

Aboriginal and Torres Strait Islander Health and Workforce Strategy



THE AUSTRALASIAN COLLEGE
OF DERMATOLOGISTS

How we will work with Aboriginal and Torres Strait Islander peoples to create equality of opportunity to lead, deliver and experience the highest standard of skin health and dermatology care

The Australasian College of Dermatologists (ACD)'s mission is to train, educate and foster ongoing excellence of specialist dermatologists, enabling our Fellows to be the leaders in skin health care, education, advocacy and innovation. As the national peak membership organisation, the College represents over 550 specialist dermatologist Fellows (FACD) and 100 trainees across the country.

About this strategy

Why is an Aboriginal and Torres Strait Islander health and workforce strategy needed?

We are committed to ensuring that Aboriginal and Torres Strait Islander peoples have equal opportunities to thrive in both their health and the pursuit of their educational and career goals. This drives our concerted efforts to increase the participation of Aboriginal and Torres Strait Islander peoples in our own workforce and in our decision-making processes.

We believe that increasing opportunities for representation and developing expertise within Aboriginal and Torres Strait Islander peoples will enrich the perspectives of the dermatology profession and help promote more accessible and culturally safe skin and dermatology care for Aboriginal and Torres Strait Islander patients and communities.

Dermatology is predominately a chronic disease specialty. Almost 1 million people in Australia – over 4.5% of the population – suffer from a long-term condition of the skin¹ and skin disorders rank sixth of all disease groups for non-fatal disease burden.² Access to specialist dermatology services leads to improved patient outcomes³ and drives efficiencies within the health system.⁴

The impact of rurality and Indigenous status on patient outcomes for skin disorders is evident in many clinical and health economic measures, including higher admitted patient expenditure⁵ and hospital admissions⁶. Furthermore, preventable skin infections such as crusted scabies⁷ and impetigo, the latter of which has a prevalence of up to 44.5% in children living in remote Indigenous communities, are a significant public health burden and may have lifetime consequences if left untreated.⁸ In 2018-19, the proportion of Aboriginal and Torres Strait Islander people reporting a disease of the skin and subcutaneous tissue was 3.2% (males 2.4% and females 4.0%).⁹

Improving the availability of geographically accessible and culturally safe dermatology services for Aboriginal and Torres Strait Islander patients and communities continues to be an area of focus for College.

How does this relate to College's 2020-23 Strategic Plan and our Reconciliation Action Plan (RAP)?

College's vision is for the highest standard of skin health and dermatology care to be available and accessible to all patients and communities. Our 2020-23 Strategic Plan outlines our strategic goals for achieving this and our Reconciliation Action Plan is a reflection of our belief that this can only be achieved for *all* Australians, Indigenous and non-Indigenous, through genuine commitment to reconciliation.

Our **2020-23 Strategic Plan** includes express commitments to:

- Recognising and responding to the diverse needs of Aboriginal and Torres Strait Islander patients and communities, with cultural sensitivity and clinical expertise.
- Building the specialist pipeline by optimising the existing approach to selection and training, ensuring excellence in training program outcomes, and reinforcing our commitment to support Aboriginal and Torres Strait Islander doctors.
- Fostering our core values of leadership, integrity, professionalism, inclusiveness, progressiveness and accountability.

Our **Reconciliation Action Plan (RAP)** outlines College’s commitment to reconciliation, to building understanding, relationships and opportunities so we can move forward together to achieve equality and equity for Aboriginal and Torres Strait Islander peoples.

Our Strategic Plan and our RAP are interdependent. This Aboriginal and Torres Strait Islander Health and Workforce Strategy aims to articulate those interrelationships and ensure that responsibilities for delivery are clear and embedded across the organisation.

Vision

Aboriginal and Torres Strait Islander peoples have equality of opportunity to lead, deliver and experience the highest standard of skin health and dermatology care.

Goals

Our goals and the key initiatives through which they will be delivered are set out in the table below. See ‘Initiatives’ for more detail on the activities in each initiative.

Goal	Key initiatives
1. To embed Aboriginal and Torres Strait Islander involvement and perspectives in our governance and stakeholder engagement.	Initiative 1. Governance and strategy
2. To create welcoming and culturally safe workplaces, communities and care that are free from discrimination by fostering cultural competency of Fellows, trainees and staff.	Initiative 2. College operations Initiative 3. Workforce education
3. To build the Aboriginal and Torres Strait Islander dermatology workforce and advocate for the advancement of Indigenous doctor training into dermatology	Initiative 4. Workforce growth and wellbeing
4. To advocate to improve dermatology service accessibility for Aboriginal and Torres Strait Islander peoples	Initiative 5. Research and advocacy
5. To improve understanding, knowledge, skills and behaviours in relation to skin diseases in Aboriginal and Torres Strait Islander peoples.	Initiative 3. Workforce education Initiative 5. Research and advocacy Initiative 6. Community and member engagement
6. To embed, support and promote reconciliation through implementation of our current and future reconciliation action plans.	All initiatives

Initiatives

We will deliver on these goals through the following broad initiatives:

Initiative 1. Governance and strategy

- Aboriginal and Torres Strait Islander Affairs Committee
- Reconciliation Action Plan (RAP) development and implementation
- Aboriginal and Torres Strait Islander health strategy development
- Engagement principles and cultural protocols, including in relation to Indigenous data governance and sovereignty¹

Initiative 2: College operations

- Cultural competency for staff – induction and development
- HR policies, procedures and practices promote culturally safe workplace and antidiscrimination
- Procurement practices that create economic opportunities

Initiative 3. Workforce education

Training and education opportunities to increase understanding, value and recognition of Aboriginal and Torres Strait Islander histories, culture, rights, and health.

