As each new day dawns, we have to choose which path we will walk, who we will walk with and how we will walk together. (Source: National Aboriginal and Torres Strait Islander Medical Specialist Framework for Action and Report)
CPMC Indigenous Health Subcommittee Co-Chairs’ Messages

I hope you enjoy reading this newsletter updating the activities of the Indigenous Health Subcommittee of CPMC and its project; with its aim of increasing the awareness of Indigenous health issues by all members of all Colleges, and importantly, increasing the number of Indigenous doctors becoming specialists.

As leaders of each respective specialist College, it is vital that all Presidents are involved in this process and to this end a special cultural and informative session will be held for all Presidents in November, and this will be a regular event into the future.

Sadly I missed the signing of the Collaboration Agreement between AIDA and CPMC as I was overseas, but know that it was a heartfelt occasion further strengthening an important working relationship.

Dr Maria Tomasic, Co-Chair (CPMC)

The past few months have been very exciting, with the launch of the CPMC- AIDA Collaboration Agreement in Melbourne a highlight. This important document strengthens the relationship between AIDA and CPMC, and we are looking forward to progressing our work together. AIDA remains committed to continue to develop and fortify relationships with individual Colleges.

Work is also progressing on the CPMC Indigenous Knowledge Initiative, to be held in November. We hope that providing College Presidents with an opportunity to share knowledge with Aboriginal and Torres Strait Islander health leaders will improve their understanding of Aboriginal and Torres Strait Islander health issues. A similar initiative has proven very effective with Medical Deans Australia and New Zealand, and I look forward to participating in the inaugural program.

Dr Tammy Kimpton, Co-Chair (AIDA)
A landmark agreement between the Committee of Presidents of Medical Colleges (CPMC) and the Australian Indigenous Doctors’ Association (AIDA) was signed on Monday, 8 July 2013 at the Royal Melbourne Hospital, Melbourne.

The agreement was signed by Professor Kate Leslie, Chair of the CPMC, and Dr Tammy Kimpton, AIDA President and occurred during National Aborigines and Islanders Day Observance Committee (NAIDOC) Week.

Some highlights from the event are illustrated below:
On 5 July 2013, a media was jointly released by AIDA and CPMC as follows:

MEDIA RELEASE

Indigenous DOCTORS AND MEDICAL SPECIALISTS
SIGN LANDMARK AGREEMENT DURING NAIDOC WEEK

The Australian Indigenous Doctors’ Association (AIDA) and Committee of Presidents of Medical Colleges (CPMC) believe that reducing the current gap in health outcomes and life expectancy between Indigenous and non-Indigenous Australians will be facilitated by increasing the Aboriginal and Torres Strait Islander medical specialist workforce and by all doctors working in Australia possessing the knowledge and skills to work competently with Aboriginal and Torres Strait Islander people.

The theme of NAIDOC Week this year is We Value the Vision: Yirrkala Bark Petitions 1963. Fifty years after the Yolngu bark petitions were sent to the Federal Parliament, a landmark agreement between the national organisations representing Aboriginal and Torres Strait Islander doctors and specialist medical colleges will be signed, during NAIDOC week, at the Royal Melbourne Hospital on Monday 8 July 2013 at 10am.

The Collaboration Agreement will make a contribution to closing the gap in health outcomes between Indigenous and non-Indigenous Australians by training more Aboriginal and Torres Strait Islander medical specialists, by improving the ways in which medical specialists work with Aboriginal and Torres Strait Islander people and by mentoring future Aboriginal and Torres Strait Islander leaders in medicine.

Professor Kate Leslie, Chair of the CPMC and a senior anaesthetist at the Royal Melbourne Hospital said “Australia graduated its first Aboriginal medical graduate 30 years ago, 100 years later than comparable countries such as New Zealand and Canada. Aboriginal and Torres Strait Islander doctors are significantly under-represented in the medical workforce and all 15 specialist medical college Presidents are absolutely committed to leading the change with our partners AIDA”.

Dr Tammy Kimpton, AIDA President and General Practitioner in NSW, said “this agreement completes the final piece in the continuum of medical education and training. AIDA now has formal partnerships with the national bodies responsible for the education and training of doctors from entry to medical school, through the junior doctor years, into specialty training and fellowship”.

