

29 February 2016

Committee Secretary  
House of Representatives Standing Committee on Indigenous Affairs  
PO Box 6021  
Parliament House  
Canberra ACT 2600

Dear Committee Secretary

**Re: Inquiry into educational opportunities for Aboriginal and Torres Strait Islander students**

The National Rural Health Student Network (NRHSN) represents the future of rural health in Australia with more than 11,000 members who belong to 28 university Rural Health Clubs (RHC) from all states and territories. It is Australia's only multi-disciplinary student health network, bringing together medicine, nursing and allied health students, encouraging them to pursue rural health careers. The NRHSN is managed by Rural Health Workforce Australia with funding from the Australian Government Department of Health.

Given that 65% of Indigenous Australians live in regional, rural and remote communities, the NRHSN welcomes this Inquiry into the educational opportunities for Aboriginal and Torres Strait Islander students. With the strong link between education and better health outcomes undisputed, improving educational opportunities represents a fundamental component of strategies to improve health and wellbeing outcomes for Aboriginal and Torres Strait Islanders.

Please find attached our detailed submission to the Inquiry. Should you have any further queries in relation to any of the issues addressed in this submission, please contact Mrs Rebecca Irwin, NRHSN Chair via [executivecommittee@nrhsn.org.au](mailto:executivecommittee@nrhsn.org.au) or 03 9860 4700. We would also welcome the opportunity to appear before the Committee.

As ever, the NRHSN is committed to exploring new and better ways to improve health outcomes for Australians living in our regional, rural and remote communities.

Yours sincerely



Rebecca Irwin  
Chair

# Inquiry into educational opportunities for Aboriginal and Torres Strait Islander students

NRSHN Submission

*the future of rural health*

## About us

### National Rural Health Student Network

The National Rural Health Student Network (NRHSN) represents the future of rural health in Australia. It has more than 11,000 members who belong to 28 university Rural Health Clubs from all states and territories. There are a further 7,000 NRHSN Alumni members.

It is Australia's only multi-disciplinary student health network, bringing together people studying medicine, nursing and allied health, encouraging them to pursue rural health careers.

The NRHSN has two aims:

- ▶ to provide a voice for students who are interested in improving health outcomes for rural and remote Australians
- ▶ to promote rural health careers to students and encourage students who are interested in practising in rural health care.

The NRHSN and its Rural Health Clubs offer rural experience weekends, career information sessions and professional development activities as well as providing a social base for students at university and when on rural placement.

In addition, the NRHSN and Rural Health Clubs manage the Rural High School Visits program which provides early health career advice to thousands of young Australians in rural and remote areas.

The student network leaders also advocate on behalf of health students of all disciplines - including opportunities for more rural placements and training support.

The NRHSN is managed by Rural Health Workforce Australia (RHWA) with funding from the Federal Department of Health.

### Rural Health Workforce Australia

Rural Health Workforce Australia is the national body for the seven state and territory Rural Workforce Agencies. Our not-for-profit Network is dedicated to making primary health care more accessible by attracting, recruiting and supporting health professionals needed in rural and remote communities. RHWA is also committed to the future workforce through our support of the National Rural Health Student Network.

Through its workforce programs and the NRHSN, RHWA has unique links across the health career pathway, from high school and undergraduate studies to early and later career professionals.

### Rural Health Clubs



- 1 **ARMS** - Australian National University, ACT
- 2 **AURHA** - Adelaide University, SA
- 3 **BREAATHE** - University of Newcastle, NSW
- 4 **BUSHFIRE** - Bond University, QLD
- 5 **CARAH** - Charles Darwin University, NT in assoc with Flinders University, SA
- 6 **CRANC** - University of Canberra, ACT
- 7 **FURHS** - Flinders University, SA
- 8 **HOPE4HEALTH** - Griffith University, QLD
- 9 **KRASH** - Notre Dame University, Broome, WA
- 10 **LARHC** - La Trobe University, Bendigo, VIC
- 11 **MARHS** - Charles Sturt University, Albury, NSW including La Trobe University Wodonga campus
- 12 **MIRAGE** - University of Sydney, NSW
- 13 **NERCHA** - University of New England, NSW
- 14 **NOMAD** - Deakin University, VIC
- 15 **OUTLOOK** - University of Melbourne, VIC
- 16 **RAHMS** - University of New South Wales, NSW
- 17 **RHINO** - James Cook University, QLD
- 18 **RHUUWS** - University of Western Sydney, NSW
- 19 **ROUNDS** - Notre Dame University, Sydney campus, NSW
- 20 **ROUSTAH** - University of South Australia, SA
- 21 **RUSTICA** - University of Tasmania, TAS
- 22 **SHARP** - University of Wollongong, NSW
- 23 **SPINRPHX** - Combined Universities of Western Australia, WA
- 24 **StARRH** - Charles Darwin University, NT including Flinders University, SA
- 25 **TROHPIQ** - University of Queensland, QLD
- 26 **WAALHIIBE** - Combined Universities of Western Australia, WA
- 27 **WARRIAHS** - Charles Sturt University, Wagga Wagga, NSW
- 28 **WILDFIRE** - Monash University, VIC

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# 1 Inquiry into educational opportunities for Aboriginal and Torres Strait Islander students

The NRHSN welcomes the opportunity to provide input into the Australian Government House of Representatives Standing Committee on Indigenous Affairs Inquiry into the educational opportunities for Aboriginal and Torres Strait Islander students. The Inquiry was referred to the Committee in September 2015 following a request from the Minister for Indigenous Affairs, Senator the Hon Nigel Scullion.

