INDIGENOUS HEALTH PROJECT

CRITICAL REFLECTION TOOL

2007

PILOT STUDY

Introduction

You have been nominated to assist with the pilot study of the Critical Reflection Tool (CRT) for the Medical Deans Indigenous Health Project. The tool has been designed to encourage coordination and the 'whole-of-school partnership' approach. It is intended that the CRT will encourage critical review and thinking across each faculty/school. In order for schools to get the most value out of the process, we request your feedback.

Instructions for completing the pilot Questionnaire are outlined in the accompanying email.

Please note that, in this document, we use the term 'Indigenous' to refer to Australian Aboriginal and Torres Strait Islanders and in New Zealand to Maori. The term 'cultural safety' as it relates to Indigenous health in Australia is an emerging concept. Cultural Safety is about ensuring that individuals and systems who deliver health care are aware of the impact of their own cultural values on the delivery of services, and that they have knowledge of, respect for and sensitivity towards the cultural needs of others.

Background

The Medical Deans Indigenous Health Project has achieved a nationally agreed curriculum framework that has been formally endorsed by the Australian Medical Council (AMC), and is reflected in their new standards for accreditation. The 'CDAMS Indigenous Health Curriculum Framework' provides a set of guidelines to assist medical schools develop and deliver Indigenous health content in core medical education. This framework is complemented by the 'Healthy Futures: Defining best practice in the recruitment and retention of Indigenous medical students' report of the Australian Indigenous Doctors' Association (AIDA).

Specific teaching around Indigenous health in medical education is an emerging field, and as such, medical schools are at differing stages of curriculum development. The Critical Reflection Tool (CRT) is designed to support this process.

Purpose

The purpose of this CRT is to encourage internal reflection for those involved in the implementation of Indigenous health. This includes consideration of progress towards the implementation of the *Curriculum Framework*, and the adoption of practice related to Indigenous student recruitment, retention and support initiatives.

The CRT is a tool for ongoing reflection, designed to stimulate internal discussion and allow faculties/schools to identify areas of strengths and areas that need improvement. Careful consideration of the drivers for and barriers to change and improvement will assist faculties/schools with the process of implementation and preparation for accreditation.

Guidelines for use of the CRT

The CRT covers a number of themes that correspond with those identified in the *Curriculum Framework*, and the *Healthy Futures* report, and conform to the categories used in the AMC guidelines.

Each theme is supported by background information and trigger based questions. Also by references to: the pedagogical principles found in the CDAMS Indigenous Health Curriculum Framework 'CFPP', the revised AMC standards 'AMC' and AIDA's Healthy Futures Report 'HF'. Examples are provided to facilitate contemplation, and the users are asked to reflect on their own individual and the school's overall performance in the given format.

The de-identified examples were developed by a working party (based on their own or known experiences) as illustrations and are not necessarily exemplars. It is our goal that as this tool evolves it will incorporate 'best practice' examples that will be provided by all medical faculties and schools. In this way, the preformatted nature of the CRT can provide a mechanism and opportunity for collaboration and sharing of information between institutions. The CRT is intended to be flexible enough to allow for variations between universities.

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1A. The context of the medical schools: Indigenous health unit: Location and brief

Background/Question	
	Background There are divergent organisational arrangements in terms of faculty/school structure, and the location of Indigenous health units/programs within them. This affects the role of the Indigenous health units/programs in terms of their teaching brief, faculty/school-wide co-ordination and access to resources. **Key Questions** *Is there an Indigenous health unit?* *Where is the Indigenous health unit located structurally?* *What is the Indigenous health unit brief?* **Reference** CFPP 1, 2, 4, and 5 / AMC 1.4

Examples	
	e.g. 1 The Indigenous health unit at a large medical school originally had a Faculty-wide brief. With a restructure the unit was relocated to the school of rural health. As a result, the unit lost the ability to coordinate and influence Indigenous health developments throughout the Faculty, but is increasingly being expected to teach throughout the curriculum, across the Faculty, with the resources and brief of a school unit only. While it is encouraging that more schools and departments want this unit to help them teach Indigenous health, it is not realistic unless the unit's brief is elevated and resourced to meet the whole-of-Faculty demand. e.g. 2 A medical school started with one lecturer in Indigenous health based in a rural health school. With the Dean's support, the lecturer was able to build significant partnerships with the Indigenous health general education centre on campus, and attract external resources to employ administrative support staff. In addition, the Dean funded, from core funding, academic staff to assist with the growing teaching load, and to map Indigenous health across the curriculum. Through the tenacity of the Indigenous health lecturer and the Dean's funding and strategic commitments, the Faculty are swiftly moving towards a comprehensive and well-resourced Indigenous health strategy (curriculum and Indigenous student support initiatives). e.g. 3 In recognition of the importance of Indigenous health within its curricula, a medical school made the decision to include Indigenous health in the relevant school's title. This also entailed the development of an Indigenous health unit, which resulted in the employment of more Indigenous staff, as well as an opportunity for more coordination across the medical curricula and greater collaboration with course coordinators. This change allowed for Indigenous health to be seen as the responsibility of all staff in the medical school.

