

Quality Aboriginal and Torres Strait Islander health curriculum

Position paper
September 2015

the future of rural health

National Rural Health Student Network

The National Rural Health Student Network (NRHSN) represents the future of rural health in Australia. It has more than 9,000 members who belong to 28 university Rural Health Clubs from all states and territories.

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.

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 peak 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.

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Rural Health Clubs



- 1 **ARMS** - Australian National University, ACT
- 2 **AURHA** - Adelaide University, SA
- 3 **BREAATHHE** - 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 **SPINRPHEX** - 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

Background

A key priority for the National Rural Health Student Network (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^{1,2}. In order to meet this intent, Indigenous 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 life³.

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 factors⁴. It involves obtaining a knowledge base, personal and professional self-awareness, and open discussion about cultural diversity⁵. Dispossession and disempowerment of Aboriginal and Torres Strait Islander peoples through the laws and policies of the Australian government and its predecessors has marginalised Indigenous Australians, such that they experience much poorer health outcomes^{6, 7}. Therefore, it is imperative to evaluate provision of health care and the delivery of tertiary health education.

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 curriculum⁸. 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 MDANZ⁸ and supported by the University of Western Australia (UWA) School of Dental Science⁹.

These eight areas of learning in Indigenous health are:

¹ The Australian Nursing and Midwifery Council (ANMC). (2007). Inclusion of Aboriginal and Torres Strait Islander Peoples Health and Cultural Issues in Courses leading to Registration or Enrolment. Position Paper. Reviewed and updated Nov 2007.

² The Australian Indigenous Doctors' Association (AIDA). (2013). Cultural safety for Aboriginal and Torres Strait Islander doctors, medical students and patients. Position paper. October 2013.

³ Meiklejohn B, Nash R, and 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.

⁴ Carteret M. (2011). Culturally Responsive Care. Retrieved August 2015 from: <http://www.dimensionsofculture.com/2010/10/576/>.

⁵ Gay G. (2000). *Culturally Responsive Teaching: Theory, Research, & Practice*. New York: Teachers College Press.

⁶ Australian Institute of Health and Welfare. (2011). The health and welfare of Australia's Aboriginal and Torres Strait Islander people: and overview. Retrieved August 2015, from: <http://www.aihw.gov.au/publication-detail/?id=10737418989>.

⁷ World Health Organization. (2007). Health of Indigenous peoples. Fact Sheet. No. 326. Retrieved September 2014, from: <http://www.who.int/mediacentre/factsheets/fs326/en/index.html>

⁸ Committee of Deans of Australian Medical Schools. (2004). *Indigenous Health Curriculum Framework*. Melbourne: Committee of Deans of Australian Medical Schools, 2004.

⁹ 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.

- ▶ history;
- ▶ culture, self and diversity;
- ▶ Indigenous societies, cultures and medicines;
- ▶ population health;
- ▶ models of health service delivery;
- ▶ clinical presentation of disease;
- ▶ communication skills;
- ▶ and working with Indigenous peoples – ethics, protocols and research.

In 2012, the Australian Indigenous Doctors' Association (AIDA), 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 schools¹⁰. 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 greater access to immersion experiences for students¹⁰.

The broader literature indicates further that teaching staff need to undergo training in order to be competent and confident in embedding perspectives of Aboriginal and Torres Strait Islander peoples into health courses³.

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 training¹¹.

The Australian Nursing and Midwifery Council has a policy paper which supports the inclusion of Indigenous health in the curriculum¹; and in New Zealand, cultural safety has been defined as a nursing education outcome since 1996¹². Some Accreditation Authorities, including the Australian Pharmacy Council and the Occupational Therapy Council, do refer to

¹⁰ Medical Deans of Australia and New Zealand Inc., and The Australian Indigenous Doctors' Association Ltd. (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.

¹¹ Health Workforce Australia. (n.d) Aboriginal and Torres Strait Islander Health Curriculum Framework. Retrieved August 2015, from: <https://hwa.gov.au/our-work/aboriginal-and-torres-strait-islander-health-workforce-program/aboriginal-and-torres-stra-3>.

¹² Nursing Council of New Zealand. (1996). Guidelines for Cultural Safety in Nursing and Midwifery Education. Nursing Council of New Zealand. Wellington.

some appropriate Indigenous health curriculum content in their programs^{13,14}. 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.

¹³ Australian Pharmacy Council. (2012). Accreditation Standards for Pharmacy Degree Programs (effective from 1 January 2014). Retrieved September 2014, from <http://pharmacycouncil.org.au/content/assets/files/Publications/Accreditation%20Standards%20for%20Pharmacy%20Degree%20Programs%202014.pdf>

¹⁴ Occupational Therapy Council (Australia and New Zealand) Ltd. (2013). Accreditation Standards for Entry-Level Occupational Therapy Education Programs, December 2013. South Perth, WA..

Position

The NRHSN believes Aboriginal and Torres Strait Islander health should consistently be a mandatory and significant component of the curriculum in all Australian health degrees.

The NRHSN believes that:

- ▶ Aboriginal and Torres Strait Islander health should be taught in an engaging and culturally appropriate way.
- ▶ Non-Indigenous students should have an adequate foundational knowledge of Aboriginal and Torres Strait Islander health and culture.
- ▶ Aboriginal and Torres Strait Islander communities are highly diverse; and it is important to consider this diversity, rather than adopting a universal view of history, culture and health concerns.
- ▶ Teaching staff should be adequately knowledgeable in order to appropriately embed Indigenous perspectives and content to a high standard.
- ▶ Aboriginal and Torres Strait Islander students should have the space to feel comfortable and participate in tertiary education without fear of discrimination.
- ▶ Aboriginal and Torres Strait Islander students should be welcomed, but should not be expected to take responsibility for the education of their peers with regards to Indigenous health, history and culture.
- ▶ Students, regardless of background, should have the opportunity to develop awareness of their own cultural values and beliefs and the way that they impact on their professional practice and delivery of health care. This is particularly important when working with Aboriginal and Torres Strait Islander patients and their families.
- ▶ All students should be able to feel comfortable to engage and support Aboriginal and Torres Strait Islander peoples in a healthcare setting.
- ▶ Teaching institutions should, through stronger partnerships with Indigenous communities and community organisations, encourage and support student placements in Aboriginal and Torres Strait Islander settings.
- ▶ Teaching institutions should, through meaningful consultation with community elders and leaders, ensure the safety of both the student and the community with sufficient preparation and training.

The NRHSN calls upon:

- ▶ Universities and teaching institutions to provide appropriate professional development to their teaching staff.
- ▶ Course Accreditation Authorities (such as the Australian Medical Council, Australian Nursing and Midwifery Council and Australian Dental Council) to have policies and processes to assess the quality of Indigenous health content in the curriculum of universities and colleges within their respective health disciplines.
- ▶ Universities to ensure access to culturally safe educational resources and content for their students.
- ▶ Universities to establish sustainable relationships with Aboriginal Community Controlled Health Organisations (ACCHO) and communities to ensure ongoing capacity for student placements
- ▶ Students to recognise the importance and relevance of this knowledge in practise and to be aware of how their actions can influence the delivery of health care to Aboriginal and Torres Strait Islander patients and their families.