culturally appropriate support services that cater to their unique needs. Additionally, parental support and involvement play a crucial role in the educational aspirations and achievements of Aboriginal and Torres Strait Islander medical students.[33] By engaging parents and families in the medical education journey and providing resources to help them support their children, universities can foster a more supportive environment for Aboriginal and Torres Strait Islander medical students and increase their chances of success in supporting Aboriginal and Torres Strait Islander medical student recruitment and retention.[33]

Improving Social and Emotional Wellbeing

With an increased exposure to racism, bullying and harassment, culturally unsafe environments, moving off Country, having a lack of community and studying medicine whilst trying to maintain cultural and family obligations is challenging for all Aboriginal and Torres Strait Islander medical students. The 2022 AMSA Annual Advocacy Survey found that of the 12 out of 21 (57%) of Aboriginal and Torres Strait Islander students surveyed, many knew about the University wellbeing / counselling services but most would not access the service.[24] Reasons cited include the service not being culturally appropriate or concern that their information would be shared with their medical faculty and having a negative impact on their studies. Therefore it is imperative that access to social and emotional wellbeing services is improved by enhanced communication campaigns about the services to reduce any misconceptions and ensuring the cultural safety of these services

Imposter Syndrome

Imposter syndrome is a behavioural health phenomenon that describes a self-doubt of intellect, skills or accomplishments among high-achieving individuals, particularly in medicine.[35] However, little is known about the prevalence of imposter syndrome among students who are underrepresented in medicine, particularly Aboriginal and Torres Strait Islander medical students.

Aboriginal and Torres Strait Islander pathways into medicine were created to provide an alternate pathway for Aboriginal and Torres Strait Islander students to encourage them to study medicine and create a stronger workforce that is more representative

of the Aboriginal and Torres Strait Islander population. Despite being established to combat disadvantage and the inequity of Aboriginal and Torres Strait Islander education, this is sometimes misunderstood by non-Indigenous students.[36] Unfortunately, there is a stigma behind these alternative pathways, with rhetoric claiming that Aboriginal and Torres Strait Islander students are "getting in the easy way", alienating these students as "the other" in medical school. The accumulation of this discrimination, racism and cultural differences in medical cohorts and hospital environments make medical school an isolating place for Aboriginal and Torres Strait Islander medical students.[37] The fear of prejudice and the threat of being questioned about tokenistic expectations contribute to emotional, moral and academic burnout in Aboriginal and Torres Strait Islander medical students.[37] As such, Aboriginal and Torres Strait Islander medical students experience a unique form of imposter syndrome that is exacerbated by a lack of academic, financial and cultural support.

Therefore, it is critical to establish culturally safe environments in medical schools to support the recruitment and retention of Aboriginal and Torres Strait Islander medical students. Also, recruitment strategies need to increase exposure to Aboriginal and Torres Strait Islander medical students and doctors to view this career option as a possibility and not foreign. Furthermore, continuing structural changes need to be implemented to allow Aboriginal and Torres Strait Islander medical students to have autonomy over their learning.

Leadership, governance, student representation and engagement

Various levels of governance and leadership exist for Aboriginal and Torres Strait Islander Medical Student Representative roles at national, state, and university levels. However, there is currently a lack of cross collaboration between all of these roles, and students are unsure of who holds these positions. These representative roles lack governance training, despite being responsible for advocacy and policy writing. This is a disservice to all medical students, as they need to be equipped to effectively perform their roles. AMSA and AIDA have a responsibility to provide appropriate governance and leadership training for these roles. Transparency, accountability, and effectiveness can be improved by publicly providing on their websites position descriptions and key deliverables for each role, along with making a directory of all Aboriginal and Torres Strait Islander Representatives. Currently, there is no directory to contact all Aboriginal and Torres Strait Islander student representatives. The low response rate in surveys indicates a need for greater engagement and education among the cohort to ensure that advocacy and support is evidence based and represents the cohort it is intended for. Additionally, there is a lack of representation from Western Australia, the Northern Territory, and other

states and territories with unique health challenges. These roles should include engagement representation from all states and territories.