“AIDA estimates that there are around 175 Indigenous medical graduates and 230 Indigenous medical students. To reach population parity in the medical profession would require over 1000 additional Indigenous doctors immediately” said Dr Kimpton.

AIDA CEO, Mr Romlie Mokak said “ whilst much has been achieved to date, this formal agreement underpins the need for strong and sustainable partnerships between Indigenous and non-Indigenous organisations”.

“Together, powerful results can be achieved. The measure of success will be the quality of care provided to our people and ultimately, the closing of the gap in health outcomes between Aboriginal and Torres Strait Islander people and the wider Australian community”.

Contacts:  
Dr Tammy Kimpton, AIDA President 0417 535 899
Professor Kate Leslie, CPMC Chair 0418 374 071
Mr Romlie Mokak, AIDA CEO 0427 786 153

5 July 2013
Project Activities

Guideline for Indigenous health content

As part of the first priority milestones, the project is working on a guideline for Indigenous health content to be used in the curricula of all of the Australian specialist medical Colleges.

An intensive workshop is planned on 16 August 2013 to progress this work, facilitated by Professor Cindy Shannon and involving representatives from all of the specialist Colleges. Each College has been asked to nominate a fellow or trainee (preferably Indigenous) and a staff member from its education unit.

It is anticipated that a draft guideline will be completed by the end of September 2013.

Once the guideline is approved by CPMC, it will be provided to all the Colleges as a guideline for designing learning modules in Indigenous health.

Indigenous knowledge initiative for CPMC leadership

A program on Indigenous knowledge initiative for all College Presidents is expected to be carried out on 6 November 2013. The Collaboration Agreement, 2013-2015, between the Australian Indigenous Doctors’ Association (AIDA) and the Committee of Presidents of Medical Colleges (CPMC) includes provision for a biennial AIDA-CPMC Presidents Indigenous Knowledge Initiative program.

The objectives of the program are to

• Share knowledge and understanding of Aboriginal and Torres Strait Islander health and wellbeing between Aboriginal and Torres Strait Islander health leaders and health services providers and the Presidents;

"Engage in two-way conversation in a mutually respectful, supportive and collegiate manner”

and

• Consider the translation of knowledge gained to President’s leadership roles within their specific areas of medical specialty.

It is anticipated that at the end of the program the Presidents will have

• Enhanced knowledge and understanding of Aboriginal and Torres Strait Islander health and wellbeing, and

• Better ability to implement Aboriginal and Torres Strait Islander health programs within their specialty areas, including the implementation of the medical specialist framework.
Project highlights

Project website

The Project website was launched in June 2013. This is aimed at Australian Indigenous medical undergraduates and graduates to help them in choosing a medical speciality in their professional career path and achieve their career aims. The website provides useful links to, and brief information about, the different medical specialist Colleges involved in specialty training programs.

“The website also reports the progress of the CPMC Subcommittee and the various aspects of the CPMC Subcommittee project”.

The website can be accessed from the CPMC website under the “Special Projects” or directly through the link below:

http://www.cpmc.edu.au/natsim/
Adjunct Associate Professor Mark Wenitong

Mark Wenitong, an Adjunct Associate Professor at James Cook University, School of Tropical Public Health, is from Kabi Kabi tribal group of South Queensland. He is an Aboriginal Public Health Medical Officer at the National Aboriginal Community Controlled Health Organisation (NACCHO), and the Senior Medical Advisor at Apunipima Cape York Health Council.

In the past, A/Prof. Wenitong was the Senior Medical Officer at Wuchopperen Health Services in Cairns for nine years. He also worked as the medical advisor for Office for Aboriginal and Torres Strait Islander Health (OATSIH) in Canberra. He was a member of the Northern Territory Emergency Response (TER) Review Expert Advisory Group in 2008.

A/Prof. Wenitong is a past president and founding member of the Australian Indigenous Doctors Association (AIDA). He is a member of the National Health and Medical Research Committee - National Preventative Health Committee, the National Lead Clinicians Group, a ministerial appointee to NATSIHEC, the Independent health advisory committee. He chairs the Andrology Australia- Aboriginal and Torres Strait Islander Male Reference group, and sits on several other committees. He is a council member of the Australian Institute of Aboriginal and Torres Strait Islander Studies (AIATSIS).

