1. PURPOSE AND SCOPE

Aboriginal and Torres Strait Islanders comprise approximately 3 percent of the Australian population, but do not enter medical school in comparable proportions. On graduation from medical school, Aboriginal and Torres Strait Islanders do not pursue a career in surgery in the same proportions as the non-indigenous population.

RACS acknowledges that Aboriginal and Torres Strait Islander membership of the Surgical Education and Training (SET) Program and of the Fellowship does not reflect either the demography of Australia or the general uptake of surgery as a career by medical graduates. Of the current Fellowship of over 6000, only two Fellows have identified as Aboriginal.

There are positive benefits to the general community in the areas of social advancement and indigenous health when indigenous peoples are represented in the medical workforce and in surgery in particular.

Based on 2013/14 statistics published by the Medical Board of Australia, 5,422 registered medical practitioners had specialty registration in surgery, which is 5.4% of the total registration of 99,379.

This initiative is designed to address the low participation of Aboriginal and Torres Strait Islander doctors in the surgical specialties that RACS trains in. RACS aims to increase the number of Aboriginal and Torres Strait Islander surgeons in the Fellowship to a minimum 5% of registered Aboriginal and Torres Strait Islander medical practitioners.

2. KEYWORDS

Aboriginal and Torres Strait Islander, SET, appointment, trainee, Australian Indigenous Doctors Association (AIDA).

3. ABORIGINAL AND TORRES STRAIT ISLANDER SURGICAL TRAINEE SELECTION INITIATIVE

3.1. Selection to SET

3.1.1. Trainees enter the SET program through a competitive selection process conducted by the Specialty Training Boards for each of the nine specialties.

3.1.2. In open selection the highest ranked applicants who meet the minimum standards as specified by the relevant Specialty Training Board, and for whom an accredited training post is available, are offered a place on the SET program.

3.2. Selection Initiative

3.2.1. Individual Specialty Training Boards may implement a selection initiative to expand opportunities for Aboriginal and Torres Strait Islanders to enter training. Board regulations may, in compliance with this policy, provide for setting aside posts for this initiative for applicants who in the registration process identified as Aboriginal and Torres Strait Islander, and meet the eligibility requirements for membership of Australian Indigenous Doctors’ Association (AIDA).

3.2.2. To be eligible to be appointed to the Initiative posts eligible applicants must meet the minimum standards for appointment as defined by the Specialty Training Board.
3.2.3. Recognising that some specialties have a small number of vacancies the number of initiative posts set aside should be the greater of either:
   a. 10% of the total vacant posts identified for the first round of appointments in the specialty, or;
   b. 1 post.

3.2.4. Where there are more applicants eligible for an initiative post than posts available those applicants shall be ranked against each other based on their selection score.

3.2.5. Initiative posts unfilled under this special measure will be returned to the general pool and shall be offered to applicants who are eligible for appointment and according to the ranking.

3.3. Reporting and Review

3.3.1. The number of appointments made under this initiative will be reported annually to Council and to the Indigenous Health Committee.

3.3.2. The initiative will be reviewed annually.

3.3.3. The initiative will cease when the target of 5% is achieved. It may be re-implemented if the target is not maintained.

4. ASSOCIATED DOCUMENTS

   Registration for Selection to SET
   Selection to Surgical Education and Training
   Specialty Training Board Selection Regulations

   Approver  Education Board
   Authoriser  Council