Is there an Indigenous health unit? Where is the Indigenous health unit located structurally? What is the Indigenous health unit brief?

1B. The context of the medical schools: Indigenous community partnerships

Background/Question	**Background** In order to facilitate the most effective learning, partnerships with local Indigenous organisations and communities will need to be developed. Grounding Indigenous health in local contexts will enable the faculty/school to improve the quality of learning, facilitate specific strategies like community placements, and demonstrate its commitment to Indigenous health. Well-managed partnerships of this nature are also likely to enrich Indigenous students' experience on campus. **Key Questions** *Describe the partnerships between your faculty and Indigenous communities or organisations.* *Describe how this partnership is fostered and nurtured.* *How does this partnership contribute to the curriculum?* **Reference** CFPP 7/ AMC 1.4 and 1.6

Examples	e.g. 1 A new medical school with no Indigenous staff contacted the general university Indigenous education centre to facilitate a meeting with some local Indigenous health organisations. This resulted in the establishment of a community reference group. The reference group included staff from the local Aboriginal Medical Service (AMS), Indigenous Elders and community health workers, Faculty staff, a government representative, and a member of the Australian Indigenous Doctors' Association (AIDA). The reference group assists the medical school in selecting and supporting Indigenous students, designing locally appropriate Indigenous health curriculum, and making the whole Faculty aware of Indigenous health issues in areas like research ethics. The reference group members receive payment for any lectures or seminars they give and are offered adjunct lectureships where appropriate. They also have the capacity to streamline the co-ordination of student placements through the AMS. In return, they find it very valuable to be teaching medical students about their community's needs and health care in general. e.g. 2 With the help of an Indigenous staff member, an established medical school started a successful community relationship. They have found that the partnership requires true commitment and respect to each other's needs, and that sometimes they cannot meet all of the community's requests. In this situation, the Indigenous academic and support staff were best placed to initiate, broker and develop partnerships and ongoing relationships. However, such partnerships should be coordinated and medical schools must be mindful that partnerships of this nature will require time, and that staff (Indigenous and non-Indigenous) and community representatives must be adequately resourced to undertake these functions.

Describe the partnerships between your faculty and Indigenous communities or organisations. Describe how this partnership is fostered and nurtured.
How does this partnership contribute to the curriculum?

1C. The context of the medical schools: Human resources

Background/Question

Background
Teaching Indigenous health across the curriculum will require considerable human resources and coordination. Indigenous staff should be employed across the faculty/school in a spectrum of roles and seniority.

Key Questions
Are there staff specifically allocated to teach Indigenous health?
If so, how many are Indigenous?
How many Indigenous staff are employed in academic, student support and administrative roles?

Reference
CFPP 2, 3, 5, 6 and 8 / AMC 1.4, 1.7, 1.8 and 1.9

Examples

e.g. 1
With the assistance of 1.0 FTE academic, an Indigenous health unit was established. The unit's focus was to develop core curriculum, and then to branch into other areas. From the beginning, the unit consisted of Indigenous academics. Collaborations with non-Indigenous academics have been instigated within fields where Indigenous health perspectives are essential. There are now 3 lecturer positions (senior lecturer and lecturers) and a teaching fellow position in the unit, and a 0.5 FTE position is currently dedicated to an administrative role. The teaching coming directly from the unit has allowed the Indigenous teaching framework to have a significant presence within the medical school, evidenced by a visible location.

Are there staff specifically allocated to teach Indigenous health? If so, how many are Indigenous? How many Indigenous staff are employed in academic, student support and administrative roles?