The Terms of Reference are to inquire into and report on key aspects of educational opportunities and outcomes for Aboriginal and Torres Strait Islander students up to school leaving age, including but not limited to:

- ▶ Access to, participation in and outcomes of pre-schooling;
- ▶ The provision of boarding school education and its outcomes;
- ▶ Access to, participation in, and benefits of different school models for Indigenous students in different parts of Australia;
- ▶ Engagement and achievement of students in remote areas;
- ▶ Impacts on, and support for, families and communities whose children experience different models of educational services;
- ▶ Best practice models, both domestically and internationally; and
- ▶ Comparisons of school models in the transition to further education and employment outcomes.

The NRHSN supports health, education and other relevant system reform that delivers better health for the 30% of Australians living in regional, rural and remote Australian communities. The health and well-being of Indigenous Australians is a particular priority for the NRHSN in light of the fact that:

- ▶ 65% of Indigenous Australians live in regional, rural or remote communities;<sup>1</sup> and
- ▶ there are significant disparities between the health and wellbeing of Indigenous and non-Indigenous Australians on a wide range of measures.<sup>2</sup>

For example, the latest Productivity Commission Report on Government Services<sup>3</sup> reports that:

- ▶ the median age at death for an Aboriginal and Torres Strait Islander male in 2014 was **55.4 years** compared with **78.6 years** for a non-Aboriginal and Torres Strait Islander male
- ▶ the proportion of babies of low birthweight in 2011-13 was **10.8% of babies** born to Aboriginal and Torres Strait Islander mothers compared with **4.5%** for those born to non-Aboriginal and Torres Strait Islander mothers.

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<sup>1</sup> Australian Health Ministers' Advisory Council 2015. Aboriginal and Torres Strait Islander Health Performance Framework 2014 report. AHMAC: Canberra

<sup>2</sup> ABC News February 2016. Closing the gap: Australia is failing to meet its goals on tackling Indigenous disadvantage. (ONLINE) Available at: <http://www.abc.net.au/news/2016-02-10/australia-failing-to-close-the-gap-on-indigenous-disadvantage/7153234> [Accessed 18/02/2016].

<sup>3</sup> Steering Committee for the Review of Government Service Provision 2016. Report on government services 2016, vol. E, Health. Canberra: Productivity Commission.

The link between improved education and improved health outcomes is well documented.<sup>4</sup> The NRHSN believes that improving educational opportunities for Aboriginal and Torres Strait Islander students is a fundamental component of the range of strategies to reduce Indigenous disadvantage with respect to the five core Closing the Gap<sup>5</sup> outcomes of:

- ▶ life expectancy;
- ▶ child mortality;
- ▶ access to early childhood education;
- ▶ educational achievement; and
- ▶ employment.

While acknowledging that improvements will only be achieved through holistic and coordinated strategies, this submission outlines the education-related policy priorities and positions of the NRHSN to improve the health of Aboriginal and Torres Strait Islanders. Specifically, this submission details activities currently being undertaken by the NRHSN and recommendations for improvement in the each of the following areas:

- ▶ engaging and inspiring rural and remote students;
- ▶ growing and supporting the future Aboriginal and Torres Strait Islander health workforce; and
- ▶ developing a quality Aboriginal and Torres Strait Islander health curriculum.

Further information can be obtained from the references cited throughout this submission or by contacting the Chair of the NRHSN, Mrs Rebecca Irwin via email at [executivecommittee@nrhsn.org.au](mailto:executivecommittee@nrhsn.org.au) or by telephone on 03 9860 4700.

Members of the NRHSN are available to present at any hearings that the Committee may hold.

