National AOD Workforce Development Strategy

Submission By: Australian Indigenous Doctors' Association (AIDA)

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AIDA 25 YEARS
AUSTRALIAN INDIGENOUS DOCTORS' ASSOCIATION
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Australia's National Research Centre on Alcohol and Other Drugs Workforce Development
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To whom it may concern,

Re: Review and Revision of the National Alcohol and Other Drug (AOD) Workforce Development (WFD) Strategy

The Australian Indigenous Doctors' Association (AIDA) is the peak body representing Aboriginal and Torres Strait Islander doctors and medical students. Our purpose is to support the growth of the Aboriginal and Torres Strait Islander medical workforce, and to advocate for better health outcomes for Aboriginal and Torres Strait Islander peoples. We also strive to create a health system that is culturally safe, high quality, reflective of need, and respectful of Aboriginal and Torres Strait Islander cultural values. Regarding the National Alcohol and Other Drug (AOD) Workforce Development (WFD) Strategy, we have the following comments.

Culturally safe health care, stigma, and education

Cultural safety is vitally important for the effective delivery of health services for Aboriginal and Torres Strait Islander people, as well as in medical schools for our medical students and in other health settings where our doctors work. The Priority Reforms and Socio-Economic Outcomes underpinned by the *National Agreement on Closing the Gap 2020-2030* are dependent on the provision of a culturally safe health system, which includes the interpersonal and internalised attributes of staff.[1]

The *Aboriginal and Torres Strait Islander Health Plan 2021-2031* commits to a patient-centred, holistic healthcare approach, underpinned by a culturally safe approach to clinical practice. Cultural safety is paramount because racism is a key determinant of health for Aboriginal and Torres Strait Islander peoples, and is a stressor associated with a decline in mental, emotional, spiritual, and cultural health.[2] To be culturally safe, practitioners need to undertake a process of understanding their own perceptions, biases, and assumptions, which requires them to commence critical self-reflection to immediately embed and apply learnings in clinical practice[3]. In an AOD setting,

[1] Council of Australian Government and Coalition of Peaks 'National Agreement of Closing the Gap – Priority Reforms' Released July 2020, accessed 22 February 2022. Available at: Priority Reforms | Closing the Gap
[2] Alison Markwick et al., 'Experiences of Racism among Aboriginal and Torres Strait Islander Adults Living in the Australian State of Victoria: A Cross-Sectional Population-Based Study', *BMC Public Health 19(1).* March 14, 2019: 309, https://doi.org/10.1186/s12889-019-6614-7.
[3] Australian Indigenous Doctors' Association, 'Position Statement – Cultural Safety'. Released 28 September 2021, accessed 21 February 2022. Available at AIDA-Position-Paper-Cultural-Safety-Final-28-September-Word.pdf

stigma, unconscious bias and discrimination are critical topics for practitioners to consider when working with Aboriginal and Torres Strait Islander patients.

For the AOD sector to provide culturally safe healthcare, targeted and professional educational campaigns addressing issues of stigma and the discrimination Aboriginal and Torres Strait Islander patients should be considered. Aboriginal and Torres Strait Islander people are disproportionately represented in terms of negative health outcomes in the media and in public discourse, leading to significant unconscious bias. According to the Queensland Mental Health Commission's '*Don't Judge, Listen: Experiences of stigma and discrimination related to problematic alcohol and other drug use'* for Aboriginal and Torres Strait Islander communities, families and individuals, found that Aboriginal and Torres Strait Islander research participants "experienced multiple forms of stigma and discrimination related to race, clan, location, and alcohol and other drug use. These resulted in a compound effect that intensified their experiences of stigma and discrimination".[4] This significantly highlights the need for culturally safe practices being embedded into the AOD workforce, both for clients/patients and for the workforce itself.

Additionally, with respect to addressing stigma, Aboriginal and Torres Strait Islander patients and workforce alike need to feel safe when they're at work or presenting for health care. Without cultural safety training being embedded for all AOD workers (generalist or specialist), there is a high risk that this is an unsafe environment for Aboriginal and Torres Strait Islander people. This training should be available for all non-Indigenous AOD workers and needs to meet the requirements of the *Australian Commission on Safety and Quality in Health Care National Standards for Working with Aboriginal and Torres Strait Islander people* (especially Action 1.21 on the cultural awareness and competency of the workforce).[5]

Identify Aboriginal and Torres Strait Islander patients for better AOD outcomes

We also advocate for best practice in patient identification to support the development of culturally safe policies and services for Aboriginal and Torres Strait Islander people. Culturally safe health care begins with "sensitively, correctly, and regularly asking the identification question at the admission of care. Addressing under-identification includes asking all patients the identity question and recording responses accurately as one of several best practice principles".[6] Data collection and representation needs to be consistent and comprehensive, as under-identification can result in