1D. The context of the medical schools: Teaching capacity and professional development

Background/Question	
	Background The teaching load must be realistically matched to resources, and Indigenous academic staff must not be expected to perform all tasks related to Indigenous health. Indigenous staff can be used optimally as co-ordinators and to train others to perform the separate functions. Given that they often carry multiple obligations beyond a regular staff role, Indigenous academic and general staff will require recognition, adequate support, and professional development opportunities. In the absence of optimal financial and staffing resources, mechanisms can be implemented which manage the workload through coordination and professional development. **Key Questions** *What strategies has the faculty/school implemented to ensure there is adequate support for Indigenous staff?* *What professional development opportunities exist for Indigenous staff members?* **Reference** CFPP 2, 3, 5, 6 and 8 / AMC 1.4, 1.7, 1.8 and 1.9

Examples	
	e.g. 1 An established medical school has recently begun revamping its Indigenous health strategy: they have developed a close partnership with the general Indigenous education centre; they use an existing Indigenous partnership group to assist in curriculum design; and they utilise their one Indigenous full time academic to train non-Indigenous staff in an appropriate Indigenous framework. They also contract extra sessional teachers when required. These strategies are cost effective and are carried out in a supportive environment. e.g. 2 A postgraduate medical school employed an Indigenous health academic to integrate the 'CDAMS Indigenous Health Curriculum Framework' project across its curricula. The medical school then reviewed the aims and objectives of the academic position and realised they were multifarious. In recognition of that, and the importance of Indigenous health, the medical school decided to upgrade the position to Associate Professor and to increase the number of Indigenous staff.

What strategies has the faculty/school implemented to ensure there is adequate support for Indigenous staff? What professional development opportunities exist for Indigenous staff members?

1E. The context of the medical schools: Induction and training (including cultural safety)

Background/Question	
	Background The attitude of all teaching, clinical and administrative staff counts towards effective learning. Medical faculties/schools should ensure that staff who design, deliver, evaluate and administer curriculum are both confident and aware of the basic information they are dealing with, and committed to improving Indigenous health outcomes. All staff will require training in the goals and intent of the faculty/school's Indigenous health strategy, and should be encouraged to become active participants in the process. Given that positions are often rotated or changed, new staff should be inducted and trained on the principles of the curriculum framework. Cultural Safety is about ensuring that individuals and systems who deliver health care are aware of the impact of their own cultural values on the delivery of services, and that they have knowledge of, respect for and sensitivity towards the cultural needs of others. Indigenous health is an emerging discipline within its own right. Indigenous health and the cultural safety needs of Indigenous communities must not be subsumed in general cultural safety teaching. **Key Question** *What training opportunities are available to induct, train and encourage all staff in the area of Indigenous health, specifically addressing cultural safety?* **Reference** CFPP 2, 3, 5, 6 and 8 / AMC 1.4, 1.8 and 1.9

Examples	
	e.g. A new medical school had limited initial funding to develop an Indigenous health program. Recognising the importance that all staff participates in the development of such a program over time, they were required to attend cultural safety training. This training was initiated, developed and co-taught by two academics: one from the medical school who had experience in this area, and an Indigenous academic from the university's Indigenous studies unit. To ensure this was not a 'one-off', the developed cultural safety teaching module was integrated into the Faculty's broader professional development program.

What training opportunities are available to induct, train and encourage all staff in the area of Indigenous health, specifically addressing cultural safety?

1F. The context of the medical schools: Funding for teaching

Background/Question	
	Background Indigenous health teaching should be considered a core responsibility of the whole medical faculty/school and should be reflected in the budget, so that Indigenous health does not rely only on external project and in-kind support. If located in one school/department, Indigenous health units that have a faculty/school-wide brief should be resourced appropriately. **Key Questions** *How are your teaching positions in Indigenous health funded?* *Do you believe you are adequately resourced to carry out the teaching?* **Reference** CFPP 2 and 4 / AMC 1.5.

Examples	
	What proportion of your funding is: 1. Core Faculty? 2. University 3. Relies on competitive research grants? 4. External project funding?

How are your teaching positions in Indigenous health funded?
Do you believe you are adequately resourced to carry out the teaching?

2A. The outcome of medical courses: Mission/principles/rationale

Background/Question	
	Background The mission statement should outline the faculty/school's goals and approach to Indigenous health. It should also identify how these goals are embedded in the life of the faculty/school as a core function of the corporate plan. Whole-of-school partnerships require engaging staff across the institution to work collaboratively to actively promote the spirit and intent of the *Curriculum Framework* and the *Healthy Futures* report. **Key Questions** *Does your faculty/school mission statement and strategic plan articulate a commitment to Indigenous health teaching and learning?* *Are there other ways/fora that this commitment is expressed?* **Reference** CFPP 1, 2, 3, 4, 5, 6, 8 and10/ AMC 2.1

Examples	
	e.g. 1 A medical school has publicly stated that Indigenous health is one of the areas that its graduates should make a difference. The school has included in its mission statement and strategic plan a commitment to improving Indigenous health outcomes through the provision of quality medical education. The school is still developing specific initiatives to implement its mission statement and strategic plan, including employing Indigenous staff and identifying senior staff to lead and drive the process. The strategic documents give the staff, students and stakeholders an understanding that positive values and attitudes towards Indigenous health teaching and learning are a core component of the curricula. e.g. 2 A medical school has demonstrated a commitment to Indigenous health by employing an academic to undertake Indigenous health curriculum development. The various tasks involved in curriculum development, Indigenous student recruitment, retention and support, as well as other strategic matters, has proved to be a very large workload. The staff member has presented the need for a coherent Indigenous medical education strategy to the Dean, who is supportive, and to senior management at faculty/school and university levels. However, the active promotion of Indigenous health teaching and learning is undermined by the lack of strategic and planning documents.

