



Australasian College for Emergency Medicine

34 Jeffcott Street West Melbourne Victoria 3003, Australia
+61 3 9320 0444 | admin@acem.org.au | ABN 76 009 090 715

29 October 2021

Simone Hurley
Senior Aboriginal Project Officer
Rural Support Service
PO Box 3017
Rundle Mall
ADELAIDE SA 5000

Via email: Health.RuralHealthWorkforceStrategy@sa.gov.au

Dear Ms Hurley,

Thank you for the opportunity to provide feedback on the Consultation Draft of South Australia's Rural Aboriginal Health Workforce Plan 2021-2026 ('the Strategy'). ACEM commends the efforts of all involved to develop a comprehensive Rural Aboriginal Health Workforce Plan, underpinned by careful and considered consultation and development processes. The principles, themes, objectives and responsibilities presented in the document provide a detailed picture of the required actions to successfully implement the Strategy.

The Australasian College for Emergency Medicine (ACEM; the College) is responsible for training emergency physicians and advancement of professional standards in emergency medicine in Australia and Aotearoa New Zealand. As the peak professional organisation for emergency medicine in Australasia, ACEM has a significant interest in ensuring the highest standards of medical care for patients are maintained in emergency departments (EDs) across Australia and Aotearoa New Zealand.

ACEM is committed to equity for Aboriginal and Torres Strait Islander patients and staff in EDs. The key pillars of ACEM's Reconciliation Action Plan (RAP) are to support and grow the Aboriginal and Torres Strait Islander emergency specialist workforce, support the delivery of culturally safe care, and engage and collaborate with communities and organisations identified through a range of initiatives.

The College considers it vital that Aboriginal and Torres Strait Islander peoples are represented throughout the ED workforce, including management, medical, nursing, allied health and support staff. A strong Aboriginal and Torres Strait Islander ED workforce is key to creating culturally safe EDs for patients and staff, and delivering health equity for Aboriginal and Torres Strait Islander peoples.

Theme 1 – Culturally Safe Workplaces

ACEM recognises that culturally safe workplaces are the foundation upon which the subsequent objectives of the strategy can be accomplished. ACEM supports the proposed actions outlined in objectives 1a and 1b of Theme 1 – Culturally Safe Workplaces. ACEM has undertaken a range of initiatives to support EDs to embed cultural safety into work practices in recent years, and similar activities could be considered as part of the Strategy.

In 2015, ACEM launched the [Indigenous Health & Cultural Competency](#) series, an online resource that is freely available to the public and received the Diversity Award at the 2015 Australia and New Zealand Internet Awards. Comprised of podcasts and e-learning modules for doctors and other healthcare professionals, the series was informed by literature reviews, participatory research with Aboriginal and Torres Strait Islander health staff, emergency medicine physicians and nurses. The reference group included a diverse range of participants including representatives from Australian Indigenous Doctors Association (AIDA), the Leaders in Indigenous Medical Education (LIME) Network, cultural educators, academics and emergency medicine doctors.

These modules have been made mandatory for completion by trainees in the first stage of the FACEM Training Program. Cultural competency has also been mandated for the Continuing Professional Development (CPD) program for Fellows. The experience of developing this series served to reinforce the importance of ensuring the Aboriginal and Torres Strait Islander healthcare workers are at the centre of improving care and this includes being a respected voice within their workplaces.

In 2018, the ACEM Foundation launched the Al Spilman Award for Culturally Safe Emergency Departments in order to highlight and promote best practice. The award recognises the efforts of ACEM accredited EDs to ensure cultural safety for Aboriginal and Torres Strait Islander and Māori patients, visitors, and staff. The award highlights the importance of cultural safety to improving health outcomes for Aboriginal and Torres Strait Islander peoples in Australia, and Māori in Aotearoa New Zealand.

In 2019, the College commissioned a research project to study cultural safety in ED settings from the perspectives of both service users and emergency service providers. Developed in partnership with Karabena Consulting and the Lowitja Institute, the project's aims were to develop a Cultural Safety Advocacy and Implementation Plan to improve emergency care delivery for Aboriginal and Torres Strait Islander people; to identify conceptions of cultural safety from both First Nations' peoples and ED staff; and to apply this information in further education and training opportunities for staff, future ED design, and ACEM's research strategies and investments.

The project was completed in December 2020, and the final report, *Traumatology Talks – Black Wounds, White Stitches*, is [available on the ACEM website](#). The report contains an extensive series of recommendations that would be of interest to those involved in the development of the Strategy.

Key recommendations from that report that may be relevant include increasing First Nations' staff to be employed by EDs, as Aboriginal patients and their families have asked for cultural relationship-styled support at this point in the patient journey. Connected to this is consideration to additional roles that identified staff could take. This includes more First Nations' people in roles in pre-ED services (ambulatory), triage and discharge. Finally, there needs to be consideration of the availability of gender appropriate care and support to respond to both men and women in emergency services from pre-ED through to discharge.