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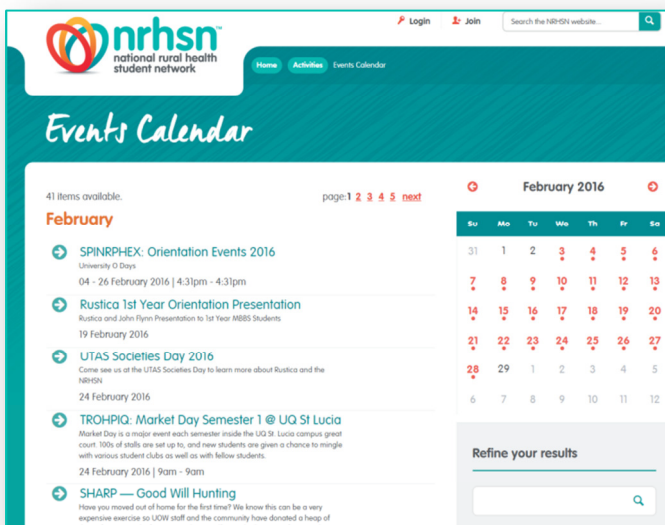
<sup>4</sup> Australian Bureau of Statistics 2011. The health and welfare of Australia's Aboriginal and Torres Strait Islander peoples, October 2010. Cat. No. 4704.0. Canberra: ABS.

<sup>5</sup> Council of Australian Governments 2015. Closing the gap in Indigenous disadvantage (ONLINE). Available at: [https://www.coag.gov.au/closing\\_the\\_gap\\_in\\_indigenous\\_disadvantage](https://www.coag.gov.au/closing_the_gap_in_indigenous_disadvantage) [Accessed 18/02/2016].

## 2 Engaging and inspiring rural and remote students

### 2.1 Overview

A core function of the NRHSN is to encourage and inspire rural and remote students to consider rural health careers. Each year, hundreds of different social and professional events are organised throughout Australia by the NRHSN's 28 Rural Health Clubs (RHCs).



Examples of these events include:

- ▶ career information evenings;
- ▶ professional skills courses;
- ▶ rural appreciation weekends;
- ▶ orientation days;
- ▶ community visits;
- ▶ mental health nights;
- ▶ running healthy food stalls at local football games;
- ▶ fun runs; and
- ▶ local health promotion campaigns.

Each RHC organises and manages events tailored to their particular membership, location and need. There are however two programs that are run by all RHCs on a national basis which are discussed further below - Rural High School Visits and Indigenous Community Engagement Activities.

### 2.2 Rural High School Visits

NRHSN's Rural High School Visits (RHSV) have been developed to encourage students in rural areas to study a health discipline at a tertiary level. This is based on the robust evidence demonstrating that students with a rural background are more likely to practise in rural locations when they are qualified.<sup>6</sup>

The aims of the RHSV program are to:

- ▶ inspire rural students to pursue health careers;
- ▶ increase knowledge of rural community health;
- ▶ provide opportunities for NRHSN students to gain skills in working in a rural community;
- ▶ foster connections with rural health workers and communities; and
- ▶ provide students with positive rural experiences.

<sup>6</sup> Laven G, Wilkinson D 2003. Rural doctors and rural backgrounds: how strong is the evidence? A systematic review. The Australian Journal of Rural Health; 11: 277-284.

Rural High School Visits are organised at the local level by RHCs who coordinate the visit with the school and its staff, community leaders and where relevant, Aboriginal and Torres Strait Islander community elders. During the visit, NRHSN members present to local students on topics such as:

- ▶ the wide range of health careers and pathways available;
- ▶ personal stories of their own health rural health career journey;
- ▶ challenges and opportunities in moving away from home;
- ▶ going to university
- ▶ practical skills-based activities; and
- ▶ healthy living seminars.

RHSVa may include other activities such as a trip to a university to see first-hand what it is like, a career fair or running a 'Teddybear Hospital' for the local primary and secondary students.

**In 2015, more than 175 NRHSN members visited over 3,400 rural school students across Australia.**

Some RHSVs specifically target Aboriginal and Torres Strait Islander students. The RHSV Program provides role models and inspiration for Aboriginal and Torres Strait Islander students to consider a health career, as well as information to dispel any misconceptions about getting in to a university, life at university, and the support that is available.



*'We were able to discuss the pathways to these careers and other aspects of university life outside of high school.'*



Aboriginal and Torres Strait Islanders are significantly under-represented in the Australian health workforce (see Section 3.2). The NRHSN believes that increasing the number of Aboriginal and Torres Strait Islanders in the health workforce is a key component of improving health outcomes. RHSVs play an important role in encouraging younger Aboriginal and Torres Strait Islander students to consider a career in health.

- **Recommendation 1:** Consider a small and targeted expansion of the RHSV Program to include select metropolitan secondary schools with a high proportion of Aboriginal and Torres Strait Islander students to promote and foster rural health careers.



### *Hands-on Health*

Blood pressure testing was one of the health skills run by ARMS Rural Health Club members for 50 visiting Indigenous high school students at ANU in December 2014. “We wanted to have some fun but also get them thinking about health careers,” said event organiser Amanda Steele, a Wiradjuri woman and medical student at ANU. “I was thrilled to see them so clearly engaged, laughing and asking questions. Promoting, supporting and increasing the number of Indigenous students undertaking university health degrees is crucial to improving Aboriginal and Torres Strait Islander health outcomes.”