Does your faculty/school mission statement and strategic plan articulate a commitment to Indigenous health teaching and learning? Are there other ways/fora that this commitment is expressed?

2B. The outcome of medical courses: Executive coordination based on the principle of Indigenous leadership, faculty responsibility

Background/Question

Background

Medical faculties/schools should clearly identify leadership, responsibilities and reporting structures for the coordination, and implementation of an overarching Indigenous health strategy (including curriculum, student admission, recruitment and support, teaching and research). Indigenous staff are a critical part of, but not solely responsible for, the strategy.

Key Questions

Whose responsibility is it within the Faculty to ensure the Curriculum Framework is implemented?
In terms of process, would you describe this as a collaborative faculty/school approach, or is there a reliance on a particular person(s)?

Reference

CFPP 4, 5 and 6/ AMC 2.1, 1.2, 1.3 and 1.4

Examples

e.g. 1
A medical school has designated an Assistant Dean for Indigenous Health (an Indigenous person) at the faculty level to undertake all Indigenous health teaching, research, Indigenous student affairs and community engagement projects across the health sciences. This person negotiates effectively with heads of schools across the disciplines for the development of curricula and Indigenous student recruitment and retention. The medical school has employed an Indigenous person as a student support officer, and a part-time academic to assist in teaching.

Whose responsibility is it within the Faculty to ensure the Curriculum Framework is implemented?
In terms of process, would you describe this as a collaborative faculty/school approach, or is there a reliance on a particular person(s)?

3A. The medical curriculum: Indigenous health as core curriculum

Background/Question	
	Background The Medical Deans Indigenous Health project is a response to recommendations from numerous studies, inquiries, reports, policies and strategies emerging from the fields of Indigenous health, medical education and medical workforce development. Over the last few decades, these documents have consistently recommended the development and strengthening of both core and vocational medical education, regarding the health and wellbeing of Aboriginal and Torres Strait Islander Australians, and Maori in New Zealand. **Key Questions** *Is there core Indigenous health content to which every medical student will be exposed?* *Do students have a choice to follow up their Indigenous health interest in electives?* **Reference** CFPP 1, 2, 3, 4, 5 and 7 /AMC 1.3 and 1.4.

Examples	
	e.g. 1 With the CDAMS Indigenous Health Curriculum Framework guiding redevelopment, Indigenous health is a compulsory component of the curriculum. Indigenous health has discrete sessions that include a cultural safety aspect and an introduction to Indigenous health. Indigenous health is also integrated into a number of key topic areas such as: holistic models of health care and health determinants, comprehensive primary health care rural health, cardiovascular disease and risk factors, chronic conditions, and mental health. Discrete sessions have specific identified learning objectives, case based learning (CBL) and case questions. Cultural safety from an Indigenous perspective is introduced in first semester first year. Field trips offer opportunities for one CBL group who then reports back to the whole cohort and presents an abstract. All sessions are delivered by Indigenous people and/or medical practitioners working in the area.

Is there core Indigenous health content to which every medical student will be exposed? Do students have a choice to follow up their Indigenous health interest in electives?

3B. The medical curriculum: Curriculum maps, student outcomes and attitude statement

Background/Question	
Background/Question	**Background** The commitment and goals of the faculty/school to implement an Indigenous health strategy should be embedded in curriculum maps, student outcome, and attributes statements. This is crucial to the delivery of Indigenous health content, because it establishes a structure for coherent learning plans and outcomes. Including this in your student attributes and outcome statements will assist in measuring development for quality assurance and accreditation purposes. **Key Questions** *Is Indigenous health incorporated in the faculty/school's curriculum planning documents and overall student attribute and outcome statements?* *If Indigenous health has been incorporated, what was the process through which this was done?* *If it has not been incorporated, are there identifiable barriers to this happening?* **Reference** CFPP 2, 4, 5, 6 and 7/ AMC 1.3 and 3.1