Theme 2 – Growing and Retaining the Aboriginal Health Workforce

In response to Theme 2 – Growing and Retaining the Aboriginal Health Workforce, the College broadly supports the actions outlined in objectives 2a, 2b, 2c and 2d. ACEM is committed to the recruitment and retention of Aboriginal and Torres Strait Islander trainees and Fellows, and aspires to exceed population parity for Indigenous emergency physicians in the future.

At the time of writing, ACEM has 9,777 members, comprising 3,264 Fellows (qualified emergency physicians), 2,620 trainee emergency physicians, 514 Emergency Medicine Certificate (EMC) Trainees and 173 Emergency Medicine Diploma (EMD) trainees (with a further 339 graduates from the EMC and 173 graduates from the EMD program). Members are based primarily in Australia and Aotearoa New Zealand; 6 Fellows and 17 trainees of the College identify as Aboriginal and/or Torres Strait Islander.

ACEM currently accredits 147 hospital EDs in Australia for specialist emergency medicine training, and has reach to additional EDs and urgent care facilities throughout Australia, particularly in regional and rural areas, through its Emergency Medicine Education and Training (EMET) program, which operates on a hub and spoke model with 49 hub hospitals providing education and training to approximately 500 regional, rural and remote ED/urgent care facility staff who are not Fellows or trainee emergency physicians.

In the area of education and training, members of ACEM's Indigenous Health Committee (IHC) and Reconciliation Action Plan (RAP) Steering Group have highlighted that flexibility in study time for those with family and cultural commitments is important both at higher education and junior doctor levels. They have seen Aboriginal and Torres Strait Islander medical students and junior doctors pull out of education and employment because they needed more flexible study and working conditions that were not available or were discouraged from pursuing flexible study or work conditions by their employer or education provider. Our members have noted that even working part-time is seen by many Human Resources representatives in hospitals as unfavourable and has historically been difficult to arrange. These considerations are likely to apply across the roles identified within your strategy.

Additionally, ACEM's IHC and RAP Steering Group suggest that consideration be given to identified staff specialist positions within major tertiary centres. Despite this being a consultation draft of South Australia's Rural Aboriginal Health Workforce, it must be acknowledged that the major teaching hospitals are where most medical students receive training and are also sites for significant junior medical officer employment. Including Aboriginal and Torres Strait Islander consultants on the permanent staff would contribute to a culturally safe environment for students, junior medical officers and other allied health staff.

Theme 3 – Enhance Aboriginal Leadership and Engagement in Health Services

The College supports the objectives outlined in Theme 3 – Enhance Aboriginal Leadership and Engagement in Health Services. ACEM's IHC emphasises the importance of promoting Aboriginal and Torres Strait Islander role models, as this mentorship, which is often informal, can make a big difference to students, trainees, junior doctors and allied health staff.

ACEM is strongly supportive of the objectives as they relate to Aboriginal Health Practitioner and Aboriginal Health Worker models of practice. In September 2020, ACEM released a [position statement](#) on Indigenous Health Liaison Workers and Language interpreters in Australian EDs. Our members see Indigenous Health Liaison Officers (IHLOs) in the ED as a crucial connection to patients and community. In some parts of Australia, interpreter services are also essential. Incorporating IHLOs in the ED team is a way to support patients in those initial steps of their hospital journey, while also providing on-the-job learning for staff.

Of the 8 ACEM-accredited EDs in South Australia captured in the College's [2020 Annual Site Census](#), 50% sites had an IHLO employed by the hospital and available in the ED, 37.5% had an IHLO that was employed off-site and was available in the ED, and 12.5% of sites did not have access to an IHLO. There is currently no peak body that represents IHLOs, and this aspect of the strategy could be further refined to identify and address the barriers that exist, to ensure the continued development, expansion and support of IHLOs in our healthcare system.

Theme 4 – Developing a Collaborative and Coordinated Health System

The College supports the objectives outlined in Theme 4 – Developing a Collaborative and Coordinated Health System. The objectives contained within this section share a considerable number of parallels with the actions and outcomes that ACEM is pursuing as indicated in our RAP and ACEM's [Rural Health Action Plan](#), particularly their emphasis on developing partnerships with the wider rural, regional and remote health community of practice, including Aboriginal health organisations.

EDs are staffed by professionals from a range of disciplines. ACEM believes strong interdisciplinary relationships support safe and inclusive working environments for all staff. Our RAP Steering Group and IHC have established collaborative relationships with AIDA, LIME Network, the Lowitja Institute and NACCHO.

Theme 5 – Building the Aboriginal Workforce Across Health Professions

ACEM broadly supports Theme 5 – Building the Aboriginal Workforce Across Health Professions. The ability of the College to increase the number of Aboriginal emergency medicine specialists is, to a significant extent, predicated on continuing increases in the number of Aboriginal and Torres Strait Islander people choosing to enter medicine.

Thank you again for the opportunity to provide this submission. If you require any further information about any of the above issues or if you have any questions about ACEM or our work, please do not hesitate to contact Jesse Dean, General Manager, Policy and Regional Engagement (jesse.dean@acem.org.au; +61 423 251 383).

Yours sincerely,



Dr Mark Morphett
Chair, South Australian Faculty