A/Prof. Wenitong has been heavily involved in Aboriginal and Torres Strait Islander health workforce. He has received the 2011 AMA Presidents Award for Excellence in Healthcare, and the Queensland Aboriginal and Torres Strait Islander Health Council Hall of Fame award in 2010.
A small working group of Assoc Prof Di Stephens (Darwin), Dr Penny Stewart (Alice Springs), Assoc Prof Charlie Corke (Victoria), Phil Hart (CICM) and Lisa Davidson (CICM) was formed to work on the educational objectives and important issues that needed to be covered. A film company with previous experience in both ICU filming and Indigenous health projects was engaged and the process begun.

After months of planning, the group all travelled to Alice Springs to begin filming. Dr Penny Stewart, the Director of Intensive Care at Alice Springs Hospital kindly opened the unit up and organised a group of willing volunteers who assisted with providing information, interviews and some proved to be great thespians.

The working group were lucky enough to be invited out to hunt for bush tucker with a group of women who had experiences in the hospital and were happy to share their stories. Not only was the experience unique, it was also a great insight into some of the issues that are common but not often dealt with in training.

After months of editing the final cut was completed. There are six chapters in all; Cultural Safety, Decision Making, Different Perspectives, End of Life, Non Compliance and Talking and Listening. These chapters explore a range of issues surrounding communication issues from real situations.

‘Navigating Communication – Communication and Consent Issues with Aboriginal Patients’ is designed to assist cultural awareness and understanding within Aboriginal health delivery through offering practical advice and suggestions from experts in the field and members of the Aboriginal community. It is designed to encourage and enable medical practitioners to understand and communicate more successfully with Aboriginal patients and their families.

While the focus of the DVD is principally on communication with aboriginal patients in critical care situations, it is hoped that the messages it contains may be of more general use in promoting intercultural awareness.

The DVD has been sent to all CICM accredited units, will be uploaded on the College learning management system and is available at the College upon request. The material will be shared with the RACS Australian Indigenous Health and Cultural Safety Online Portal.

A survey will be sent to all accredited units in a few months to seek feedback on the educational tool.

Author and Photographer: Lisa Davidson, CICM
The National Faculty of Aboriginal and Torres Strait Islander Health Education Committee

The Education Committee is a sub-committee of The National Faculty of Aboriginal and Torres Strait Islander Health Board and aims to deliver advice and direction to The National Faculty of Aboriginal and Torres Strait Islander Health. Advice includes but is not limited to, education, vocational training and assessment issues and any other matters pertinent to Aboriginal and Torres Strait Islander Health general practice education.

The Committee also offers guidance and input on matters such as RACGP educational resources and services including curriculum, assessment and continuing professional development. The Committee aims to ensure all resources provided are culturally appropriate and relevant.

The Committee will seek to have equity between Aboriginal and Torres Strait Islander members and non-Indigenous members, with membership consisting of:

• Chair
• Faculty Censor
• General Practitioners with interest and experience in Aboriginal and Torres Strait Islander Health and experience in medical education
• Aboriginal and/or Torres Strait Islander cultural educators

The National Faculty of Aboriginal and Torres Strait Islander Health Education Committee will host quarterly teleconferences in addition to an annual face to face meeting.

Indigenous Fellowship Excellence Program

The National Faculty of Aboriginal and Torres Strait Islander Health is pleased to announce the recently established Indigenous Fellowship Excellence Program is now running workshops nationwide throughout 2013 – 2014.

The next workshop due to be held is: Exam preparation workshop 2013.2 – Saturday 20 and Sunday 21 July, Melbourne, VIC

The Indigenous Fellowship Excellence Program aims to assist Aboriginal and Torres Strait Islander registrars perform to their full potential in the Fellowship exams whilst at the same time developing a network of peer support across the country.

Opportunities for mentoring

We invite Fellows of the RACGP National Faculty of Aboriginal and Torres Strait Islander Health to act as individual mentors to registrars completing this program. Mentors will provide support and advice via teleconferences, a weekend face-to-face workshop and regular contact in the lead up to the exam.

Travel, accommodation and meals are included in order for the mentor to attend the weekend workshop and mentors are also paid for their time and expertise.

Calling all Aboriginal and Torres Strait Islander registrars

We invite all Aboriginal and Torres Strait Islander general practice registrars enrolled for the Fellowship of The Royal Australian College of General Practitioners (FRACGP) exam to take advantage of this opportunity designed to help you prepare effectively and perform to your potential in the upcoming exam.