- National level:
  - AIDA Indigenous Student Representatives & AIDA Student Director
  - AMSA Indigenous Committee
- State level:
  - Medical Student Council Indigenous Representatives
- University level:
  - AIDA student representative
  - Medical student society Indigenous Student Representatives
  - Various Indigenous Student Representatives for clubs like Rural Health or University Student Councils

In 2022 there were 434 Aboriginal and Torres Strait Islender Students.[13] The 2022 AMSA Annual Advocacy Survey had only 21 Aboriginal and Torres Strait Islander Medical Students complete the survey, despite an extended advertisement period.[31] Only 1 response was received from Western Australia (WA) and South Australia each and no responses from the Northern Territory (NT).[34] A 2023 AMSA survey for this policy resulted in 27 responses from Aboriginal and Torres Strait Islander medical students, with no responses from WA or the NT. Also, the NT does not have a dedicated AMSA representative despite the significant health challenges unique to rural and remote NT, demonstrating that roles also need to include states and territories currently not being represented. Opening up these committees will enable a greater number of students to participate in, and be part of the grass-roots conversations that ensures engagement and investment. Waiting for distribution of top-down messaging where processes and relationships are yet to be built is at the detriment to the retention and graduation. Therefore, it is important that student representatives exist at all levels to assist in the development of bottom-up initiatives to support Aboriginal and Torres Strait Islander students.

The Social and Political Determinants of Health

Social determinants of health continue to impact Aboriginal and Torres Strait Islander medical students across recruitment, retention, and graduation. The World Health Organisation (WHO) states that these non-medical factors, such as economic policies, social norms, and political systems, shape the conditions of daily life and influence health outcomes.[38] Due to ongoing colonisation and structural violence, Aboriginal and Torres Strait Islander peoples in Australia experience poorer social determinants of health, leading to lower general health and life expectancy. This affects the recruitment, retention, and graduation of Aboriginal and Torres Strait Islander Medical Students. Improving social determinants, such as education and political systems, can enhance their health and increase their chances of becoming

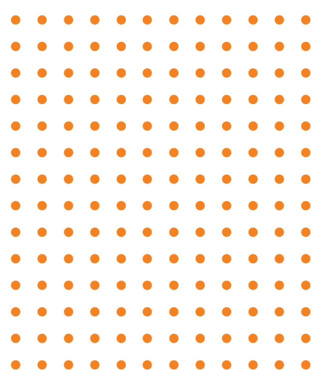
doctors. To address the underrepresentation of Aboriginal and Torres Strait Islander people in universities and the medical field, it is crucial to address the underlying social determinants of health. One particular area of focus is the political space. Organisations such as AMSA have constitutions that state they aim to improve political affairs for medical students.[39] Australia is also a signatory to the United Nations Declarations on the Rights of Indigenous Peoples. A universal framework of minimum standards for the survival, dignity and well-being of the Aboriginal and Torres Strait Islander peoples of the world elaborating on existing human rights standards and fundamental freedoms, as they apply to Aboriginal and Torres Strait Islander peoples, all of which relate to self-determination and the social determinants of health.[46]

Eliminating racism by improving cultural safety

Medical education for all students is an important element of addressing healthcare disparities and improving health outcomes for Aboriginal and Torres Strait Islander peoples. The impact of racism and the subsequent effort toward anti-racism plays a significant role in shaping the landscape of Indigenous health outcomes. Aboriginal and Torres Strait Islander Peoples continue to face systemic racism and discrimination within the healthcare *and* education systems, resulting in poorer health and education outcomes compared to non-Indigenous Australians.[5] These disparities highlight the urgent need to address the underrepresentation of Aboriginal and Torres Strait Islander medical students,[53] as well as to incorporate culturally appropriate practices within the medical education system; institutions that were designed to exclude and *otherwise* Indigenous peoples.[47] The ongoing inclusion and improvement of cultural competency and cultural safety continue to be keystone requirements for all medical schools across the country.

Anti-racism initiatives play a crucial role in mitigating these impacts and fostering a more equitable and inclusive educational experience for Aboriginal and Torres Strait Islander students as well as creating non-Indigenous medical graduates that are equipped with the skill sets required for the Australian experience. It is well established that within the realm of healthcare, racism leads to disparities in health outcomes and access to healthcare services.[48] Furthermore, anti-racism efforts focus on addressing the social determinants of health, which are the economic, social, and environmental factors that influence health outcomes. These initiatives advocate for policies and interventions that address the root causes of health inequities, such as poverty, discrimination, and inadequate access to resources.