### 2.3 Indigenous Community Engagement Activities

NRHSN's Indigenous Community Engagement Activities (ICEA) provide opportunities for NRHSN members to play a role in improving the health and education of rural communities. Research has shown that students with a rural background are more likely to go rural when they are qualified.

The aims of ICEA's are to:

- ▶ inspire Aboriginal and Torres Strait Islander students to pursue health careers;
- ▶ foster connections between rural health students, health professionals, and Aboriginal and Torres Strait Islander communities;
- ▶ increase students' awareness and knowledge of the diversity of Aboriginal and Torres Strait Islander communities;
- ▶ provide opportunities for students to gain skills in working with Aboriginal and Torres Strait Islander communities; and
- ▶ provide students with positive rural, professional, and community experiences.

ICEAs can include:

- ▶ NRHSN attendance at Indigenous Family Days;
- ▶ working with Aboriginal and Torres Strait Islander students through youth clubs, Indigenous Community Health Services or other organisations;
- ▶ Indigenous Community Festivals; and
- ▶ assisting schools with large Aboriginal and Torres Strait Islander student populations with workshops such as healthy eating, skills-based sessions and highlighting health careers as options for future study.

**In 2015, over 260 NRHSN members attended 11 Indigenous Community Engagement Activities.**



*'We got the kids to name an organ of the body and provide a brief description of its function. The rationale for this was to spark a curiosity for the theoretical side of health degrees.'*

## 3 Growing and supporting the future Aboriginal and Torres Strait Islander health workforce

### 3.1 Overview

Addressing health and social inequalities between Indigenous and non-Indigenous Australians is a generational issue.<sup>7</sup> It requires a change in the culture of learning for the next generation of health professionals, to foster health professionals who are critical thinkers and informed with regards to the social, historical, environmental, political and cultural determinants of Aboriginal and Torres Strait Islander health.<sup>8</sup> This vision should be a core objective to all individuals involved with 'closing the gap' and is a crucial element to Aboriginal and Torres Strait Islander health reform.

A significant investment of time and effort in the development of the future health workforce is required.<sup>9</sup> A health workforce that addresses the needs of Aboriginal and Torres Strait Islander peoples will provide significant benefits and opportunities for both Indigenous and non-Indigenous patients, as well as students and health professionals.

The NRHSN recommends that these workforce challenges be addressed through a number of complementary strategies, including those designed to encourage Aboriginal and Torres Strait Islander secondary students to consider a rural health career described earlier.

### 3.2 Recruitment, retention and graduation of Aboriginal and Torres Strait Islander students

As stated earlier, the NRHSN believes that increasing the number of Aboriginal and Torres Strait Islanders in the health workforce is a key component of improving health outcomes. While an increasing number of institutions provide opportunities for Aboriginal and Torres Strait Islander peoples studying health programs, the number of Indigenous students in these courses is still minimal compared to non-Indigenous Australians and we have a long way to go before we reach population parity.<sup>10</sup>

Approximately 2.5% of the Australian population identifies as Aboriginal and Torres Strait Islander<sup>11</sup> yet they represent only 1.8% of the national health workforce as of 2011. This gap is even more severe in many disciplines. For example, Aboriginal and Torres Strait Islanders represent only:

- ▶ 0.2% of medical practitioners;
- ▶ 0.8% of registered nurses; and
- ▶ 0.2% of dental practitioners.

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<sup>7</sup> Calma T 2010. 2010 Chalmers Oration – What's needed to close the gap? *Rural and Remote Health* 10:1586 (ONLINE). Available: [http://www.rh.org.au/publishedarticles/article\\_print\\_1586.pdf](http://www.rh.org.au/publishedarticles/article_print_1586.pdf) [Accessed 17/11/2015].

<sup>8</sup> Carson B, Dunbar T, Chenhall R, Bailie R 2007. *Social determinants of Indigenous Health*. Allen & Unwin: Sydney.

<sup>9</sup> Aboriginal and Torres Strait Islander Social Justice Commissioner 2005. *Social Justice Report*. Human Rights and Equal Opportunity Commission: Sydney.

<sup>10</sup> Drysdale M, Faulkner S, Chesters J 2006. *Footprints forwards: better strategies for the recruitment, retention and support of Indigenous medical students*. Monash University of Rural Health: Melbourne.

<sup>11</sup> Australian Bureau of Statistics 2012. *Census of Population and Housing – Counts of Aboriginal and Torres Strait Islander Australians, 2011*. Cat. no. 2075.0 (ONLINE). Available: <http://www.abs.gov.au/ausstats/abs@.nsf/Lookup/2075.0main+features32011> [Accessed 17/11/2015].