Using a set of educational tools, a face to face workshop and regular one-on-one mentoring, the Indigenous Fellowship Excellence Program will assist registrars along the pathway to achieving excellence in their Fellowship exam.

Involvement in this program is free to Aboriginal and Torres Strait Islander registrars thanks to the generous donations from Dr Nathan and Susan Pinskier, The Mary MacKillop Foundation and the National Faculty of Aboriginal and Torres Strait Islander Health. Travel, accommodation and meals are included in order for the registrar to attend the weekend workshop.

To express your interest as a registrar or mentor, provide an offer of help or to simply find out more, please contact the faculty at aboriginalhealth@racgp.org.au or call 1800 000 251.
The series includes nine short independent learning podcast modules focusing on the needs of rural/remote anaesthesia and pain medicine specialists working with Indigenous patients and communities in Australia. The modules are now available on the ANZCA website in the E-learning section (http://www.anzca.edu.au/resources/e-learning/podcasts).

The podcasts were developed by ANZCA and FPM Fellows, doctors with experience in Indigenous health, Aboriginal liaison officers and an Aboriginal doctor, to share the experiences of working in Indigenous health and provide information specific to the needs of specialist anaesthetists and specialist pain medicine physicians.

The aim of the series is to improve communication between clinicians and Indigenous patients, thus facilitating quality and safe health care. A specific podcast was developed on communication while acknowledging it is a theme recurrent in the entire series. Informed consent is also discussed as it applies to Indigenous patients. Other topics include pain management, culture, culture shock, the preoperative visit, traditional parenting, interactions with Indigenous patients with Indigenous and non-Indigenous heritage, and diffusing anger.

The development of the Indigenous health podcast series has added an important new resource to the College’s electronic learning programs and is available for all Fellows, trainees and international medical graduate specialists.

In the future the series will be made available to specialists from Australasian medical Colleges through the Network for Indigenous Cultural and Health Education (NICHE). The NICHE web portal is an inter-College initiative designed to a central location for rural and remote specialists seeking Indigenous health resources intended to be launched later this year.

ANZCA teaching and learning cases

The College has developed four teaching and learning case studies with a focus on Australian and New Zealand Indigenous patients. These case studies have been developed as teaching resources integral to ANZCA’s curriculum. The case scenarios are clinically based and presented in a format to encourage discussion and reflection rather than didactic teaching. Each case is accompanied by facilitator notes to assist in understanding the direction of the case, focus the discussion on areas of importance and provide guidance on the depth of the answers expected for the trainee’s level of training.

The case studies are currently available through ANZCA’s website and will be made available to specialists from Australasian medical colleges through the NICHE web portal.

The Flinders Adelaide Indigenous Medical Mentoring (FAIMM) program

As mentioned in the January newsletter ANZCA’s Indigenous Health Committee has been working to expand the FAIMM model for mentoring of Indigenous medical students. A program has now been successfully established in Newcastle, NSW and there is interest in establishing similar groups in Darwin and Fremantle.

The program brings together Indigenous medical and dental students with a group of interested doctors three to four times a year. In addition FAIMM organizes dinners with Indigenous high school students who are in turn provided information about university and career options by the medical students.

For more information on any of these initiatives please contact Paul Cargill, Policy Officer, Community Development ANZCA on pcargill@anzca.edu.au or 03 8517 5393.

1 This project has been funded by the Department of Health and Ageing under the Rural Health Continuing Education Sub-program (RHCE) Stream One which is managed by the Committee of Presidents of Medical Colleges.

The Australian and New Zealand College of Anaesthetists is solely responsible for the content of, and views expressed in any material associated with this Project.
The Royal Australian and New Zealand College of Ophthalmologists (RANZCO)

Indigenous and Rural Health Committee Activities

The Royal Australian and New Zealand College of Ophthalmologists established an Indigenous and Rural Health Committee in 1995 whose main purpose is to improve Indigenous eye health in rural and remote populations. This committee is made up of thirteen members from different States and Territories.

Part of the focus of the Committee has been to provide an opportunity for dialogue between College members and other stakeholders about clinical, administrative, and political concerns that may bear on the provision of Indigenous eye care to rural and remote areas. This has been achieved by attendance at various meetings and through extensive email interchanges which have often culminated in a policy change or formal correspondence with the relevant organisation on behalf of RANZCO.

