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## BACKGROUND

The College recognises that the health of our Indigenous populations in Australia and Aotearora / New Zealand is a public health problem of serious proportions. The College further recognises that Indigenous populations are over-represented in every way in the poor determinants of health.

The College is committed to addressing the health discrepancies of the Aboriginal, Torres Strait Islander and Māori populations of Australia and New Zealand.

### The Current State of Indigenous Health

Among the people living in Australia and New Zealand, Aboriginal, Torres Strait Islander and Māori people experience higher rates of cardiovascular, respiratory and diabetic diseases as well as higher rates of trauma related injuries. The most unacceptable result of such poor health is diminished life expectancy. Chronic disease burden is often the end result of illness and impacts on daily living; for example, there is a particularly high prevalence of renal disease in the Indigenous population in Australia. The likelihood of hospitalisation for a number of other conditions clearly shows that the health of Indigenous persons is different to that of the non-Indigenous population.

- Diabetes – 4.1 times more likely
- Injury and poisoning - 2.3 times
- Respiratory disease – 3.3 times
- Mental illness – 1.8 times
- Circulatory disease – 1.8 times
- Skin disease – 2.8 times
- Infectious and parasitic disease – 3.0 times

Similarly, Indigenous persons in New Zealand are more likely to be hospitalised for:

- Diabetes – 2.6 times
- Complication from diabetes – 7.5 times
- Injury and poisoning – 1.4 times

These figures under-represent the extent of the inequities because many Indigenous persons do not identify or are not recorded as Indigenous and more frequently fail to seek treatment (for example more than 1/3 Māori have significant unmet health care needs). The above figures exclude the disease burden of conditions where hospitalisation is not warranted, such as the high prevalence of ear disease.

### Historical Factors

Factors that confound these issues include the fact that Indigenous Australians were only made citizens of Australia in the past 35 years. In New Zealand, while the Treaty of Waitangi enshrined the rights of Indigenous New Zealanders in 1840 there have nevertheless been cultural, social and economic barriers to advancements in Māori health.

The College acknowledges that historical inequalities in social and economic status currently experienced by these groups contribute significantly to poorer health outcomes, particularly to decreased life expectancy.

### Cultural Issues

Because the College appreciates the diversity in the Aboriginal, Torres Strait Islander and Māori cultures, languages, spiritual beliefs, it recommends that Indigenous healthcare policies, projects and research from all institutions and organisations are developed in collaboration with the Indigenous people to ensure they are culturally relevant and delivered in an understandable and useful way. Collaboration is important for several reasons.

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Firstly, there will be localised issues affecting healthcare where the local communities have knowledge that may be either medical or social in nature (related to the physical environment, locality, or circumstances). Furthermore, the College lacks the mores of these cultures to develop effective initiatives that would be attractive and meaningful to the Indigenous populations.

The differences between Indigenous populations necessitate taking account of local culture, spirituality and beliefs when developing Indigenous healthcare policies. Despite these differences, there is an understanding that strong kinship ties, connection to land, and the important role of and belief in traditional healers, are common to Indigenous cultures and must be respected, and indeed should be a valued inclusion in the solutions to Indigenous health problems.

### **Indigenous Population Statistics in Australia and New Zealand**

The Australian Bureau of Statistics (ABS) reported in the population Census of 2011 that around 548,000 (2.5%) of the 21.5 million population of Australia identified themselves as an Aboriginal or Torres Strait Islander. A report from Statistics New Zealand's 2006 Census Count indicated that the Māori population made up around 565,000 (14.7%) of the total New Zealand population.

Although Aboriginal, Torres Strait Islander and Māori people are a minority in the Australian and New Zealand populations, the College believes that higher proportions of health resources need to be invested in achieving goals for Indigenous health to reverse the unacceptable consequences of historical inadequacies.

### **Indigenous Medical Practitioners in Australia and New Zealand**

The College submits that Indigenous people would be more likely to present for medical treatment and comply with treatment guidelines if increased numbers of Indigenous people were represented in the medical workforce at all levels of the provision of care.

It is important to note that in Australia there are approximately 150 Aboriginal and Torres Strait Islander doctors within a medical workforce of approximately 83,000 doctors. This represents a mere 0.2% of that workforce despite an Indigenous population of 2.5% overall. Indigenous New Zealanders are similarly under-represented among medical practitioners. The Medical Council of New Zealand's (MCNZ) 2011 Medical Workforce Report confirms that Māori doctors made up 2.8% of the 14,333 doctors that contributed to the MCNZ 2010 workforce survey.

