

Aboriginal and Torres Strait Islander Medical Workforce data



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Yaga Bugaul Dungun

overview

- Background
- Policy context
- Quality of Data
- Current Data
- Use of data
- Strategy derived from data
- Challenges.

Indigenous Australians

- 2.4% of the Australian population identified as Aboriginal or Torres Strait Islander in the 2001 census
- 458,500 Indigenous Australians
- 18,954,700 non-Indigenous Australians

[2001 Census Data, AIHW]



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More than stats- a driver for Indigenous health workforce planning

- Indigenous life expectancy: 57 years men / 62 years women
- Non-Indigenous life expectancy: 75 years men/ 81 years women
- 45% of Aboriginal and Torres Strait Islander men do not reach their their 45th birthday.



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2 key areas

- Aboriginal and Torres Strait Islander people who work in medicine or health profession.
- Non Aboriginal and Torres Strait Islander health professionals who work in Aboriginal and Torres Strait Islander health



Broader Aims- “Our children must have every opportunity to achieve their dreams, fulfil their potential and contribute to the health and life outcomes for Indigenous people as well as the nation”

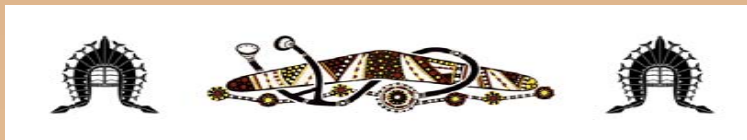
[Dr Helen Milroy, Consultant Child and Adolescent Psychiatrist]

Indigenous health workforce goals

Yaga Bugaul dungun-Aboriginal Health in Aboriginal hands

“The AMA believes that to improve the health of Aboriginal peoples and Torres Strait Islanders it is critical to increase the proportional representation of this group employed within the general health workforce.”

[Australian Medical Association, Healing Hands Discussion Paper, 2004]



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Current Australian policy context

- Current national government Indigenous policy can articulate with the health workforce development, the policy of *mutual obligation* is government asking Indigenous communities to take responsibility- to do this we need to be trained, educated and have a professional health workforce.
- Aboriginal and Torres Strait Islander Health Workforce Working Group- roll out of Aboriginal and Torres Strait Islander health workforce strategic plan.
- NGATSIHID- national group for Aboriginal and Torres Strait Islander health information data. (ABS/AIHW)

Indigenous Primary Health Care

From a national Indigenous health policy perspective it appears that even if primary health care infrastructure is more adequately resourced the rate limiting step in improving Indigenous health is the lack of Indigenous health workforce to the extent that there are insufficient numbers to deliver effective health services

Current data collections identifying Indigenous health workforce

- ABS- Census of Population and Housing Survey 5yrly (self report)-increasing rates of ID “time series”, high numbers of “not stated”
- AIHW/ABS Labor force surveys- small numbers, variable response rate, many “not stated”, ID inconsistently asked
- Professional Organisation Collections-Healthy Futures AIDA-report-tracking graduates.
- Registration Boards- Medical/RN variable ID.
- BEACH data
- DEST-undergraduate

Methodology Issues – (cross cultural, historical context)

- What is the question? Definition of Indigenous = Aboriginal and Torres Strait Islander.
- Definitions of doctor – traditional healers, IHW.-Indigenous or non
- Increasing Identification.
- Inconsistency in asking ID-systematic and individual-how the Q is asked.
- Context - Household numbers, MC ID, Prison.

Indigenous Health Workers

- This refers to health workers who are Indigenous, *rather than* people working in the area of Indigenous health. However, there is considerable overlap:
- the 2001 ABS Census counted 915 people working in the area of Indigenous health (labelled as *Indigenous health workers*), of whom 853 said they were Indigenous.
- Altogether, though, 3,742 people working in health occupations were Indigenous (including the 853 Indigenous people who were *Indigenous health workers*)

Students and Medical Graduates

Personal Issues re identification

- Not wishing to be seen as “supported”
- Seeing documenting Indigenous Identity as colonialism
- Not disadvantaged
- Don't know they are Indigenous - Stolen Generation.

Indigenous health professions

- 0.9% of all health workers identified as Indigenous
- Includes all doctors, nurses, allied health, medical imaging, dentistry, pharmacy, admissions clerks, Indigenous health workers, safety inspectors etc.

	Indigenous	non-Indigenous	Disparity
National	3,742	432,949	Multiple
% of population	.82%	2.28%	2.8

Indigenous General Practitioners and Medical Specialists

- 0.2% of doctors identified as Indigenous
- Includes medical specialists and generalists. Excludes medical practitioners in training and administrators.

	Indigenous	non-Indigenous	Disparity
National	80	40,095	Multiple
% of population	0.02%	0.21%	12.1

Indigenous medical students

Indigenous	non-Indigenous
102	9233

DEST, 2003

CDAMS, 2005



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Indigenous health workforce strategic goals

“To increase the proportion of Aboriginal peoples and Torres Strait Islanders working as health professionals to non-Indigenous levels, 928 doctors, 149 medical imaging professionals, 161 dentists, 2570 nurses, 275 pharmacists, 119 occupational therapists, 59 optometrists, 213 physiotherapists need to be trained.”

[Australian Medical Association, Healing Hands Discussion Paper, 2004]



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Strategic Planning – Indigenous Doctors

- 2001 Census data indicates 968 Indigenous Doctors currently needed to reach parity with non-Indigenous doctors.
- Does not take into account burden of disease etc.



HEALTHY FUTURES

**Defining best practice in the recruitment and retention of
Indigenous medical students**

Ms Deanne Minniecon & Dr Kelvin Kong



HEALTHY FUTURES

Headline Targets

By 2010:

- Australian medical schools will have established specific pathways in to medicine for Indigenous Australians
- Committee of Deans of Medical Schools Indigenous Health Curriculum Framework will be fully implemented by Australian medical schools
- There will be 350 extra Indigenous students enrolled in medicine



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HEALTHY FUTURES

Principle 1

All Australian medical schools have a social responsibility to articulate and implement their commitment to improving Indigenous health and education



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Indigenous Health Workforce Data Collection

- Ensure Medical and Nursing Registration Boards have Aboriginal and Torres Strait Islander identifier.
- Specialist colleges identifier.
- Ensure New projects have identifier - CDAMS Database Project
- IHW Registration and database with identifier.
- Allied Health Registration ID.
- NGATSIHID – ABS/AIHW continues to build
- ATSIWGG – utilises data to drive policy/strategy.



Challenges

- How to model Indigenous health workforce?
 - need for more public health physicians – improve access to training.
 - More GP's allocated Indigenous places.
 - Indigenous health Sub-specialty
 - Support Indigenous medical workforce

Australian Indigenous Doctors Association



“The positive effects of Indigenous doctors for Indigenous people’s physical, emotional and cultural wellbeing have long been recognized by government and other Indigenous and non-Indigenous stakeholders. Beyond the highly skilled and unique contributions that Indigenous doctors make to the medical workforce, they are also invaluable role models, mentors and leaders to future generations.”

[Healthy Futures Press Release, October 2005]