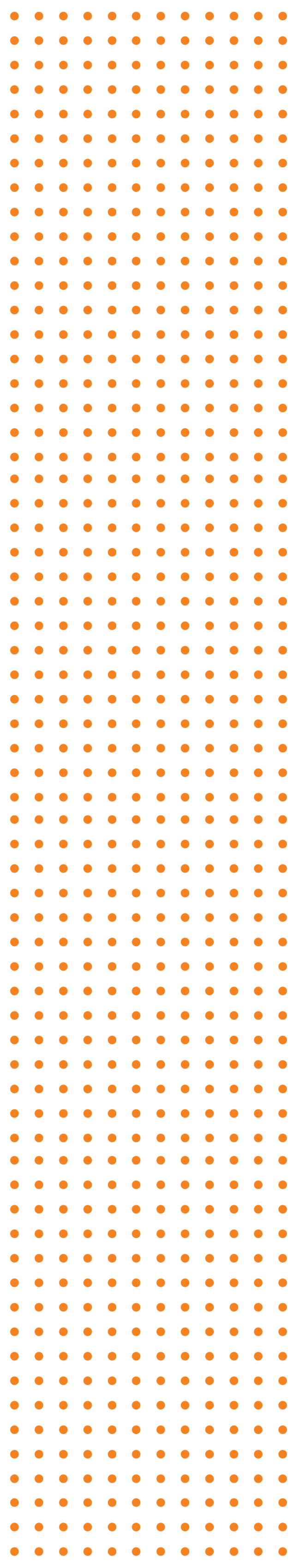
Cultural safety is defined by the Australian Health Practitioner Regulation Agency (AHPRA) as follows:



Cultural safety is determined by Aboriginal and Torres Strait Islander individuals, families and communities. Culturally safe practice is the ongoing critical reflection of health practitioner knowledge, skills, attitudes, practising behaviours and power differentials in delivering safe, accessible and responsive healthcare free of racism.[44]

A lack of cultural awareness and underlying discrimination continues to be experienced by Aboriginal and Torres Strait Islander students and trainees during their medical education.[29,45] In the 2022 Medical Training Survey results, it was found that 55% of Aboriginal and Torres Strait Islander trainee doctors had experienced and/or witnessed discrimination, bullying and harassment at a higher rate than their colleagues (compared to 34% of all trainees).[46] The probability of experiencing this level of discrimination poses a barrier to the recruitment and retention of Aboriginal and Torres Strait Islander medical students. Moving forward, the implementation of effective cultural safety training, decolonisation of existing medical education systems and the development of supportive learning environments will aid the recruitment and retention of Aboriginal and Torres Strait Islander medical students.[33-34]

By adopting and embodying the AHPRA definition, universities, hospitals and practitioners may implement strategies and create environments that address the holistic range of factors required to improve the experience of Aboriginal and Torres Strait Islander medical students. Further discussion on cultural safety can be found in the *Aboriginal and Torres Strait Islander Health in the Medical Curriculum* (2022) policy.



Engagement in Aboriginal and Torres Strait Islander Community

Medical schools that actively engage with Aboriginal and Torres Strait Islander communities create opportunities for all students to connect with and learn from these communities. Engagement can involve placements in Aboriginal and Torres Strait Islander health services or community-based learning experiences, allowing students to develop a deeper understanding of Aboriginal and Torres Strait Islander health issues and cultural practices.[27] These connections can be used to strengthen Aboriginal and Torres Strait Islander medical students' cultural safety through mentorship programmes and working with organisations such as AIDA to create mentoring opportunities for students. Mentorship and support networks that understand unique challenges and experiences are particularly beneficial for mental health well-being, the minimisation of homesickness, cultural and social isolation and disconnection from previous support networks.[6] Medical schools can provide

Indigenous-specific mentoring programs, connecting students with Aboriginal and Torres Strait Islander faculty members or healthcare professionals who can offer guidance, support, and cultural mentorship throughout the academic journey. From the AMSA survey for this policy it was clear students want a greater sense of community within the Aboriginal and Torres Strait Islander space, as well as opportunities to increase cultural engagement.

National Re-entry Program

The Medical Deans data dashboard shows that from 2013 to 2017, there were, on average, 76 Aboriginal & Torres Strait Islander medical students starting medicine each year. However, from 2018 to 2022, only an average of 52 students per year graduated from this group.[16] This indicates an average success rate of 69% for these students. Aboriginal and Torres Strait Islander medical students often face significant challenges, such as socio-economic factors and external pressures, which can increase the likelihood of dropping out of university. To address this issue, implementing a National Reentry Program for these students would simplify and standardise the process of reintegrating the 31% of students who have already demonstrated their suitability for medicine. This would be beneficial for both the government and the individuals involved, as it would help achieve parity goals and increase the number of medical professionals.

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Shay-Lee Coulson, Malissa Hodgson, Jennifer Gulson, Annette Kim, and Charan Musuwadi; with Luka Bartulovich (National Policy Mentor), Unngoorra Harbour (Indigenous Policy Officer),

Harry Luu (National Policy Secretary), and Connor Ryan (National Policy Officer).

Reviewed and Adopted, Council 1, 2019

Cheyenne Rain Travis (Co-Lead Author), Brandon Kober-Brown (Co-Lead Author), Claire Demeo, Christine Barrett, David Motorniak, and Natalie Commins; with Daniel Zou (Policy Officer).

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