

# **ANZCA Indigenous Health Strategy** 2018-2022

# Health inequity is a safety and quality issue

ANZCA's mission is to serve the community by fostering safety and high quality patient care in anaesthesia, perioperative medicine and pain medicine. However, significant inequities in health outcomes exist between Indigenous and non-Indigenous people in Australia and New Zealand, reflecting that Aboriginal and Torres Strait Islander people in Australia, and Māori in New Zealand, do not have access to appropriate health services, as well as the broader social determinants of health, in proportion to their needs. These health inequities are evident across a wide range of measures, and include poorer surgical outcomes.

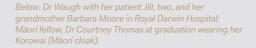
Equity is defined by the World Health Organization as "the absence of avoidable or remediable differences among groups of people." Inequitable health outcomes for Aboriginal and Torres Strait Islander people, and Māori can therefore be viewed as a safety and quality issue. ANZCA considers redressing health inequity as fundamental to achieving safe, high quality patient care in anaesthesia, perioperative medicine, and pain medicine. ANZCA supports the Australian and New Zealand governments' commitment to the United Nations Declaration on the Rights of Indigenous People, which states that "Indigenous people have an equal right to the enjoyment of the highest attainable standard of physical and mental health."

### Policy setting in Australia and New Zealand

In Australia, Closing the Gap is a commitment made by all governments to achieve Aboriginal and Torres Strait Islander health equality by 2030. It aims to reduce disadvantage with respect to life expectancy, child mortality, educational achievement, and employment outcomes. The National Aboriginal and Torres Strait Islander Health Plan 2013-2023 supports the strategy, and aims for a health system that is free of racism and inequality, and enables Aboriginal and Torres Strait Islander people to have access to effective, high quality, appropriate and affordable health services.

The Treaty of Waitangi is New Zealand's founding document, and was signed on February 6, 1840, between representatives of the British Crown, and a number of Māori chiefs which allowed government to be established in New Zealand, and migration to New Zealand to continue. The treaty's purpose was to protect the rights and property of Māori; secure peace and good order for Māori; and to establish civil government. The treaty is fundamental in guiding the relationship between the crown and Māori, and its intent and principles are a core consideration in government policy. Health strategies frame commitment to the treaty under three key principles: partnership, participation and protection.

These core government commitments in both Australia and New Zealand have informed the guiding principles underpinning ANZCA's Indigenous Health Strategy.







### Principles underpinning ANZCA Indigenous Health Strategy

#### **Partnership Participation Equity Accountability** We will promote full, We will work to ensure We will monitor and report We will work in partnership with Aboriginal, Torres ongoing participation equity in health outcomes on implementation of the Strait Islander and Māori of Aboriginal, Torres for Aboriginal, Torres strategy within a continuous people, communities and Strait Islander and Strait Islander and quality improvement organisations. Māori individuals and Māori individuals and framework. communities in decision communities. making, service planning, design and implementation of policies supporting their health and wellbeing.

### Where ANZCA can have an impact

**FPM** 

A key component of addressing inequities in Indigenous health is to increase the number of Indigenous health practitioners in the health workforce. Naturally, this is an area where specialist medical colleges have the potential to make a meaningful impact, through initiatives such as supporting the training of Indigenous doctors. In line with this, the ANZCA

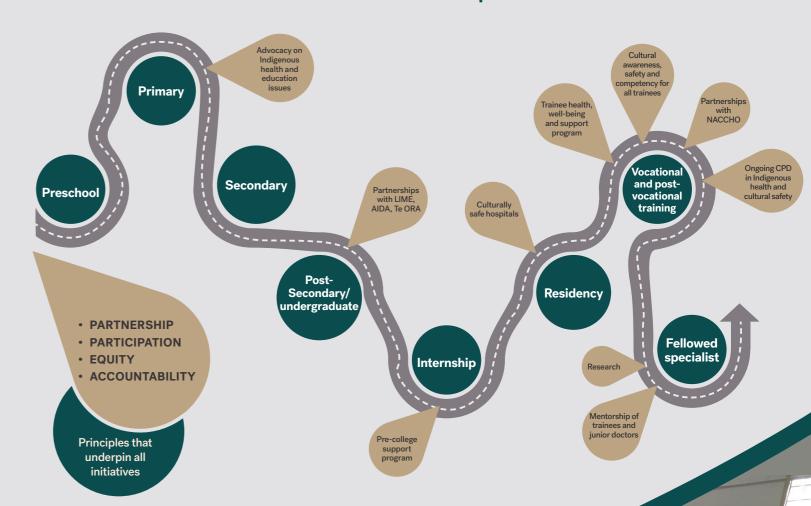
Strategic Plan 2018-2022 includes the aim of increasing the number of successful Indigenous trainees in anaesthesia.

However, workforce development involves more than the recruitment, retention and support of Indigenous health practitioners. It also involves ensuring that non-Indigenous practitioners are equipped to practice in a culturally safe and responsive manner for Indigenous people and improving the ability of mainstream

health services to meet the needs of Indigenous people. An important aspect of improving mainstream health services will be the ability of health practitioners to acknowledge and challenge institutional racism within health systems.

Bearing in mind the principles detailed in the table above, medical colleges can also work to address health inequities through other means, such as advocacy to government and involving Indigenous people and communities in policy development and decision-making.

# The medical training pipeline and examples of potential ANZCA initiatives









Above from left: young patient Justine and her mother Alisha at the Gove District Hospital in Nhulunbuy, East Arnhem Land; Lazarus, five, and his mother Joanne at the Gove District Hospital after his dental procedure; Māori fellow, Dr Amanda Gimblett shows secondary student Isaiah Joseph and medical student Dr Jared Smiler some skills at the Te Ohu Rata o Aotearoa - Māori Medical Practitioners Association's (Te ORA) Hui-ā-Tau careers day.

## Four pillars to support the ANZCA Indigenous Health Strategy 2018-2022

ANZCA has considered where it is best placed to have influence, together with the concept of health equity and the principles of Australia's commitment to Closing the Gap and New Zealand's Treaty of Waitangi. From this, the college has identified four pillars to frame its work towards health equity for Aboriginal and Torres Strait Islander people in Australia, and Māori in New Zealand.

These pillars are:

- Governance
- Partnerships
- Workforce
- Advocacy

In developing this strategy, ANZCA reviewed government priorities, Indigenous health strategies from other organisations, and literature about health inequity, experiences of care for Indigenous patients, and experiences of training and working in the health sector for Indigenous health practitioners. ANZCA also engaged with other organisations, and sought input from Indigenous health organisations, junior doctors and trainees. This framework represents a clear and public statement by the college on its areas of focus in Indigenous health.

### **ANZCA Indigenous Health Strategy framework**

#### Governance

ANZCA will ensure Aboriginal, Torres Strait Islander and Māori voices are represented at high levels across its governance structure.

### **Partnerships**

ANZCA will develop relationships and work together with Indigenous community groups, consumers, academic groups, service providers, and health organisations.

### Workforce

ANZCA will develop initiatives to support recruitment and retention of Indigenous doctors, undertake education through its training, curriculum and CPD programs, and strengthen cultural safety training for all trainees, fellows and ANZCA staff.

#### Advocacy

ANZCA will advocate for health equity issues to be addressed across a wide range of spheres, including research, education, policy, and service provision.