These figures indicate an urgent need for increased training of Aboriginal and Torres Strait Islander health professionals.<sup>12</sup> Increasing the number of Indigenous Australians in the health workforce is a key element in achieving better health outcomes in the Aboriginal and Torres Strait Islander population.<sup>13</sup>

- ▶ **Recommendation 2:** Develop and improve on strategies to attract and retain Aboriginal and Torres Strait Islander students into and through health courses to graduation; so that the representation of Aboriginal and Torres Strait Islander students across health disciplines reaches parity with the representation of Aboriginal and Torres Strait Islander people in the Australian population.
- ▶ **Recommendation 3:** Continued support for programs that promote early engagement with health careers for Aboriginal and Torres Strait Islander students in both primary and secondary education such as through high school visits, Indigenous festivals and community engagement activities.
- ▶ **Recommendation 4:** In collaboration with education institutions and other key stakeholders, the development and implementation of evidence-based national guidelines that encourage the enrolment, support and graduation of Aboriginal and Torres Strait Islander students in health courses.
- ▶ **Recommendation 5:** Develop and adopt a nationally consistent, coordinated and equitable approach to financial support for Aboriginal and Torres Strait Islander students across all health disciplines.

*'A lot of the students were unaware of the rural entry schemes that benefit students from rural areas and make it easier to get into University.'*



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<sup>12</sup> Mason J 2013. Review of Australian Government health workforce programs. Australian Government Department of Health: Canberra.

<sup>13</sup> Australian Health Ministers' Advisory Council 2015. Op cit.

### 3.3 Aboriginal and Torres Strait Islander leadership, community relationships and infrastructure

Commitment to Aboriginal and Torres Strait Islander health must be implemented at an institutional level. Lack of institutional and faculty commitment to Aboriginal and Torres Strait Islander health, along with limited Aboriginal and Torres Strait Islander academic and administrative positions within institutions has been noted as a major contributor to the lack of motivation of health students to work in Indigenous settings.<sup>14</sup>

In addition, strong networks and relationships between institutions and local Aboriginal medical services and other key community organisations are needed in order to improve the future health workforce.<sup>15</sup> These will provide opportunities for better Aboriginal and Torres Strait Islander teaching resources, clinical placements and student support. This also creates a more culturally safe environment for Aboriginal and Torres Strait Islanders and may therefore lead to increased retention rates.

- ▶ **Recommendation 6:** Universities and other health training organisations should ensure the appointment and support of qualified, competent and motivated Aboriginal and Torres Strait Islander academic positions. Such academic positions should be supported by the Aboriginal and Torres Strait Islander community and aim to address the recruitment of Aboriginal and Torres Strait Islander students, a quality Aboriginal and Torres Strait Islander health curriculum and teaching.
- ▶ **Recommendation 7:** Universities and other health training organisations should prioritise the development and maintenance of relationships with the local Aboriginal and Torres Strait Islander communities, including Aboriginal medical services and other relevant health organisations. This will provide students with the opportunity to experience Aboriginal and Torres Strait Islander health settings with confidence and institutional support via these partnerships.

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<sup>14</sup> Minniecon D, Kong K 2005. Healthy futures: defining best practice in the recruitment and retention of Indigenous medical students. Australian Indigenous Doctors Association: Canberra.

<sup>15</sup> Eckemann A, Dowd T, Chong E, Nixon L, Gray R, Johnson S 2010. Binan Goonj: bridging cultures in Aboriginal health. Elsevier: Sydney.

## *Connecting with country*

A rural high school visit to the Top End of the Northern Territory was something of a home-coming for Indigenous medical student and NRHSN member Dana Slape (pictured left). Dana's family ties are to Larrakia country in and around Darwin. It was a connection that was broken when her grandmother was evacuated from the northern city during the Japanese bombing raids in World War Two. "As an Aboriginal Australian who had not yet been to their place of heritage, it was significant to spend time in Darwin," she says. Dana was also impressed by the Aboriginal Medical Services she visited – Wurliwurlinjang in Katherine and Miwatj in Nhulunbuy. "Seeing an Aboriginal GP registrar at Miwatj made me feel very proud," she says. Dana has since graduated from the University of Western Sydney and is now a board member of the Australian Indigenous Doctors Association. She has volunteered in the Territory on scabies eradication programs and has mentored Indigenous medical students.