[4] Queensland Mental Health Commission, 'Don't Judge and Listen' Report. Released March 2020, accessed 22 February 2022. Available at QMHC Don't Judge and Listen Report

[5] Australian Commission on Safety and Quality in Health Care, 2017. *The National Safety and Quality Health Service (NSQHS) Standards.* Accessed 21 February 2022. Available at The NSQHS Standards | Australian Commission on Safety and Quality in Health Care

[6] Australian Indigenous Doctors' Association, 'Position Statement – Aboriginal and Torres Strait Islander Patient Identification – COVID-19 Release'. Released 21 January 2021, accessed 21 February 2022. Available at AIDA-Position-Paper-Patient-Identification.pdf

misrepresentation in data, resulting in inadequate planning and resourcing for Aboriginal and Torres Strait Islander communities.

Increasing and retaining the Aboriginal and Torres Strait Islander AOD Workforce

Aboriginal and Torres Strait Islander people are currently significantly underrepresented across the health workforce, representing only 1.8% of workers despite comprising 3.34% of the national population (2020 figures).[7] The two main issues regarding the Aboriginal and Torres Strait Islander healthcare workforce are recruitment and retention. These issues directly link back to a deficit in culturally safe workplaces and practices. The goal of increasing the Aboriginal and Torres Strait Islander healthcare workforce to population parity needs to be included in all mainstream workforce strategies, including AOD. This goal must be underpinned by detailed implementation plans to embed cultural safety into all sites of workforce recruitment, development, training, and operation.

We know that Aboriginal Community Controlled Services are generally the best for Aboriginal and Torres Strait Islander people[8]. In relation to AOD, the *National Aboriginal and Torres Strait Islander Peoples' Drug Strategy 2014–2019* states a need to "build capacity and capability of the AOD service system, particularly Aboriginal and Torres Strait Islander community-controlled services and its workforce, as part of a cross-sectoral approach with the mainstream AOD services to address harmful AOD use".[9] Community-controlled health services showcase the right to self-determination by Indigenous communities, and recognise the strength, culturally specific expertise, and empowerment of Indigenous health workers to provide culturally safe healthcare to Aboriginal and Torres Strait Islander communities. In terms these services in the context of the AOD workforce, community-controlled health services are trusted within communities, and their primacy can help to ensure culturally safe healthcare and deal with potential issues such as stigma and discrimination. Increasing the Community-Controlled sector is also emphasised in Priority Reform 2 of the *National Agreement on Closing the Gap 2020-2030.*

Burnout, stress, and bullying

The AOD Discussion Paper raises the issue of stress and burnout for the AOD workforce, asking how workers can be better supported in this area. Our members tell us that better strategies are required to address stress and burnout for Aboriginal and Torres Strait Islander workers. Their cultural, spiritual, emotional, and mental wellbeing needs to be prioritised; this is a cultural safety issue cutting across all areas of the Aboriginal and Torres Strait Islander medical workforce. This can look

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[7] Department of Health, 'National Health Workforce Dataset - 2020 data'. Released 11 October 2021, accessed 21 February 2022 Available at https://hwd.health.gov.au/datatool/

[8] Council of Australian Government and Coalition of Peaks 'National Agreement of Closing the Gap – Priority Reforms' Released July 2020, accessed 22 February 2022. Available at: Priority Reforms | Closing the Gap

[9] Intergovernmental Committee on Drugs, 'National Aboriginal and Torres Strait Islander Peoples' Drug Strategy 2014–2019. A sub-strategy of the National Drug Strategy 2010–2015'. Released January 2014, accessed 22 February 2022 Final report available at: National Aboriginal and Torres Strait Islander Peoples' Drug Strategy 2014 - 2019 (health.gov.au)

like ignorance or a lack of understanding of the 'cultural load' Indigenous workforce members carry additionally to non-Indigenous people. An example of this load is how the over-representation of Indigenous people in statutory systems, such as the justice and child protection systems, constitute higher likelihood of additional caring responsibilities for Aboriginal and Torres Strait Islander families. Also, the higher disease burden, reduced lifespan of Aboriginal and Torres Strait Islander people all add greater social, emotional, and cultural pressures to Aboriginal and Torres Strait Islander people that are not experienced in the same way by non-Indigenous people. Cultural load is not limited to this and needs to be recognised with additional supports provided to alleviate stress and prevent burnout of our workforce.