Furthermore the College acknowledges that Australia and New Zealand have a severe shortage of Indigenous surgeons, and that there is currently no evidence of change to this disproportionate under-representation of Indigenous healthcare workers in the field of surgery. This may be a result of prior lack of access to research and publication opportunities, and a general lack of broadly based educational and career opportunities, which has had a profound impact on the choice of surgery as a career. The College represents over 6000 surgeons in Australia and New Zealand and whilst the College provides Fellows and Trainees the opportunity to record their ethnicity, it is aware that to date of only one Aboriginal surgeon and five Māori surgeons.

## **OBJECTIVES FOR INDIGENOUS HEALTH**

The College feels that significant and urgent improvements need to be, and can be, made to Indigenous Health and Health Care. The College will be proactive in addressing these improvements.

### **Objectives**

There should be no health discrepancies between the Indigenous and non-Indigenous populations of Australia and New Zealand:

- The rate of infant mortality should not differ,
- There should be no significant discrepancy in life expectancy,
- The overall rates of disease and sickness should not differ significantly,
- The rates of injury should not differ significantly,

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- There should be equity of access to medical and allied health services, including primary care, surgical and other hospital care, as well as after hospital care,
- There should be improvements in the social determinants of health to enable equity in health outcomes.

The College recognises the serious nature of Indigenous health shortfalls, and therefore recommends embracing a model of capacity building to ensure sustainable and tangible improvements. The capacity building should have the strong support and participation of the local Indigenous population. Areas of importance include the following:

- Professional training, including Indigenous workforce participation in all areas of health workforce,
- Public education,
- Cross-cultural communication and support tailored to meet specific local differences,
- Research which may target cultural differences and needs; and for other research to consider if there are or may be cultural issues involved,
- Advocacy for disease and injury prevention, with particular reference to Indigenous communities,
- Advocacy for improved health services for Indigenous people whether they reside in urban, regional or remote communities,
- Recognition and support for other healthcare organisations focussing on Indigenous health issues in all settings.

## COLLEGE STRATEGIES FOR INDIGENOUS HEALTH

This Position Statement explains the framework in which the College proposes that productive and culturally appropriate approaches to improve Indigenous health should be developed. As a professional medical body, the College is uniquely placed to champion the rights of the first people of our countries.

There are several strategies that the College agrees are important to pursue and which will be articulated in a College Indigenous Health Strategic Plan.

The College focuses on both prevention and treatment of surgical conditions and recognises that improvement of Indigenous health in Australia and New Zealand will require collaborative, cross-disciplinary efforts.

The College will pursue activities that address the delivery of health services to Indigenous patients and their families, particularly pertaining to surgical care.

### Contribution to the Indigenous Health Workforce

The College aims to improve the representation of Indigenous Fellows and Trainees, to close the gap in surgical workforce under-representation. To achieve this, the College acknowledges it needs to enrol and train increasing numbers of Indigenous doctors in its Surgical Education and Training program. However there first needs to be an increase in the number of Indigenous doctors trained by Australian and New Zealand Universities. Whilst the College has no ability to influence University selection, active recruiting amongst current Indigenous doctors is a priority.

The College will consider within its Indigenous Health Strategic Plan how it could achieve the ambition of training as many Indigenous surgeons in Australasia as is possible

### Training in Cultural Awareness and Cultural Safety

To ensure better health outcomes for Australia's and New Zealand's Indigenous populations the College will ensure that all surgeons are properly trained and competent to provide the highest standards of surgical care provided in a culturally appropriate mannerto Indigenous patients and their

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families. Health care delivery to Indigenous communities must be provided in an acceptable manner that observes social and cultural sensitivities.

Therefore there is a need to develop and deliver on-going educational programs and materials, such as training modules and support for surgeons that focus on Indigenous health issues and cultural awareness.

In 2006 the College worked collaboratively with the Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG), on an Australian Government funded project to develop training modules in Indigenous cultural safety, for Indigenous and non-Indigenous Fellows, Trainees and International Medical Graduates in Australia. In 2012 these training modules were updated with funds made available through the Rural Health Continuing Education Program.

On the strength of this experience, the College will aim to:

- Recognise training in Indigenous health care
- Recognise training time spent with Indigenous populations, including community health centres
- Directly collaborate with governments on developing and implementing training programs in effective delivery of healthcare to Indigenous patients and their families.
- Seek government support in both countries and all states to fund such programs

The College commits to providing resources for training in cultural awareness for all its Trainees, International Medical Graduates (IMGs) on the pathway to College fellowship, and Fellows. The training curriculum of the College will be enhanced to include modules in:

- Communication with Indigenous communities, families and patients
- Structuring the patient journey through primary health care and onto hospital to be culturally friendly and less intimidating to Indigenous patients and their families.