Examples	
Examples	e.g.1 Until a recent redevelopment of the curriculum, there was no structured Indigenous health teaching at an established university. Teaching was based on the 'goodwill' and the personality of certain individuals within various faculty units. The Dean wanted to formalise the teaching of Indigenous health throughout the medical program and ensured that this was reflected in the new curriculum. These changes were driven by the Dean and initiated at a time when there were no Indigenous staff members in the faculty. This allowed for the groundwork to be laid before an Indigenous employee came on board, which also increased the appeal of the university to other Indigenous academics and students. The entire curriculum has recently been mapped and today comprises scenario based learning, where all cases (Indigenous and not) are presented to students and learning is gained by structured experiences. Such experiences include the patients, their families and communities in the context of their home, school and work, across the lifespan. These scenarios demonstrate the complexity experienced by individuals engaging with health and illness in our society. e.g. 2 An established medical school redeveloped its curriculum to introduce greater teaching and learning opportunities in Indigenous health. Using a stepwise learning pathway, graduate and year level learning outcomes in Indigenous health were developed. These have been used to guide the implementation of a comprehensive vertically and horizontally integrated curriculum. Learning is situated within existing units in each year of the course, with year and graduate level outcomes. The initial progress was quick and relatively easy, drawing on existing partnerships and some opportunistic development of new partnerships with unit coordinators who were 'on side'.

Is Indigenous health incorporated in the faculty/school's curriculum planning documents and overall student attribute and outcome statements?
If Indigenous health has been incorporated, what was the process through which this was done? If it has not been incorporated, are there identifiable barriers to this happening?

3C. The medical curriculum: Curriculum design co-ordination

Background/Question	
	Background The co-ordination of Indigenous health content across the curriculum is important to ensure a stepped, developmental approach. Indigenous health content should be vertically integrated such that a 'staircase' approach is taken, where foundation or basic learning in the earlier years is built upon to more advanced skills. Where possible, Indigenous health content can be most successfully delivered by horizontally integrating such content to broader curriculum teaching at any given point. This should be identifiable in curriculum maps. Indigenous people should be included in the design, delivery and evaluation of curriculum content. Content should be locally accurate as well as broadly translatable to a national context where appropriate. **Key Question** *Does the faculty/school have a process to ensure the co-ordinated design, delivery and evaluation of the Indigenous health curriculum?* *What involvement do Indigenous staff and community members have in this process?* **Reference** CFPP 2,4,5,6,7,8,9 and 10/ AMC 1.3, 1.4 and 3.3.

Examples	
	e.g. 1 By utilising a stepped learning outcome model (at both year and graduate levels), an established school was able to develop and implement a six year curriculum that provided a solid framework for teaching and learning in Indigenous health. This task was made easier by strong executive support and a well-supported Indigenous health unit and some strong initial partnerships with existing unit coordinators. This was and continues to be informed by Indigenous perspectives in planning, implementation and evaluation. Building on that framework, with the aim of embedding Indigenous health learning opportunities across a wider spectrum of units, has been less successful.

Does the faculty/school have a process to ensure the co-ordinated design, delivery and evaluation of the Indigenous health curriculum? What involvement do Indigenous staff and community members have in this process?

5A. Assessment of Student Learning: Assessment of Indigenous health

Background/Question

Background

It is well known that student learning is driven by assessment. This is no different in Indigenous Health. Teaching and learning domains or themes (such as Doctor and Society, Personal and Professional Development, Population Health and so on) provide the basis for both the curriculum content and assessment content over the duration of the degree. Indigenous health is relevant to all of the domains or themes in different ways.

Key Questions

How is student understanding of Indigenous health assessed?
Is this reflected in an overarching assessment map across the medical course?

Reference

CFPP 2 and 4 /AMC 5.1, 5.2, 5.3 and 5.4

Examples

e.g. 1
All first year students are required to submit an abstract on Indigenous health. Work is marked, reviewed and included in the student's portfolio. Indigenous health is assessed in a summative way using short answer questions. A short answer question is developed covering the broad thematic areas as a case introduction. Separate stems are then added to the introduction with individual theme areas.

e.g. 2
Students are explicitly assessed on their knowledge of Indigenous health and history through an essay question, which is supported with reference material and lectures. Development of professional practice is assessed through an Objective Structured Clinical Examination (OSCE), which has cross-cultural communication as its focus. Leading up to the OSCE, students are exposed to interviews with Indigenous Simulated Patients.

e.g. 3
Indigenous Health is used as an example to teach some elements of population health and understanding of demography. Students are assessed in an exam with questions that ask them to reflect on field visits, or during Problem Based Learning (PBL) sessions, and they may use an Indigenous case as examples. Equally, they may use a different demographic case as an example. However, the principles around population health demographics are assessed.

e.g. 4
In addressing learning needs in the domain of ‘the scientific basis of medicine’, a PBL with a biomedical focus on diabetes is used. The demographics of the case are based on an Indigenous example, and the students are assessed on this through the completion of the PBL, as well as exam questions.

