



The Australian Indigenous Doctors' Association Ltd
Yaga Bugaul Dungun

Collaboration Framework

Between

**Australian Indigenous Doctors'
Association (AIDA)**

and the

**Confederation of Postgraduate
Medical Education Councils
(CPMEC)**



CPMEC
CONFEDERATION OF POSTGRADUATE MEDICAL EDUCATION COUNCILS



Collaboration Framework between Australian Indigenous Doctors Association (AIDA) and the Confederation of Postgraduate Medical Education Councils (CPMEC)

A. Introduction:

AIDA is the peak body representing Aboriginal and Torres Strait Islander doctors and medical students. CPMEC is the peak body for the Postgraduate Medical Councils or equivalent bodies (PMCs)¹ that provide leadership in education and training for prevocational doctors.

This Collaboration Framework sets out principles that will underpin the joint work of AIDA and CPMEC and its member Postgraduate Medical Councils (PMCs). It signals the commitment of both parties to partner to create greater support and mentoring for prevocational Aboriginal and Torres Strait Islander doctors in their transition from graduation to vocational training.

The Framework will also form the basis of cooperation aimed at enhancing the awareness and participation of Indigenous and non-Indigenous prevocational doctors and educators in improving the health of Aboriginal and Torres Strait Islander peoples.

This partnership is consistent with firm commitments made by all governments to close the gap in life expectancy between Aboriginal and Torres Strait Islander peoples and non-Indigenous Australians within the next generation.

B. Guiding Principles:

This Framework draws upon the principles outlined in the Collaboration Agreement between the AIDA and Medical Deans of Australia and New Zealand. As such, both parties commit to:

- Acknowledgement of the sovereignty of the Aboriginal and Torres Strait Islander peoples and their self-determination, ongoing relationship with land and cultural continuity;
- Mutual regard and respect;
- Inclusive consultation and decision making processes;

¹ 'PMCs' is a generic acronym referring to Postgraduate Medical Councils or the equivalent body in each jurisdiction

- Valuing each other's contributions;
- Promoting Cultural safety for all peoples in all spheres, with an understanding of the issues for Aboriginal and Torres Strait Islander peoples.

All parties agree that this Framework should have sufficient flexibility to reflect local capacity and circumstances whilst ensuring general adherence to the underlying principles expressed elsewhere in this Framework. While it is recognised that some jurisdictions may have higher numbers of Aboriginal & Torres Strait Islander prevocational doctors, it is expected that all jurisdictions will demonstrate commitment to the actions highlighted below.

C. Key Commitments and Actions:

The following commitments and actions underpin this Collaboration Framework:

1. Commitment

CPMEC and all Australasian PMCs will articulate their commitment to enhancing Indigenous health and prevocational training experiences for Indigenous doctors. AIDA will work with CPMEC/PMCs to provide a national perspective on issues of concern to Indigenous prevocational doctors and act as conduit between CPMEC, PMCs and Indigenous prevocational doctors.

1.1 Actions:

- CPMEC and all PMCs will ensure that there is a statement of intent included in their strategic priorities to emphasise their commitment to supporting the Indigenous prevocational medical workforce in particular and to the improvement of health outcomes for all Indigenous people.
- CPMEC and all PMCs will acknowledge that Indigenous doctors make a skilled and unique contribution to the Australian medical workforce and will also acknowledge the specific challenges they face.
- The CPMEC Chair and the AIDA President will address the Boards of partner organisations annually or as otherwise mutually agreed.

2. Leadership

CPMEC and PMCs, working with AIDA, will make support and mentoring programs for Indigenous prevocational doctors a priority, and will demonstrate leadership in the postgraduate training community to promote Indigenous health outcomes.

2.1 Actions:

- CPMEC and PMCs will review their advisory and governance structures to ensure there are inputs from the Indigenous medical workforce in relevant decision-making processes.
- CPMEC and PMCs will seek to develop closer liaison between JMO Forums and AIDA

- CPMEC and PMCs will advocate for the provision of resources to support the transition of Indigenous prevocational doctors into the medical workforce.
- CPMEC and PMCs will provide positive mentorship for Indigenous doctors.

3. Cultural Safety

CPMEC and PMCs will promote cultural safety through engagement with Indigenous people on prevocational training and education matters.

3.1 Actions:

- CPMEC and PMCs will promote cultural safety training and practical experiences for PMC staff in conjunction with AIDA and other Indigenous community groups.
- CPMEC and PMCs will include Indigenous health training within the prevocational training core curriculum.
- CPMEC and PMCs will work with GPET and Regional Training Providers to build upon opportunities for Indigenous health training currently provided through the Prevocational General Practice Placement Program (PGPPP), and to implement complementary strategies for prevocational doctors training within the hospital sector.
- CPMEC and PMCs will work with employers to develop culturally safe learning environments for junior doctors.

4. Support for Prevocational Indigenous Doctors

CPMEC and PMCs will adopt practical strategies and initiatives that provide avenues for Indigenous prevocational doctors to complete their prevocational training and progress into vocational training

4.1 Actions:

- CPMEC and PMCs will set up support and mentoring programs for Indigenous medical graduates to help manage their transition through the prevocational training and provide career guidance on vocational training opportunities. These programs may build on local initiatives (such as that undertaken by NSW Clinical Education and Training Institute) to identify personal/institutional barriers and implement solutions to overcome them.
- CPMEC and PMCs will initiate or enhance access for junior doctors to positive clinical learning experiences in Aboriginal and Torres Strait Islander Health Services.
- In relation to the *Australian Curriculum Framework for Junior Doctors* (ACF) CPMEC and PMCs will:
 - i. Undertake an audit of existing educational programs that meet the learning objectives that relate to dealing with

Indigenous patients; culture, society and healthcare; and access to healthcare under the Professionalism domain.

- ii. Work with Universities, Colleges and other educational institutions to identify resources that will support the delivery of Indigenous health curricula in the ACF
- iii. Build a network of Indigenous and non-Indigenous doctors and supervisors that will provide mentoring (including career advice) support to Indigenous prevocational doctors at local PMC and CPMEC levels.

5. Building Sustainability

CPMEC and PMCs will work towards adoption of strategies to support Indigenous doctors, which are sustainable in the long term, appropriately resourced, and evaluated.

5.1 Actions:

- CPMEC and PMCs will undertake annual reviews of initiatives aimed at promoting greater awareness of the needs of Indigenous prevocational doctors; and enhancing the participation of Indigenous and non-Indigenous prevocational doctors and educators in closing the gap and improving Indigenous health.
- CPMEC and PMCs will ensure sustainability of Indigenous doctor support and mentoring programs by identifying and reinforcing critical success factors.
- CPMEC and PMCs will disseminate results from national programs and initiatives through the annual Prevocational Forum, the LIME Network, and other communication vehicles.
- CEOs of AIDA and CPMEC will meet at least annually to review progress and report to their respective Boards.



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Associate Professor Peter O'Mara
President, Australian Indigenous Doctors' Association



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Professor Simon Willcock
Chair, Confederation of Postgraduate Medical Education Councils

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