These enhancements will occur in the curriculum for all specialties in Surgical Education and Training, under the competencies of:

- Professionalism
- Communication
- Health Advocacy
- Management and Leadership
- Collaboration and Teamwork

The College is committed to providing funds to train the surgical workforce in Indigenous health issues and encourages and challenges governments to support these activities with financial contribution.

### **Building Partnerships**

The College acknowledges that there have been numerous fora looking into the health and welfare of Indigenous communities of Australia and New Zealand, and that the recommendations emanating from such fora need to be recognised.

The College will continue to seek advice from groups listed and others from time to time.

- Australian Indigenous Doctors Association (AIDA)
- Close the Gap Indigenous Health Equality Summit, 2008
- Hauora – The National Māori Health Workforce Development Organisation
- Māori Health
- The Medical Council of New Zealand (MCNZ)
- National Aboriginal and Torres Strait Islander Health Council (NATSIHC)
- National Aboriginal Community Controlled Health Organisation (NACCHO)
- Te Ohu Rata o Aotearoa (Te ORA), the Māori Medical Practitioners Association of Aotearoa/ New Zealand

The College will continue to promote and support:

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- Involvement in the Committee of Presidents of Medical Colleges (CPMC) Subcommittee on Indigenous Health
- Inclusion of Indigenous people and Indigenous health topics at College conferences
- College representation at Indigenous health fora
- Engagement in Indigenous health policy development and advocacy.

The College is committed to creating collaborative partnerships on Indigenous health projects with Indigenous health organisations, primary healthcare organisations, governments and other medical colleges.

The College also recognises that governments are a vital source of leadership and funding in the creation of collaborative partnerships and projects in Indigenous health.

### Research Scholarships in Indigenous Health

Research in Indigenous health is a very delicate area. The potential outcomes of any research proposal must be evaluated to ensure community benefit. Risk mitigation must be carefully considered. Ethics Committees with appropriate membership, including Indigenous membership, and cognisant of Indigenous health issues, should consider all research proposals in the Indigenous health area.

The College will consider within its Indigenous Health Strategic Plan:

- Creation of a specific surgical research scholarship in the area of Indigenous health
- Promotion of research that meets the needs and the will of Indigenous communities
- Encouraging Indigenous applicants to fulfil these research roles
- Ensuring appropriate feedback to community, with results being accessible.
- Encouraging Indigenous determination of parameters and aims of research
- Promotion of Indigenous expertise
- Respect for Aboriginal, Torres Strait Islander and Māori peoples' perspective and cultural sensitivities
- Respect for specific cultural views with respect to publication of photos, art and intellectual property.

### Improving Indigenous Health Outcomes

#### Advocacy on surgical issues in Indigenous health

The College will advocate for:

- Improved health services
- Disease and injury prevention
- Improved availability of services
- Improved access to services
- Training in delivery of healthcare at all levels to Indigenous people
- Equivalent standards of care to those of non-Indigenous communities.

The College will seek to achieve these aims by:

- Undertaking research to understand the surgical dimensions of Indigenous health
- Engaging actively with the media
- Providing submissions to Government
- Forming partnerships with Government, other Colleges and Indigenous health organisations
- Lobbying all government agencies to focus on the poor determinants of Indigenous health
- Lobbying for appropriate funding allocations to Indigenous health.

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### Prevention

The College has a robust history of advocating for injury and disease prevention, with notable success in the area of prevention of serious trauma related injuries.

The College continues to focus on advocating the following initiatives as a means to help prevent surgical conditions among Indigenous people:

- Prevention of injury and trauma
- Support for holistic care models that focus on the full range of health care, from prevention to primary care to definitive surgical and other hospital care, and all the associated multi-sectoral ancillary health care services
- Promotion of healthy lifestyles
- Support for community health education initiatives

As highlighted throughout this document, clinical collaboration among all healthcare workers and other jurisdictional authorities is vital to bring about preventative health measures and positive health outcomes.

### Treatment

Cultural education is critical for making surgical treatment more accessible and culturally appropriate to Indigenous people.

To ensure effective treatment of Indigenous patients, the College therefore advocates for

- All hospitals to provide cultural training and education for healthcare workers as culturally appropriate services will contribute to improved rates of presentation for surgical services
- Improved access to surgical services, including improved transport and increased surgical resources in hospitals.