A lack of cultural safety understanding and practices in the workforce can lead to bullying, harassment, racism, and discrimination, as recently illustrated by the Medical Training Survey 2021 undertaken by Ahpra and the Medical Board. This survey found that 52% of Aboriginal and Torres Strait Islander trainees reported experiencing and/or witnessing bullying, harassment and/or discrimination (compared with 35% of trainees nationally).[10] This needs to be addressed to ensure the health and wellbeing of the workforce, and to work towards greater recruitment and retention of Aboriginal and Torres Strait Islander workers.

Developing public accountability frameworks for improving and embedding cultural safety in medicine

In our 2005 publication '*Healthy Futures: Defining best practice in the recruitment and retention of Indigenous medical students'*, we outline the case for embedding cultural safety into the medical training system to achieve retention of the Aboriginal and Torres Strait Islander workforce[11]. More recently AIDA has worked collaboratively with the Specialist Medical Colleges to develop best practice standards for cultural safety in '*Growing the Number of Aboriginal and Torres Strait Islander Medical Specialists'* to directly promote workforce growth and expansion.[12] This is a public facing document that enables Specialist Medical Colleges to undertake the self-reflection activities described above in this submission, and then commit to actions appropriate to where they are at on their journey towards best practice. The AOD workforce would benefit from embedding a similar self-assessment and annual public facing report, to instil accountability, measure change, but also to celebrate progress.

[10] Ahpra 2021 Medical Training Survey, released 7 February 2022, accessed 21 February 2022. Available at Medical Training Survey - Medical training impact by COVID-19 in 2021

[11] Australian Indigenous Doctors' Association, 'Healthy Futures: defining best practice in the recruitment and retention of Indigenous medical students', released September 2005, accessed 23 February 2022. Available at: https://aida.org.au/app/uploads/2021/01/AIDA-Healthy-Futures-Report-1.pdf

[12] Australian Indigenous Doctors' Association, Growing the Number of Aboriginal and Torres Strait Islander Medical Specialists, released January 2021, accessed 21 February 2022. Available at Growing-the-number-of-Aboriginal-and-Torres-Strait-Islander-medical-specialists.pdf (aida.org.au)

We also wish to highlight the need to work with other tertiary bodies that offer qualifications in health care - such as TAFE and universities - to ensure alternative and culturally appropriate entry pathways, culturally safe curriculum, and financial support is vital. All trainees and fellows should be provided with the skills to understand the historical and socio-cultural context in which health issues occur, to assist in their ability to practice in a culturally safe manner when engaging with Aboriginal and Torres Strait Islander people.

Conclusion

As outlined above, a stronger integration of cultural safety training in the AOD and broader medical workforce is required. Cultural safety is critical for the Aboriginal and Torres Strait Islander workforce and patients alike. Our comments draw on the National Agreement on Closing the Gap Priority Reforms, which should continue to underpin medical care and the workforce, and priorities within the AOD generalist and specialist workforce. Therefore, our main recommendations are:

To ensure culturally safe AOD healthcare for Aboriginal and Torres Strait Islander patients:

- Cultural safety is the key determinant of engagement and success of service provision;
- All areas of healthcare provision must undertake cultural safety training, this includes medical, nursing, allied health, management, and administrative staff;
- All providers must be proactive in addressing racism, both as institutions and individuals;
- Patient identification is a key starting point and encourages health services to consider how it engages with Aboriginal and Torres Strait Islander patients to carry out care accordingly; and
- Patient-centred, holistic healthcare is critical, and mainstream services are equally as responsible for understanding Aboriginal and Torres Strait Islander models of care and decision making as community-controlled organisations.

To recruit, retain and grow the AOD Aboriginal and Torres Strait Islander Workforce:

- The growth and retention of the Indigenous medical workforce is directly related to having culturally safe workplaces;
- Cultural safety training for all AOD workers (specialist and generalist), as well as all medical training programs promotes the industry for prospective workers and signals safety;
- Stress, burnout and bullying are all exacerbated by issues of cultural safety;
- Systemic reform addressing bullying and harassment within the health sector is required;
- Recognition of cultural load should inform human resourcing at all sites of training, development and mentoring of the Aboriginal and Torres Strait Islander workforce to effectively address inequality with non-Indigenous workers; and
- Embedding self-assessments and reporting with respect to cultural safety and Indigenous workforce growth instils accountability, measures change, and celebrates progress.

We are grateful for the opportunity to provide feedback into this process and look forward to seeing you further embed cultural safety measures into the Australian health system.

Kind regards

Monica Barolits-McCabe

Chief Executive Officer

28 February 2022