## 4 Towards a quality Aboriginal and Torres Strait Islander health curriculum

### 4.1 Overview

A key priority for the NRHSN is to promote the rights of Aboriginal and Torres Strait Islander people, including access to quality, culturally responsive, and safe healthcare. This view is shared by organisations that represent the health professionals that these students will become upon graduation.<sup>16,17</sup> In order to meet this intent, the NRHSN believes that Aboriginal and Torres Strait Islander health needs to have a significant presence in the core curriculum of all health disciplines across Australia. The perspectives of Aboriginal and Torres Strait Islander peoples should be viewed as a component of ongoing learning that is nurtured at university and continued into professional life.<sup>18</sup>

It is vital that Aboriginal and Torres Strait Islander peoples' have access to quality healthcare that is culturally responsive. Culturally responsive care can be defined as an extension of patient centered-care, with a focus on social and cultural factors.<sup>19</sup> It involves obtaining a knowledge base, personal and professional self-awareness, and open discussion about cultural diversity.<sup>20</sup>

### 4.2 Aboriginal and Torres Strait Islander curriculum for medical students

In 2004, the Medical Deans of Australia and New Zealand (MDANZ) released the Indigenous Health Curriculum Framework to provide medical schools with a set of guidelines to develop their Indigenous Health curriculum.<sup>21</sup> This framework highlighted the diversity of Aboriginal and Torres Strait Islander communities and the importance of a holistic approach when working with Indigenous Australians. There are eight areas of learning in Indigenous health that have been set out by MDANZ including history; culture, self and diversity; population health; and communication skills<sup>22</sup>:

In 2012, the Australian Indigenous Doctors' Association, in partnership with MDANZ, released a National Medical Education Review (NMER) which assessed how Aboriginal and Torres Strait Islander health was being incorporated as part of the curriculum in Australian medical schools. The NMER found that Australian medical schools had generally increased the amount of Indigenous health content since 2004; however, there is a great deal of variation between the different medical schools.<sup>23</sup>

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<sup>16</sup> Australian Nursing and Midwifery Council 2007. Inclusion of Aboriginal and Torres Strait Islander Peoples health and cultural issues in courses leading to registration or enrolment (ONLINE). Available: [http://www.anmac.org.au/sites/default/files/documents/ANMC\\_Explanatory\\_note\\_ATSI\\_content.pdf](http://www.anmac.org.au/sites/default/files/documents/ANMC_Explanatory_note_ATSI_content.pdf) [Accessed 17/11/2015].

<sup>17</sup> Australian Indigenous Doctors' Association 2013. Cultural safety for Aboriginal and Torres Strait Islander doctors, medical students and patients: position paper (ONLINE). Available: [http://www.heti.nsw.gov.au/Global/Prevocational/AIDA\\_Cultural\\_Safety%20Position%20Paper\\_2013.pdf](http://www.heti.nsw.gov.au/Global/Prevocational/AIDA_Cultural_Safety%20Position%20Paper_2013.pdf) [Accessed 17/11/2015].

<sup>18</sup> Meiklejohn B, Nash R, Sacre S 2006. The Yapunyah project: embedding Aboriginal and Torres Strait Islander perspectives in the nursing curriculum. *Contemporary Nurse: A Journal for the Australian Nursing Profession*. 22(2):296-316.

<sup>19</sup> Carteret M 2011. Culturally responsive care (ONLINE). Available: <http://www.dimensionsofculture.com/2010/10/576/> [Accessed 17/11/2015].

<sup>20</sup> Gay G 2000. *Culturally responsive teaching: theory, research, and practice*. Teachers College Press: New York.

<sup>21</sup> Committee of Deans of Australian Medical Schools 2004. *Indigenous Health Curriculum Framework*. CDAMS: Melbourne.

<sup>22</sup> Committee of Deans of Australian Medical Schools 2004. Op cit.

<sup>23</sup> Medical Deans Australia and New Zealand, Australian Indigenous Doctors' Association 2012. *National medical education review: a review of the implementation of the Indigenous Health Curriculum Framework and the Healthy Futures report within Australian medical schools*. MDANZ: Sydney.

The recommendations which emerged from the NMER included:

- ▶ the development of an Indigenous Health Unit within each medical school;
- ▶ increased Indigenous staff numbers;
- ▶ better relationships with local Indigenous communities and organisations;
- ▶ improved development and implementation of Indigenous health curriculum;
- ▶ relevant cultural awareness programs; and
- ▶ and greater access to immersion experiences for students.<sup>24</sup>

### 4.3 Aboriginal and Torres Strait Islander curriculum for nursing and allied health students

The areas of learning in Indigenous health set out by MDANZ noted earlier have been supported by the University of Western Australia (UWA) School of Dental Science.<sup>25</sup> However, in nursing, midwifery and allied health degrees there are no stand-alone documents equivalent to the MDANZ framework and there are varied efforts for the inclusion of Indigenous health education across disciplines and universities.

The former Health Workforce Australia (HWA) funded Curtin University to develop a culturally inclusive, interdisciplinary, Aboriginal and Torres Strait Islander Curriculum Framework for tertiary health professional training and considerable work on this was completed prior to the abolition of HWA in 2014.<sup>26</sup>

The Australian Nursing and Midwifery Council has a policy paper which supports the inclusion of Indigenous health in the curriculum<sup>27</sup>; and in New Zealand, cultural safety has been defined as a nursing education outcome since 1996.<sup>28</sup> Some accreditation authorities, including the Australian Pharmacy Council and the Occupational Therapy Council, do refer to some appropriate Indigenous health curriculum content in their programs.<sup>29,30</sup> For Indigenous health curriculum to be successfully implemented it is essential that it is supported by the health course accreditation standards.