Recently the Committee has been actively involved in evaluating relevant content that would support the College’s Indigenous and rural health on-line resources.

“Over thirty one links have been placed on the RANZCO website and these include cultural awareness courses for both Australian and New Zealand Fellows and trainees”.

As part of the RANZCO annual scientific congress in Hobart in November, the Indigenous and Rural Health Committee is planning to organise a speaker to address cultural awareness for our trainees. This will promote awareness of and an outline of strategies to overcome cultural barriers in the provision of quality eye care to Indigenous populations. In addition to this there will be a series of talks from interested parties who will outline the status of Indigenous eye health from different regions around Australia.

On the National Close the Gap Day (21st March), RANZCO staff members showed their commitment to reconciliation and achieving equity in health outcomes by signing the Close the Gap pledge. There was also the opportunity to correspond with the State Premier using a supplied template and requesting them to publicly commit to renewing investment in Aboriginal and Torres Strait Islander health equality. As a follow up to this the Federal Government made an announcement that there would be ongoing funding to help Close the Gap. The College is planning a similar day of activities for National Reconciliation Week.
As a one of the outcomes from the CPMC NATSIMSFP ‘guidelines for collecting Indigenous status data within medical colleges’, RANZCO has asked all new 2013 trainees a question about their indigeneity which is now part of the registration form for selection. A similar question is being asked of all the Fellows of the College.

“The RANZCO Indigenous and Rural Health Committee is planning a review of the CPMC NATSIMSFP Indigenous curriculum elements guidelines when they become available and this will be followed up by a similar review of the cultural awareness / sensitivity guidelines”.

The University of Melbourne, Indigenous Eye Health Unit has recently published the third revision of the summary document for ‘The Roadmap to Close the Gap for Vision’ http://www.iehu.unimelb.edu.au/publications/iehu_reports. As part of this revision there has been an update of important data and information pertaining to the progress being made to improving Indigenous eye health and a summary of this information can be found in the list below:

• Update of the trachoma figures (p6 and p7)
• A table outlining 2012 progress in implementation (p20 and p21)
• A list of activities to advance the Roadmap for Commonwealth and jurisdictional governments, including national performance indicators (p22 and p23)
• A more detailed dissection of the workforce requirements and tasks for coordination in a population of 10,000 people and a community of 500 people (p24) and
• A new eye care pathway diagram illustrating the importance of the ensuring diabetic eye care pathway (p24).

And finally, the Commonwealth Government have contracted with McKinsey the management consultants to run a series of workshops to develop recommendations on the way Medicare Locals and local hospitals networks can work together. The example that they chose was Indigenous eye health and the work that Associate Professor Angus Turner is doing in the Kimberley region. This case study will go to all the Medicare Locals as an example of best practice and will include among other things information on how to coordinate patient care, develop key performance indicators and report on targets.
This strengthens the ability of ACEM members, particularly International Medical Graduate (IMG) members, to provide appropriate medical care in the emergent setting.

The IH&CC education resources developed will:

- Renew the appreciation of how cultural diversity impacts on patients’ access to and experience of emergency departments;
- Enhance the ability of Emergency Medicine specialists to provide appropriate care to Aboriginal and Torres Strait Islander and other culturally and linguistically diverse patients; and
- Cultivate a recognition that cultural competency is an ongoing professional development process, and is an important mechanism for improving patient outcomes.

Progress to date has included:

- Broad consultation with Aboriginal and Torres Strait Islander and other culturally and linguistically diverse patients and allied health professionals, as well as ACEM members including IMGs and other stakeholders;
- Constitution of a Reference Group comprised of both ACEM and ACEM-external parties including representatives from The Leaders in Medical Education (LIME) Network, The Centre for Culture, Ethnicity and Health, and ACEM’s Indigenous Health Working Group;
- Significant proportion of film and audio elements required for eLearning modules and podcasts captured in Townsville, QLD and Alice Springs, NT. At these sites, the IH&CC project team collaborated with stakeholders including but not exclusive to: FACEMs, IMGs working in emergency medicine, ED-specific Indigenous Liaison Officers, other Aboriginal Liaison Officers, The Poche Centre for Indigenous Health, and others;
- Relevant best practice IH&CC web-based references accessible to members through the ACEM Best of Web EM educational tool have been reviewed; and
- Commencement of external promotion of the IH&CC project e.g. LIME Conference 2013, and involvement of promotion of IH&CC within the broader ACEM Education aims.