How is student understanding of Indigenous health assessed?
Is this reflected in an overarching assessment map across the medical course?

6A. The Curriculum-monitoring and evaluation: Review and evaluation

Background/Question	
	Background Medical faculties/schools should ensure they evaluate their Indigenous health curriculum on a regular basis. Community partnership groups together with staff involved in designing and delivering the Indigenous health content in the curriculum, should assist in developing evaluation tools and methodologies. It is critical that Indigenous staff and community representatives, and non-Indigenous staff, have ownership and input into this stage, as with every other part of the process. Suggested evaluation tools might include qualitative feedback from staff, students and community members, as well as statistical profiles of participation in subjects, camps, seminars, and student results over time. **Key Question** *What evaluation measures do you undertake of your Indigenous health curriculum content?* **Reference** CFPP 1, 2 ,3 ,4 ,5 ,6 and 7/ AMC 1.4, 6.1 and 6.3

Examples	
	e.g. 1 At a university, an Indigenous Health Committee was established as an advisory board. The task of this board is to assist the development and implementation of the Indigenous health curriculum content within the Faculty, at undergraduate and postgraduate levels. The committee comprises a number of staff members, including heads of schools (from Indigenous health, rural health, and broader health sciences), senior lecturers, and an Indigenous student support officer. An internal review was conducted which addressed Indigenous health content, the results were forwarded to the committee. This process resulted in the identification of ‘gaps’ in teaching, and facilitated the identification of ‘out of date’ or ‘stereotypical’ content. As well as an assessment of a ‘culturally safe’ curriculum. e.g. 2 Following curriculum evaluation, case presentations have replaced the submission of abstracts during weeks of discrete learning activities. This enables students to share learning with the whole cohort. However, owing to poor attendance a reintroduction of the abstracts is currently under consideration. Field trips are dependent on local infrastructure and management, and staff support that may change from year to year. The small and limited numbers of organisations require support and engagement on an ongoing basis and with this experience a revised strategy is currently being designed.

What evaluation measures do you undertake of your Indigenous health curricul*um content?*

7A. Indigenous students: Recruitment

Background/Question

Background

The significant disparity in the health status between Aboriginal and Torres Strait Islander people and the general Australian population is widely acknowledged. Also recognised by government, Indigenous and non-Indigenous stakeholders is the positive effect of Indigenous doctors on the physical, emotional and cultural wellbeing of Indigenous people. One way that medical faculties/schools can address this health inequity is by the active recruitment of Indigenous students.

It is important that universities promote medicine as a viable career option for Indigenous students of all ages through school visits, career days, orientation days and workshops and by demonstrating that support is available for interested students.

Key Question
Describe what the university does to actively promote medicine as a career choice to prospective Indigenous students of all ages.

Reference:
HF 3.4, 4.2: 4.3: 4.3.1; 4.3.2; 4.3.3; & 4.4.1/ AMC 7.1 and 7.2

Examples

e.g. 1
The university runs pre-med courses and has intensive summer courses available to prospective students. This is paired with orientation programs where students have the chance to meet with local community groups, visit the Indigenous Support Unit and familiarise themselves with staff available to assist them with housing, scholarships, Indigenous Tutorial Assistance Scheme (ITAS) and other support. The university has found that key to the success of recruitment strategies is the close collaboration between the Indigenous Health Unit and the Indigenous Support Unit (co-location helps), and the existence of multiple pathways. This ensures that entry options are tailored to individual students' needs, (i.e. this is not just a school-to-university program). The university also targets regional career days, organises school visits and has close ties with relevant community groups.

e.g. 2
The university approaches local schools in years 11 and 12 to highlight to prospective students that medicine is a viable and attractive career choice. The university is considering approaching earlier years to give advice as to best subjects that prepare students up for medical studies. The university recognises that good networks between schools and the university's various support services, such as the Indigenous Health Unit and the Indigenous Student Support Unit, will ensure sustainable and effective recruitment strategies.

Describe what the university does to actively promote medicine as a career choice to prospective Indigenous students of all ages.