Overall, there is a general pattern of inconsistency between health courses in Australia when it comes to the inclusion of a quality Aboriginal and Torres Strait Islander health component in university curriculums.

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<sup>24</sup> Medical Deans Australia and New Zealand, Australian Indigenous Doctors' Association 2012. Op cit.

<sup>25</sup> Bazen J, Paul D, Tennant M 2007. An Aboriginal and Torres Strait Islander oral health curriculum framework: development experiences in Western Australia. *Australian Dental Journal*. 52(2):86-92.

<sup>26</sup> Health Workforce Australia 2014. Aboriginal and Torres Strait Islander Health Curriculum Framework (ONLINE). Available: <https://hwa.gov.au/our-work/aboriginal-and-torres-strait-islander-health-workforce-program/aboriginal-and-torres-strait-islander-health-curriculum-framework> [Accessed 17/11/2015].

<sup>27</sup> Australian Nursing and Midwifery Council 2007. Op Cit.

<sup>28</sup> Nursing Council of New Zealand 2011. Guidelines for cultural safety, the Treaty of Waitangi and Maori health in nursing education and practice. NCNZ:Wellington.

<sup>29</sup> Australian Pharmacy Council 2012. Accreditation standards for pharmacy degree programs in Australia and New Zealand (ONLINE). Available: <http://pharmacycouncil.org.au/content/assets/files/Publications/Accreditation%20Standards%20for%20Pharmacy%20Degree%20Programs%202014.pdf> [Accessed 17/11/2015].

<sup>30</sup> Occupational Therapy Council Australia and New Zealand 2013. Accreditation standards for entry-level occupational therapy education programs (ONLINE). Available: <http://www.occupationaltherapyboard.gov.au/Accreditation.aspx> [Accessed 17/11/2015].



#### 4.4 Towards a quality Aboriginal and Torres Strait Islander health curriculum

As stated, the NRHSN believes that Aboriginal and Torres Strait Islander health should have a significant presence in the core curriculum of all health disciplines across Australia. To this end, the following recommendations are made:

- ▶ **Recommendation 8:** Universities, teaching institutions, course accreditation authorities and other key stakeholders develop policies and processes to ensure that Aboriginal and Torres Strait Islander health is a mandatory and significant component of the curriculum in all Australian health degrees.
- ▶ **Recommendation 9:** A quality Aboriginal and Torres Strait Islander health curriculum should ensure that:
  - non-Indigenous students have an adequate foundational knowledge of Aboriginal and Torres Strait Islander health, history and culture;
  - all students feel comfortable engaging with and supporting Aboriginal and Torres Strait Islander peoples in a healthcare setting;
  - all students have the opportunity to develop awareness of their own cultural values and beliefs and the way they may influence their professional practice and delivery of health care, particularly when working with Aboriginal and Torres Strait Islander patients and their families; and
  - Aboriginal and Torres Strait Islander students have the space to feel comfortable and participate in tertiary education without fear of discrimination.
- ▶ **Recommendation 10:** A quality Aboriginal and Torres Strait Islander health curriculum should recognise that Indigenous communities are highly diverse and it is important to consider this diversity, rather than adopting a universal view of history, culture and health concerns.
- ▶ **Recommendation 11:** Universities and teaching institutions provide appropriate professional development to their teaching staff to ensure they have the skills and knowledge to teach Aboriginal and Torres Strait Islander health to a high standard in an engaging and culturally appropriate way.
- ▶ **Recommendation 12:** Course accreditation authorities develop policies and processes to assess the quality of Aboriginal and Torres Strait Islander health content in the curriculum of universities and colleges within their respective health disciplines.
- ▶ **Recommendation 13:** Universities and teaching institutions ensure access to culturally safe educational resources and content for their students.
- ▶ **Recommendation 14:** Universities and teaching institutions foster partnerships with Indigenous communities and organisations to encourage and support student placements in Aboriginal and Torres Strait Islander settings. Further, through meaningful consultation with community elders and leaders, teaching institutions must ensure the safety of both the student and the community with sufficient preparation and training prior to the commencement of student placements.

## 5 Summary and Recommendations

This document details a submission from the National Rural Health Student Network to the House of Representatives Standing Committee on Indigenous Affairs Inquiry into the educational opportunities for Aboriginal and Torres Strait Islander students.

Improving education opportunities and outcomes for Aboriginal and Torres Strait Islander students is fundamental to closing the gap between the health and wellbeing of Indigenous and non-Indigenous Australians. The NRHSN advocates for better health outcomes for all Australians living in regional, rural and remote areas and in particular, the 65% of Aboriginal and Torres Strait Islanders who live in these communities.