This project is funded by the Department of Health and Ageing (DoHA) and is expected to be completed in December 2013. For more information please see the ‘New Education initiatives’ section of the ACEM website: www.acem.org.au.
The Royal Australian and New Zealand College of Psychiatrists (RANZCP) is committed to increasing the number of Aboriginal and Torres Strait Islander graduates successfully completing psychiatry training and entering practice in any of the fields of psychiatry.

To this end, the RANZCP is pleased to be partnering with the Australian Indigenous Doctors Association (AIDA) to sponsor four Indigenous medical students and junior medical practitioners to attend the annual RANZCP Congress.

Now in its second year, this initiative aims to attract medical students or junior doctors with an interest in Aboriginal and Torres Strait Islander health; a commitment to improving Aboriginal and Torres Strait Islander health in the future; and an interest in psychiatry as a career.

Applicants who best meet these criteria are supported to attend the RANZCP Congress where they can join workshops and symposia covering the full array of sub-specialties within psychiatry, and gain exposure to the developments and challenges faced in psychiatry today.

The RANZCP and AIDA congratulate Dr Daniela Sabbioni, Dr Nino Scuderi, Mr Kane Vellar and Ms Glenda Brown, who are this year’s successful applicants.
I find it quite motivating to talk with others on a similar path to myself, who have shared goals and ambitions and those who I may be working with in the future. There are few opportunities throughout the year to compare courses, hospitals and runs with other students, and to discuss the experiences common to all medical students” (Sophie Stevenson)

Thanks to thoughtful donations from Fellows made to the Foundation for Surgery, the College supported the attendance of five Indigenous medical students to the 2nd Australasian Students’ Surgical Conference. Held in Auckland on the 5 May, the conference was hosted by the University of Auckland Surgical Society with active support from the Royal Australasian College of Surgeons. The aim of this forum is to inform aspiring surgeons of the current and future requirements of a surgical career and the training it will involve. It seeks to inspire students with specialty speeches and practical workshops and provide a platform for students to present their surgical research.

Three Aboriginal students and two Maori students were selected to attend by the Indigenous Health Committee in consultation with AIDA and Te ORA.

Gordon Reid is a second year medical student at the University of Newcastle. A Widajuiir man from the NSW Central Coast his interests lie in the fields of plastic and reconstructive surgery and faciomaxillary surgery. “This conference was a remarkable experience. It was interesting, engaging, fulfilling and exciting. It provided me with a range of tools necessary to begin my path to a career in surgery and beyond. It also conveyed that, as an Indigenous medical student, surgery would provide me with an opportunity to work as part of a team, of both Indigenous and non-Indigenous peoples, to provide a service for the local community and Australia”. Gordon found particularly engaging the keynote address by Professor John Windsor, A Road Less Travelled – Critical Reflections on a Career in Academic Surgery” as it “offered an enticing view into a path of surgery that is rising in popularity and is essential for the development of new surgical techniques and treatment to improve the lives of many”.

Sean Lewis is in his fourth year of medicine at the University of Otago. Like the others he found the individual specialty presentations insightful and informative. “The initial talks from a surgeon of each specialty was highly valuable, as it is becoming increasingly clear that we really do not know what to expect from each area of medicine. It was nice to hear exactly what each specialty entails, not only what a normal week would hold but also how a lifestyle can be moulded around each, and another interesting thing was to hear what each

The strategy to promote and improve Indigenous representation in the surgical profession is an objective of the RACS Strategic Plan 2010-2015 and a commitment outlined in the Indigenous Health Position Paper. The Indigenous Health Committee (IHC) is working with the Australian Indigenous Doctors’ Association (AIDA) and Te ORA the Māori Medical Practitioners Association of Aotearoa New Zealand to provide opportunities for students interested in surgery to prepare explore training requirements, develop professional networks and source opportunities to engage in surgical related research, projects and forums to aid professional development.
speaker thought about the down side to their job.....Having the actual path into a surgical career [explained] was also very beneficial....knowing exactly what was needed, and also having been told the numbers that get through each year was really good. It was told to us in a realistic way that wasn’t discouraging, just clear”.