### College support of other Medical Colleges and Professional groups

The College supports like-minded bodies in their efforts to advocate for improved health for the communities we serve, including improved Indigenous health. The College commends and endorses the following position statements and guidelines. While recognising that the issues covered are critical to the improvement of health outcomes among the Indigenous populations we serve, the College also acknowledges that this will only happen for Indigenous populations where these messages are represented in culturally relevant formats. The College endorses and supports the following Position Statements and leadership from the following specialist colleges and health organisations:

- A blueprint for action: Pathways into the health workforce for Aboriginal and Torres Strait Islander people
- Alcohol – the joint statement of the Royal Australasian College of Physicians and RANZCP
- Children – National Aboriginal Community Controlled Health Organisation (NACCHO) position statement, endorsed also by the RACGP on the health of Indigenous children<sup>1</sup>
- Diabetes and other conditions that lead to kidney disease – The Royal Australian College of General Practitioners (RACGP) position statement on diabetes
- Ear disease - the NACCHO position statement on ear disease
- Healthy Futures Report (Australian Indigenous Doctors Association)
- Heart disease – The joint position statement on chronic heart failure of the National Heart Foundation of Australia, and the Cardiac Society of Australia and New Zealand

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- Māori Health - The Royal New Zealand College of General Practitioner's Position Statement on Māori health;
- The Committee of Presidents of Medical Colleges (CPMC) National Aboriginal and Torres Strait Islander Medical Specialist Curriculum Framework
- The Medical Council of New Zealand's
  - Statement on cultural competence,
  - Statement on best practices when providing care to Māori patients and their whānau"
  - Resource booklet on "Best health outcomes for Māori : Practice implications",
- Mental illness - The Royal Australian and New Zealand College of Psychiatrists (RANZCP) policy and approaches to mental health in Indigenous populations.
- Overcoming Indigenous Disadvantage, Key Indicators 2005 Report
- Physical activity – the RACGP position statement
- Smoking tobacco - the RACGP position statement on smoking
- The Australian Medical Council's statement on cultural competence

## TOWARDS SOLUTIONS – THE ROLE OF THE HEALTHCARE COMMUNITY

### Training and Education for Healthcare Providers

The College acknowledges that input from existing Indigenous healthcare providers and Indigenous allied health educators, community leaders and traditional healers is necessary when developing the curriculum for training in Indigenous health issues. The College supports a unified and integrated national approach in Australia and New Zealand to educate healthcare providers in the reasons for the high rate of disease and injury experienced among Indigenous populations. This training must be available to all healthcare workers.

Additional development of targeted training of the health workforce is necessary to build up and increase the numbers of Indigenous medical graduates, allied health workers, liaison officers, primary healthcare practitioners and medical specialists:

### Community Education in Indigenous Healthcare

Culturally appropriate educational material on health issues and diseases should be readily available. Patients, families and their communities must be supported on the health issues they encounter, including education on preventative strategies.

Focussing on education for both professional and community groups provides opportunities to address both the prevention and treatment of disease and injury, and ensures the general public is better informed on Indigenous health issues.

### Healthcare Infrastructure

To ensure that the needs of the Indigenous community are being met the College advocates for the development and implementation of culturally appropriate, accessible and sustainable healthcare services. Emphasis should be on servicing of community needs in collaboration with those communities.

While the College recognises the right of every Australian and New Zealand resident to receive properly resourced healthcare, it also recognises that the situation for Indigenous communities is significantly below the standard that should be accepted.

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The College supports a sustainable and co-ordinated healthcare response that adopts culturally appropriate strategies to address physical, socio-economic and cultural barriers currently present in the delivery of health care services.

### **Socio-economic Inhibitors of Acceptable Indigenous Health Outcomes**

Social and economic factors are strong determinants of the wellness or otherwise of the individual and his/her community. These factors are compounded in Indigenous populations by the multigenerational grief, loss and trauma associated with low self-esteem, colonisation, the stolen generation in Australia, many layers of racism, discrimination, and cultural dislocation. The College recognises that 'closing the gap' is imperative if disparities in life expectancy are to be addressed.

In New Zealand, the obligations and requirements that arise from the Treaty of Waitangi are active in many aspects of present day New Zealand life, including the delivery of health care, education, social, housing and justice services and a vast number of what might loosely be termed social development issues and initiatives. All of these are relevant to issues of indigenous health and that makes the current status of the Treaty very relevant to this Statement.

### **REFERENCES**

1

Please visit the Indigenous Health Committee website at [www.surgeons.org](http://www.surgeons.org) for useful references.