7B. Indigenous students: Alternative entry scheme

Background/Question	
	Background Whilst Indigenous students may attain a tertiary entry rank that will gain them a place in a medical course, many are not familiar with the university system, and may also be hesitant to apply believing they would not achieve a place. At the same time there are many reasons why Indigenous students do not attain cut off entry scores, including structural disadvantage. Universities should have alternative entry schemes that ensure Indigenous students are accommodated within the medical faculty/school's overall student quota. **Key Question** *What alternative entry schemes are available to Indigenous students?* **Reference** HF 4.3.3; 4.5.1; 4.5.2; and 4.5.3 / AMC 7.1 and 7.2

Examples	
	e.g. 2 The university has a designated number of places for Indigenous students. These places are part of the overall student quota and may not be re-allocated to non-Indigenous applicants. The university also has clearly articulated pathways into medicine for applicants who have a degree or vocational experience. The university provides support for prospective applicants with bridging and pre-med courses, and offers tutorial assistance for the GAMSAT/UMAT. The GAMSAT/UMAT is a significant barrier to entry for Indigenous students. At the university, only 1 out of 24 Indigenous students gained a place via the standard UMAT, UAI/TER, Interview process, and only 3 achieved a 'competitive' UAI/TER. e.g. 3 The university has found that having alternative entry schemes enables the recruitment of students from a variety of backgrounds whilst still maintaining a very high standard of successful applicants. This leads to greater Indigenous student enrolments, and fosters better and lasting relationships with the community

What alternative entry schemes are available to Indigenous students?

7C. Indigenous Students: Admission policy and selection

Background/Question	
Background/Question	**Background** Support services and flexible tools are needed to facilitate the selection of appropriate Indigenous students. These selection tools should be developed with input from Indigenous communities and Indigenous student support units. **Key Question** *What are the selection tools and how are they weighted?* *Have they been developed in a consultative way?* **Reference** HF 4.3.1; 4.3.3; 4.5.1 and 4.5.3/ AMC 7.1 and 7.2

Examples	
Examples	e.g. 1 The university uses GAMSAT/UMAT and has a flexible approach with interviews, which are often run off campus. The university has relevant Indigenous community members on interview and selection panels. It takes into account vocational experience when considering applications and offers support in preparation for GAMSAT/UMAT. The university has a bridging/enabling course for applicants. The university has well established contacts with the Australian Indigenous Doctors' Association (AIDA) for student support and mentoring programs and supports its students financially to attend AIDA activities. e.g. 2 The university relies on UAI/TER alone for selection. The university has no Indigenous students and feedback from unsuccessful applicants is that entry is too competitive and narrow. The university is looking at expanding its selection tools for next entrance round. e.g. 3 The university does not use UMAT and relies on UAI/TER and a structured interview in its selection process. The university offers a bridging course, and in some cases will suggest applicants undertake a first year science degree in order to develop their knowledge base and demonstrate their commitment and capacity. The university will 'reserve' a place for them subject to successful completion of that year. e.g. 4 A university found that flexible approaches to the selection of students maintained high standards of graduates and as a by product a greater number of Indigenous students were retained throughout the medical courses. Students felt supported and had services to approach when they faced any difficulties. Flexible approaches to selection allowed for lasting relationships with communities to be developed and helped to set up networks, the recruitment of more students, allowed for liaison with Aboriginal Medical Services, and developing better procedures around alternative entry schemes.

What are the selection tools and how are they weighted? Have they been developed in a consultative way?

7D. Indigenous Student: Support, mentoring, networks and counselling

Background/Question	
	Background Medical students may encounter stressors that can affect their general health and wellbeing. Indigenous students face additional stressors in meeting family and community demands, adjusting to an academic environment and university life. Medical faculties/schools should have in place a variety of culturally appropriate Indigenous student support services and processes that are linked to other support services. Universities should be aware of the nature of pressures faced by Indigenous students and ensure support services are in place. Indigenous student support should include: counselling, mentoring (from graduates of medicine or other health related disciplines and other students), safe meeting places, networking and peer support, health and academic advice, as well as emotional, social, cultural and spiritual support. **Key Question** *What support is in place for Indigenous students?* **Reference** HF 4.3.1; 4.3.3; 4.3.4; 4.3.5 and 4.3.7/ AMC 7.3

Examples	
	e.g. 1 University services ensure that extra support is available for those who are struggling emotionally and/or academically. This is provided through the Indigenous Health Unit and the Indigenous student support staff. The university has good links with the Australian Indigenous Doctors' Association (AIDA) for external support and mentoring programs. It provides safe meeting places, and regular inter-faculty meetings for Indigenous students to network. The university conducts cultural awareness training for staff to ensure culturally appropriate teaching and support is offered. e.g. 2 A university has one Indigenous staff member responsible for curriculum development and teaching, student support and recruitment programs. The university recognises that this staff member is often very busy juggling student support, curriculum development and teaching Students have no one else to approach when difficulties arise and the one support staff is otherwise engaged. The university is looking at expanding its support services. Much-needed supported services should encompass a whole-of-school approach.