Nicole Whitson is in her second year of medicine at the University of Newcastle. Nicole’s ultimate dream is to be a cardiothoracic surgeon. “Before this conference commenced, I was unsure as to the process of entering surgical training programs and the path into surgery. However, by its conclusion, I was not only aware of the preparations necessary to become a surgeon, I was definite in becoming a surgeon that is strong, independent and capable, one that is a role model for my people and my community”.

For Nicole the highlight of the conference was the medical imagining and suturing workshops she participated in. “These workshops have taught me some great skills that I will be able to use as a junior doctor as not many medical students have the opportunity to learn the different suturing techniques before they start their practical work. I was extremely amazed in myself to be able to catch on quickly to the suturing techniques that the presenters were showing us”.

Nicole was pleased that female surgeons were among the speakers. “As a female hearing these women talk about their transition into a surgical career and being able to juggle being a mother and wife was extremely encouraging. It was inspiring to see that these strong women were able to accomplish all of these roles, both in their career as a surgeon and as a matriarchal figure in their family, and that they can be done without compromise”.

Guy Dennis is a proud Wiradjuri/ Worimi -man from Nelson Bay in NSW, and is a third year medical student at the University of New South Wales. “My journey to medicine began with my experience with health, illness and surgery within my family growing up. This gave me the initial spark for wanting to pursue a health profession, specifically around surgery”. “The conference helped create a foundation of knowledge for me that I will need to help make this dream come true in the future”.

“I found it highly rewarding to be able to hear the surgeons give their presentations and then mingle with them afterwards..”

I learnt that yes, it is not an easy path, and yes it required a lot of hard work and then some, but it will not seem like work if I pursue the right field, as I will be doing what I love…… Knowing the logistics of how I could become a surgeon gave me a timeline to develop in my mind of when I would need to start submitting applications and really playing with what field I may pursue. …..found that the speakers who had children gave me good ideas as to how I may balance a family whilst being a surgeon. They also gave me an idea of the diversity of locations one may live in as a surgeon and how this may differ for each specialty”.

Sophie Stevenson is in her fifth year of medicine at the University of Otago. Being more advanced in her studies and clinical experience, Sophie found value in other parts of the program.

“I really enjoyed the student presentations on research that they had been involved with, as I found it relevant and tailored to the audience. There are very few opportunities throughout the year where we are exposed to new research that is easily accessible to students. It is really nice to acknowledge peers who are out there doing extracurricular research. I think that raising the awareness of this also creates more interest to undertake research…..The academic surgery workshop was very interesting and informative. The speakers were both surgeons who were finishing their PhDs, which was definitely an area of surgery I was less aware of. I enjoyed the smaller group sessions as they were less formal than the whole group presentations which allowed for more discussion of the topics. I think I took the most from this workshop, and research is definitely something I would look at doing now and later in my career”.

The conference was a success on many fronts. All the students were grateful for the chance to connect with other Indigenous medical students, make new friends or catch up with old classmates. One student summed up the conference as, “making friends for life, in an environment that was both fulfilling and educational, is a fantastic experience that I will never forget”.

For further information on RACS work in Indigenous health please visit Royal Australasian College of Surgeons | Indigenous Health Committee or contact the IHC Secretariat on 03-92767407
The College’s inaugural Indigenous Health Forum

The College’s inaugural Indigenous Health Forum was held at the RACS Annual Scientific Congress on the 8 May.

The programme comprised retrospective and prospective views from both sides on the Tasman Sea.

Two knights of the realm – Dame Anne Salmond and Sir Mason Durie addressed the Maori and New Zealand perspective while A/Prof. Shaun Ewen and Dr Jacob Ollapallil took the responsibility for the Australian Indigenous aspect.

