

HEALTH POLICY FORUM SEMINAR

Indigenous Health:
Moving from Rhetoric to Reality

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Aboriginal and Torres Strait Islander Health Workforce

WORKFORCE CATEGORY	CURRENT SUPPLY	MINIMUM REQUIREMENT	MINIMUM INCREASE
AHW	1,105	1856	750
Admin and Support	898	860	—
Allied health	90	348	258
Medical Officers	52	696	644
Nurses	424	1,780	1,356
Others	923	1,160	237
TOTAL	3,493	6,700	3,207

Workforce in Aboriginal & Torres Strait Islander Settings

		Requirements – Low Range			Requirements – High Range		
Workforce category	Current supply	Nominal requirements	Shortfall	% shortfall	Nominal requirements	shortfall	% shortfall
AHW	1157	3495	2338	202.1	6116	4959	428.6
Admin	1523	1621	98	6.4	2836	1313	86.3
Allied	475	655	181	38.0	1147	672	141.6
MOs	824	1311	486	59.0	2293	1469	178.3
Nurses	2698	3353	655	24.3	5867	3170	117.5
Other	2052	2184	132	6.4	3822	1770	86.3
TOTAL	8728	12618	3890	44.6	22082	13353	153.0

Medical Workforce

- Total medical practitioners 69,180
- Practicing 54,411
- Total GPs 20,492
- This does not incl. Registrars or RMOs working in unaccredited or non-VR positions
- NSW 7184
- VIC 4960
- QLD 3654
- WA 1857
- SA 1725
- TAS 543
- ACT 385
- NT 184

Workforce....

- Shortfall in Aboriginal and Torres Strait Islander workforce of >3000
- Shortfall total workforce in Indigenous health 3890 – 13353 across all disciplines
- With coordinated, targeted approach can affect significant difference within sensible timeframe for modest costs



National Training Strategy....

- Commonwealth and State/Territory agreed priority
- Coordinated policy and resourcing frameworks
- Comprehensive primary health care service delivery to under-serviced populations
- Metropolitan, rural, remote

National Training Strategy.....

- Address issues of access – Dr Noel Hayman
- Use models of well supported ACCHOs as 'gold standards' in PHC service delivery
- Adequate funding formulae – matched \$\$ from Commonwealth and States/Territories
- Incentives for participation and meeting agreed targets
- Penalties for non-performance

Workforce....

- 10 – 15 year plan to increase Indigenous and non-Indigenous health workforce
- Catchy title – 2015 or 2020
- 11 medical schools, ANU intake 2004 (4 GMP and 8 undergrad)
- Approximately 8 already have places allocated – between 2 and 8 per year
- Also students in 'non-identified' places

Workforce....

- Aim for 5 Aboriginal and Torres Strait Islander graduates per Uni per year
- Debate rages – one-in-all-in or support those already performing well
- Choice
- Graduation vs recruitment
- If fewer Unis want to commit, then support them to a greater extent
- Accept no fewer than 50 grads per year, or another 500 Indigenous doctors over 10 years

Workforce....

- Complemented by core curricula in Aboriginal and Torres Strait Islander health for ALL medical students
- compulsory clinical rotations for registrars and advanced trainees in Indigenous health
- Raise awareness; legitimise careers in primary care, public health and specialist service to areas of need
- Increase exposure of practitioners to complex medical problems (and socio-cultural issues)

Costs....

- \$200,000 per support unit per year
- 10 Unis
- Bargain \$2 million per year
- Same again for nursing and allied health students
- Few extra \$\$ for curriculum delivery to non-Indigenous students and staff
- Approx. \$5 mill. per year to significantly increase Indigenous workforce and increase exposure for non-Indigenous

There's a Catch....

- Where will we get all the students from to apply for these positions??
- Having difficulty with retention at primary and secondary levels
- Potential postgrads. see GAMSAT as disincentive
- Science based subjects no longer compulsory/popular at secondary level

What's Happening.....



- Initiatives for primary and secondary students
- Literacy and numeracy; mentoring; role modeling
- Raising awareness of life and career options and opportunities
- Relevant to community environment
- Commonwealth (DEST) resourcing + local flavour
- GAMSAT preparatory courses

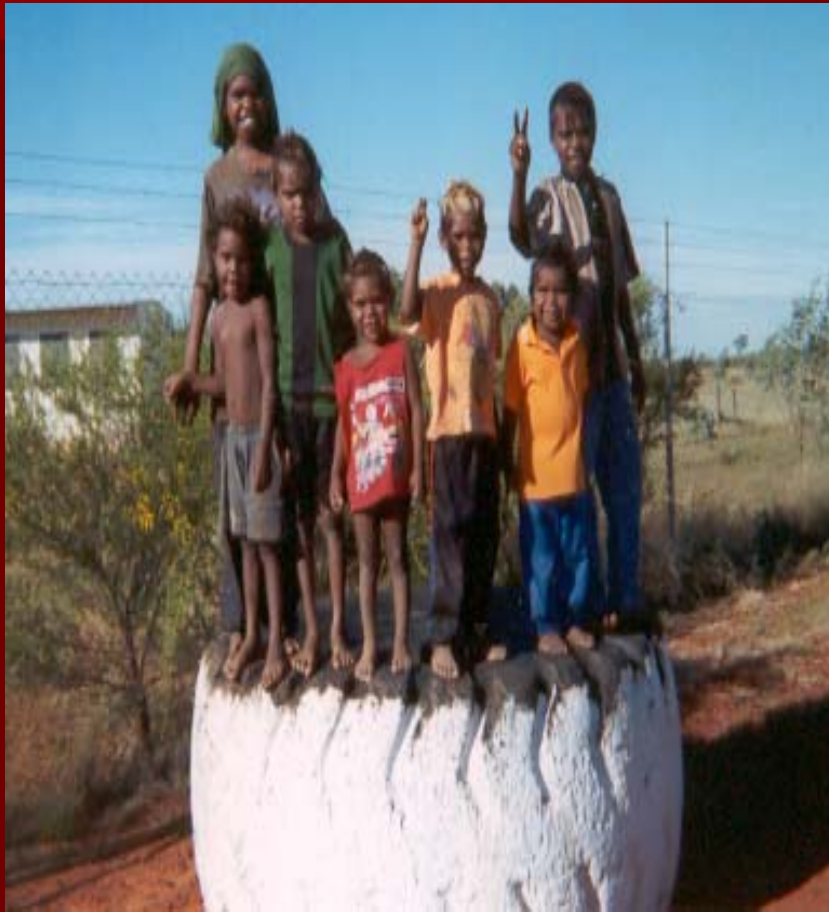
AHWWG Workforce Strategic Framework....

To transform and consolidate the workforce in Aboriginal and Torres Strait islander health to achieve a competent health workforce with appropriate clinical, management, community development and cultural skills to address the health needs of Aboriginal and Torres Strait Islander peoples supported by appropriate training, supply, recruitment and retention strategies.

CDAMS....

- Committee of Deans of Australian Medical Schools project in Indigenous Health Curriculum Development is underway to update information from Faculties regarding staff and content
- Develop a flexible framework for the inclusion of Aboriginal and Torres Strait Islander health as core curriculum at every medical school
- Envisaged that the findings, recommendations and resources from the CDAMS project will complement existing activities in continuing medical education (for example, with the RACGP, RACP) and assist other Colleges to include Indigenous health in curriculum for registrars and advanced trainees

What's Needed....



1. COMMITMENT
2. COMMITMENT
3. COMMITMENT

- Complex, but achievable
- Nothing here that is unreasonable