- Training curriculum
- Training sites which provide experience of provision of healthcare to Aboriginal and Torres Strait Islander peoples in all areas of Australia - metropolitan, regional, rural and remote
- Continuing Professional Development Modules
- Support for other health professionals – Aboriginal Health Worker course
- IMG assessment of cultural competency

Initiative 4. Workforce growth and wellbeing

- Workforce data collection and reporting
- Support Aboriginal and Torres Strait Islander medical students and doctors in their pathway into specialisation including:
 - AIDA engagement
 - LIME Network engagement
 - Support and mentoring for potential applicants
 - Conference Travel Award / networking
 - Designated STP-funded training position
- Support retention of Aboriginal and Torres Strait Islander workforce including:
 - Flexibility of training
 - Educational grants
 - Trainee mentoring
 - Wellbeing officers
 - Indigenous trainee resources

¹ For more information on Indigenous Data Sovereignty visit <https://www.maiamnayriwingara.org/>

Initiative 5. Research and advocacy

Research on health care needs, skin health outcome measures and service availability to support advocacy to improve provision of high quality, accessible dermatology services to Aboriginal and Torres Strait Islander peoples.

- Service mapping
- Health care needs analysis
- Advocacy in support of partnerships, funding and grant applications to improve access e.g. teledermatology pilots, outreach, resource availability.

Initiative 6. Community and member engagement

- Addressing / responding publicly on issues related to Aboriginal and Torres Strait Islander health and workforce
- High visibility of College's commitment to reconciliation and to Aboriginal and Torres Strait Islander health
- Graduation Sash for Indigenous graduates
- Promotion and participation in National Reconciliation Week and NAIDOC Week activities.

How College is held accountable for delivering on this strategy?

These initiatives and the actions and deliverables outlined in the workplan reflect both external requirements, as well as commitments made by College.

Requirements and commitments are highlighted in the work plan. Accountabilities include:

ACD Board	Reconciliation Australia	AIDA	AMC
To College Board through the Aboriginal and Torres Strait Islander Affairs Committee for delivery on this strategy.	To Reconciliation Australia for development and implementation of our Reconciliation Action Plan.	To AIDA against the 'Minimum and best practice standards in regard to recruiting and retaining Aboriginal and Torres Strait Islander doctors into medical specialties', developed as part of the Specialist Trainees in the medical workforce project.	To the Australian Medical Council (AMC) for the purposes of accreditation. College is assessed against the 'Standards for Assessment and Accreditation of Specialist Medical Programs and Professional Development Programs.'

References

- ¹ Australian Bureau of Statistics, 4364.0.55.001 – *National Health Survey: First Results, 2017-18*, December 2018, <https://www.abs.gov.au/AUSSTATS/abs@.nsf/DetailsPage/4364.0.55.0012017-18?OpenDocument>, accessed Aug 2018.
- ² Australian Institute of Health and Welfare, *Australian Burden of Disease Study: impact and causes of illness and death in Australia 2011*, Canberra: AIHW, May 2016.
- ³ Tran H, Chen K, Lim AC, et al., 'Assessing diagnostic skill in dermatology: A comparison between general practitioners and dermatologists', *Australas J Dermatol.* 2005 Nov;46(4):230-4.
- ⁴ Australian Government Department of Health (DoH), *Australia's Future Health Workforce – Dermatology*, May 2017, <http://www.health.gov.au/internet/main/publishing.nsf/Content/australias-future-health-workforce-dermatology-report>, accessed Aug 2018.

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- ⁵ Australian Institute of Health and Welfare, Australian health expenditure – demographics and diseases: hospital admitted patient expenditure 2004-05 to 2012-13, Oct 2017, Canberra: AIHW.
- ⁶ Abdalla T, Hendrickx D, Fathima P, et al. 'Hospital admissions for skin infections among Western Australian children and adolescents from 1996 to 2012', *PLoS ONE*, 2017; 12(11): e0188803.
- ⁷ Lokuge B, Kopczynski A, Woltmann A, et al, 'Crusted scabies in remote Australia, a new way forward: lessons and outcomes from the East Arnhem Scabies Control Program', *Med J Aust*, 2014 Jun 16;200(11):644-8.
- ⁸ Bowen AC, Mahé A, Hay RJ, et al., 'The Global Epidemiology of Impetigo: A Systematic Review of the Population Prevalence of Impetigo and Pyoderma', *PLoS ONE*, 2015; 10(8): e0136789.
- ⁹ Australian Bureau of Statistics. (2019). National Aboriginal and Torres Strait Islander Health Survey, 2018-19. Canberra: Australian Bureau of Statistics.