Dame Anne Salmond is New Zealander of the Year and is highly respected for her collaborative work with elders of the Te Whaanau-a-Apanui and Ngati Porou Maori tribes on issues of Maori life. Sir Mason Durie is a member of the Rangitane and Ngati Kauwhata (Maori) tribes. He has been actively engaged in mental health research and policy for more than two decades, and in 1993 established a Maori Health Research Centre that has provided national leadership in outcomes research and research into mental health service delivery. Shaun Ewen holds many leadership positions, including being the inaugural Associate Dean (Indigenous Development) Faculty of Medicine, Dentistry and Health Sciences at the University of Melbourne. Shaun shared many of his experiences and views gained through working with the medical specialties in Indigenous health syllabus development. Ollapallil Jacob is well known across the College for his tireless work as a trauma surgeon, particularly with Aboriginal and Torres Strait Islanders patients in Central Australia. His continued championing of, and passion for, Indigenous health is to be greatly admired and respected. The presentations delivered by these distinguished guests put into perspective the reasons why our First Nation peoples have experienced, and continue to endure, such devastating health outcomes when compared with non-Indigenous communities in Australia and Aoteora New Zealand.

“Their perspectives on the future included reflections on interpersonal relations, the current political climate and, more importantly, the amazing work being done across the College and in the wider community in the field of Indigenous health and how this can inspire us to do better”.

The forum was one of many RACS Indigenous health initiatives at this year’s congress. The convocation ceremony saw a significant Maori presence with formal speeches and songs in Maori after an impressive challenge from a Maori warrior. College President Michael Hollands rose perfectly to that and punctuated his response with Maori phrases which impressed all. A major highlight was the convocation of two Maori graduates, Maxine Ronald our first Maori female surgeon, and Vaughan Poutawera. We congratulate them on this wonderful achievement.

The College is delighted with the success of our inaugural forum and will work to ensure Indigenous health is a regular feature of the RACS annual scientific meeting.

For further information on RACS work in Indigenous health please visit

Royal Australasian College of Surgeons | Indigenous Health Committee or contact the IHC Secretariat on 03-92767407
NAIDOC Week, 2013
7-14 July 2013

The National Aborigines and Islanders Day Observance Committee (NAIDOC) Week 2013 was observed across the nation from 7-14 July 2013. The NAIDOC week is observed every year in July to celebrate the history and cultures of Aboriginal and Torres Strait Islander people and also to recognize their contributions to the nation in various fields. The theme of this year NAIDOC Week was “We Value the Vision: Yirrkala Bark Petitions 1963”.

The theme proudly celebrated the 50th anniversary of the presentation of the YIRRKALA Bark Petitions to the Federal Parliament.

LIME Connection Conference
26-28 August 2012

The LIME Connection is a biennial conference which provides an opportunity in which quality review, professional development, networking, capacity-building and advocacy functions of the network are actualised. It brings together Indigenous and non-Indigenous medical educators, Indigenous health specialists, policy makers, and community members from Australia, New Zealand, Canada and the United States of America to discuss innovative approaches in Indigenous medical education and the experiences of practitioners.

It also aims to encourage and support collaboration within and between medical schools and to build multi-disciplinary and multi-sectoral linkages. The LIME Connection also hosts the Limelight Awards which acknowledge and celebrate the many successes in Indigenous medical education.

This year the LIME Connection V will be held in Darwin, Australia from 26-28 August. The theme for the 2013 conference is Re-imagining Indigenous Health Education: Harnessing energy, implementing evidence, creating change.

The project will present a paper at the above conference entitled “CPMC National Aboriginal and Torres Strait Islander Medical Specialist Framework Project”.

The paper will be presented on Wednesday 28 August 2013 jointly by Dr Tammy Kimpton and Dr Netra Khadka.
After almost 11 years of continued service to the Committee of Presidents of Medical Colleges (CPMC) as a Chief Executive Officer (CEO), Mr Les Apolony is handing over his position to Angela Magarry on 31 July 2013.

Before joining the CPMC, Mr Apolony worked as a CEO at the Royal Australian College of General Practitioners (RACGP) and the Royal Australian & New Zealand College of Radiologists (RANZCR).

Although the CPMC National Aboriginal and Torres Strait Islander Medical Specialist Framework Project will deeply miss the pleasure of working with Mr Apolony, the Project wishes him all the best and good luck for his future.
Highlights and stories contained in this newsletter are those of individual authors or organisations/colleges and do not necessarily represent official views or statement of the project.

Please contribute to this newsletter by posting a feature story or milestone relating to the Indigenous medical specialists training program and/or Indigenous health development to Dr Netra Khadka at Netra.Khadka@surgeons.org on or before 15 November 2013 to publish it in the Highlight section of the next newsletter due to be published in December 2013.

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