What support is in place for Indigenous students?

7E. Indigenous Student: Financial support

Background/Question	**Background** A majority of Indigenous medical students report that financial hardship is a significant impediment to study. It is important that medical faculties/schools have support mechanisms in place to provide assistance. Those that provide assistance to students to identify scholarships, accommodation and other funding options have higher retention and graduation rates. Many Indigenous students of all ages risk becoming overburdened in meeting commitments associated with study, work and family obligations. It is important that universities have support mechanisms in place to assist Indigenous students in securing accommodation, basic resources and tuition to avoid unnecessary withdrawal from the medical course. **Key Questions** *What assistance is provided to students in terms of locating and accessing scholarships, accommodation and financial support?* *What scholarships are available?* **Reference** HF 4.6 - 4.6.3/ AMC 7.3

Examples	e.g. 1 The university offers scholarships to Indigenous medical students covering fees for the duration of the course. The university's Indigenous Student Support Unit (which is linked to medical school student support) also offers general support, and can arrange specific academic and tutorial assistance. The Unit has dedicated staff to source funding and safe accommodation. Students can access scholarship information and cadetship opportunities, and a Student Financial Officer assists with budgeting and provision of loans. e.g. 2 The university has a financial support officer as part of the whole-of-school approach, including links to such services on its website. The university has had some student withdrawals, which students attribute to financial reasons. The university understands that assisting Indigenous students identify scholarships, accommodation and other funding options results in higher retention and graduation rates.

What assistance is provided to students in terms of locating and accessing scholarships, accommodation and financial support? What scholarships are available?

7F. Indigenous students: Co-ordination of Indigenous student support

Background/Question	
	Background It is important to coordinate the relationship between faculty-based and university-wide Indigenous student support. This relationship, as well as the optimal use of the resources that underpin support services, are critical to the recruitment and retention of Indigenous students. The *Healthy Futures* report links such support to the graduation of Indigenous students. **Key Questions** *Is there faculty/school based support available for Indigenous students?* *What is the relationship between faculty-based and university-wide Indigenous student support services?* **Reference** AMC 7.3

Examples	
	e.g. 1 One university has a well-established link between its Faculty-based and its university-wide Indigenous support units. This collaboration has resulted in the successful recruitment and retention of Indigenous students. Working together has achieved much more than would have been possible if independent action had been pursued. Whilst the Faculty-based staff are able to assist in most circumstances, their capacity to do so is limited by the small size of the unit has and its multiple commitments. The university-wide Indigenous support unit also has multiple demands placed upon it, but its larger size and the broader range of staff experience enhances its capacity to assist students. e.g. 2 A university has an Indigenous Health Unit within its medical school, as well as a well-resourced university-wide unit. These two units operated in isolation whilst funding permitted. However, with a university restructure, funding for Indigenous student support was reduced. A negotiated agreement between the two units is currently being developed.

Is there faculty/school based support available for Indigenous students?
What is the relationship between faculty-based and university-wide Indigenous student support services?

8. Implementing the curriculum: Educational resources

Background/Question	
	Background Medicine can be taught in a way that enhances students' understanding of Indigenous experiences and worldviews. The best strategies facilitate an understanding of Indigenous health contexts, through teaching and interactions with Indigenous people during clinical placements. Sufficient resources need to be allocated to this end and collaborations with other universities are desirable. Indigenous health frameworks are an important consideration is all settings. **Key Questions** *What opportunities exist for students to learn in Indigenous health settings?* *If there are currently no opportunities available, is there a plan for community engagement to facilitate student placement or experience?* **Reference** CFPP 1,2,3,4,6,7 and 10/ AMC 1.4, 1.5, 1.6 and 8.3

Examples	
	e.g. 1 A medical school has few Indigenous health service placement opportunities in close proximity. It is currently planning to increase the number of experiential placements and electives for students in their clinical years. Funding opportunities are currently being sourced and partnerships being fostered to support the plan. It is anticipated that this may take considerable time and effort but is worth working towards. e.g. 2 A new medical school appreciated the importance of connecting with local, rural, and remote Aboriginal Medical Services, and their affiliate agencies, to develop a student placement strategy as part of its clinical skills curriculum. Partnerships were developed over time, which allowed careful consideration of opportunities and constrains within the potential placement services. This ensured the establishment of a realistic and sustainable framework. Cultural safety training formed part of the pre-placement strategy, and identification of placement-specific cultural mentors was considered integral to the process.

What opportunities exist for students to learn in Indigenous health settings?
If there are currently no opportunities available, is there a plan for community engagement to facilitate student placement or experience?

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