The NRHSN undertakes numerous activities to inspire and encourage young Aboriginal and Torres Strait Islanders to consider a career in rural health, including Rural High School Visits and Indigenous Community Engagement Activities. Programs such as these are an important component of encouraging more Aboriginal and Torres Strait Islanders to become health professionals to address their significant under-representation across all health roles.

Further, the NRHSN strongly supports ongoing work to develop and include a quality Aboriginal and Torres Strait Islander health curriculum for all health students in Australian tertiary education institutions.

**Table 1: Recommendations**

Area	Recommendation
<b>2.1</b> <b>Rural High School Visits</b>	<b>Recommendation 1:</b> Consider a small and targeted expansion of the RHSV Program to include select metropolitan secondary schools with a high proportion of Aboriginal and Torres Strait Islander students to promote and foster rural health careers.
<b>3.2</b> <b>Recruitment, retention and graduation of Aboriginal and Torres Strait Islander students</b>	<b>Recommendation 2:</b> Develop strategies to attract and retain Aboriginal and Torres Strait Islander students into and through health courses to graduation; so that the representation of Aboriginal and Torres Strait Islander students across health disciplines reaches parity with the representation of Aboriginal and Torres Strait Islander people in the Australian population.  <b>Recommendation 3:</b> Continued support for programs that promote early engagement with health careers for Aboriginal and Torres Strait Islander students in both primary and secondary education such as through high school visits, Indigenous festivals and community engagement activities.  <b>Recommendation 4:</b> In collaboration with education institutions and other key stakeholders, the development and implementation of evidence-based national guidelines that encourage the enrolment, support and graduation of Aboriginal and Torres Strait Islander students in health courses.  <b>Recommendation 5:</b> Develop and adopt a coordinated and equitable nationally consistent approach to financial support for Aboriginal and Torres Strait Islander students across all health disciplines.

<p><b>3.3</b> <b>Aboriginal and Torres Strait Islander leadership, community relationships and infrastructure</b></p>	<p><b>Recommendation 6:</b> Universities and other health training organisations should ensure the appointment and support of qualified, competent and motivated Aboriginal and Torres Strait Islander academic positions. Such academic positions should be supported by the Aboriginal and Torres Strait Islander community and aim to address the recruitment of Aboriginal and Torres Strait Islander students, a quality Aboriginal and Torres Strait Islander health curriculum and teaching.</p> <p><b>Recommendation 7:</b> Universities and other health training organisations should prioritise the development and maintenance of relationships with the local Aboriginal and Torres Strait Islander communities, including Aboriginal medical services and other relevant health organisations. This will provide students with the opportunity to experience Aboriginal and Torres Strait Islander health settings with confidence and institutional support via these partnerships.</p>
<p><b>4.4</b> <b>Towards a quality Aboriginal and Torres Strait Islander health curriculum</b></p>	<p><b>Recommendation 8:</b> Universities, teaching institutions, course accreditation authorities and other key stakeholders develop policies and processes to ensure that Aboriginal and Torres Strait Islander health is a mandatory and significant component of the curriculum in all Australian health degrees.</p> <p><b>Recommendation 9:</b> A quality Aboriginal and Torres Strait Islander health curriculum should ensure that:</p> <ul style="list-style-type: none"> <li>• non-Indigenous students have an adequate foundational knowledge of Aboriginal and Torres Strait Islander health, history and culture;</li> <li>• all students feel comfortable engaging with and supporting Aboriginal and Torres Strait Islander peoples in a healthcare setting;</li> <li>• all students have the opportunity to develop awareness of their own cultural values and beliefs and the way they may influence their professional practice and delivery of health care, particularly when working with Aboriginal and Torres Strait Islander patients and their families; and</li> <li>• Aboriginal and Torres Strait Islander students have the space to feel comfortable and participate in tertiary education without fear of discrimination.</li> </ul> <p><b>Recommendation 10:</b> A quality Aboriginal and Torres Strait Islander health curriculum should recognise that Indigenous communities are highly diverse and it is important to consider this diversity, rather than adopting a universal view of history, culture and health concerns.</p> <p><b>Recommendation 11:</b> Universities and teaching institutions provide appropriate professional development to their teaching staff to ensure they have the skills and knowledge to teach Aboriginal and Torres Strait Islander health to a high standard in an engaging and culturally appropriate way.</p>

**Recommendation 12:** Course accreditation authorities develop policies and processes to assess the quality of Aboriginal and Torres Strait Islander health content in the curriculum of universities and colleges within their respective health disciplines.

**Recommendation 13:** Universities and teaching institutions ensure access to culturally safe educational resources and content for their students.

**Recommendation 14:** Universities and teaching institutions foster partnerships with Indigenous communities and organisations to encourage and support student placements in Aboriginal and Torres Strait Islander settings. Further, through meaningful consultation with community elders and leaders, teaching institutions must ensure the safety of both the student and the community with sufficient preparation and training prior to the commencement of student placements.