Mudlark
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)

Artwork by Professor Helen Milroy
CPMC Indigenous Health Subcommittee Co-Chairs’ Messages

We are pleased to present the second issue of the CPMC National Aboriginal and Torres Strait Islander Medical Specialist Framework Project Newsletter.

This issue provides an update of the Project to College Presidents, Fellows, AIDA members and others interested in improving pathways of Indigenous medical students and doors towards specialist training. Having recently taken over as Co-chairs of the CPMC Indigenous Health Subcommittee we welcome any feedback.

Dr Maria Tomasic
Dr Tammy Kimpton

In this issue:
Project activities
• Second round questionnaire survey
• Guideline for collecting Indigenous status data within medical Colleges

Project highlights
• Project website
• Te ORA Scientific Conference, 2012
• Pacific Region Indigenous Doctors’ Congress (PRIDoC), 2012

Farewell and Welcome to Co-Chairs, CPMC, AIHS

About Associate Professor Kelvin Kong, the first Indigenous Surgeon in Australia

Stories/News from medical specialist Colleges
• The Royal Australasian College of Physicians
• The Royal Australian College of General Practitioners
• Australian and New Zealand College of Anaesthetists
• The Royal Australian and New Zealand College of Psychiatrists
• Royal Australasian College of Surgeons
• Australasian College for Emergency Medicine

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Project Activities

Second round questionnaire survey

A second round questionnaire survey was designed and distributed to all of the 15 Colleges in late June 2012 with the objective of obtaining more information from each College to complement the initial information gathered in February-April 2012.

Fourteen Colleges (93.33%) participated in the second round survey and the duration of response to the survey request varied from over 1 week to 3 months.


The following is a summary of the findings:

1. In relation to identifying the Indigenous status of trainees and Fellows, an overwhelming majority of 13 Colleges (92.9%), indicated their willingness to use the questionnaire designed by the project in enrolment of trainees and renewal of fellowship memberships. One College considered that it was a sensitive issue and was undecided about its use.

2. Eleven Colleges (78.6%) reported their awareness of the Indigenous health curriculum frameworks for inclusion of Indigenous health content in basic medical education prepared by the Committee of Deans of Australian Medical Schools (CDAMS), currently known as the Medical Deans Australia and New Zealand (MDANZ). However, it appeared that the meaning of the principles of "vertical integration" was still confusing and unclear for the majority of the Colleges in relation to curriculum development. The majority of Colleges (12; 85.7%) indicated they were in the process of either revising or developing Indigenous health content in their curriculum, but did not have a clear timeline. Two Colleges affirmed they had already developed Indigenous health content.

In relation to the project's role in assisting Colleges to develop Indigenous health content (e.g. learning modules), the majority of Colleges identified that a template/framework, some expert guidance, and facilitation in sharing information and resources among Colleges would be useful.

3. Only 9 Colleges (64.3%) reported being aware of the Critical Reflection Tool (CRT) developed by the Leaders in Indigenous Medical Education (LIME)
and at this stage only one College showed interest in developing a Cyclical Quality Review Tool (CQRT) based upon the CRT.

While acknowledging the merits of the CRT, the majority of the Colleges indicated some reservations in its use, citing it as a too long and complicated tool. However, 7 Colleges (50%) indicated that the project could assist them in developing a CQRT.

4. In relation to the project newsletter publications, all of the 14 Colleges (100%) expressed that they were willing to contribute to the newsletter by posting their news and stories. A majority of the Colleges suggested the inclusion of items such as the profile of significant people working in the field of Indigenous health, updates on the project and its activities, success story of medical Colleges, evidence-based successful Indigenous health programs, and information on seminars/workshops and professional development opportunities.

5. Eleven Colleges (78.6%) strongly affirmed that they believed in the Equal Employment Opportunity principles; however they did not have any specific policy or program to employ Indigenous people within their Colleges. Some recommended ideas about attracting Indigenous candidates were advertising in appropriate media, such as the National Indigenous Times, Koori Mail or linking with Indigenous employment organisations. 9 Colleges (64.3%) suggested that the project should develop a framework or guideline to promote Indigenous employment opportunity in the Colleges.

6. Eleven Colleges (78.6%) reported they were aware of the medical student outcome database, but there were no comments about its use in College activities.

7. Enablers and barriers to success for Indigenous trainees/graduates entering a training program were considered. The majority of Colleges could not report on this issue as they did not have any experience of having Indigenous medical trainees. However, some of the Colleges perceived that financial and social problems, requirement to move interstate, lack of appropriate role models, cultural appropriateness, lack of information regarding training programs and training preparation were the major barriers.

8. A majority of 12 Colleges (85.7%) indicated they did not have any Indigenous specific online portal for training and pathways within their Colleges. On the other hand 2 Colleges (14.3%) reported they had Indigenous-related online portals.

9. In relation to community-based cross-cultural training about Indigenous issues, a majority of 11 Colleges (78.6%) reported that they did not have such a program. However, they agreed that provision of a training program would be useful to train their staff about appropriately handling Indigenous issues. On the other hand, 3 Colleges (21.4%) reported that they had either cross-cultural or cultural competence training, but did not mention if it was community-based.

10. More than half of the Colleges (8 out of 14-57.1%) reported that they did not have any knowledge of the AIDA’s Pathways into Specialists paper, but did want to obtain this once informed of it. Those who

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were aware of it considered that it was a useful document to guide Colleges’ understanding about the policy context, issues and reform needed to increase the Indigenous medical workforce. They also showed interest in implementing the recommendations contained in the paper, where applicable and possible.

11. A majority of 12 Colleges (85.7%) reported that they did not have any program in the past to implement Indigenous Knowledge Initiatives for leadership in their Colleges. However, they stated they were very interested in running such a program in future.

Two Colleges (14.3%) reported they had a similar program such as “meeting with Indigenous leaders all over the country under a congress every year” or “having had an Indigenous Health Chapter-collaboration between the College and Indigenous organisation such as AIDA and NACCHO”.

12. The majority of Colleges who commented on the partnership approach to Indigenous health considered partnerships as an essential factor for successful program delivery and outcomes. NACCHO, ACCHO, AIDA and local Indigenous health services were considered as the relevant partners for the Colleges. Similarly, one of the Colleges viewed effective partnership required involvement of Indigenous people from initial planning to evaluation of the program implementation. Important factors identified as affecting partnerships included long term commitment, working towards a similar vision, realistic consideration of the time and resources available to support the partnership, and professional development opportunities.

As for the current relationships with Indigenous organisations, 9 Colleges (64.3%) reported formal and informal relationships with AIDA, NACCHO and ACCHO.

13. In view of the possibility of the AMC assessing the Colleges’ standards of cultural competency for Indigenous health as part of the accreditation of Colleges, almost all of the Colleges (13 out of 14) supported that the project produce a template for standard of cultural competence in collaboration with relevant Indigenous organisation.

One College warned about the dangers of a non-Aboriginal organisation assessing standards of cultural competency.

With regard to a question about a need to have a standard cultural competence curriculum, 9 Colleges (64.3%) agreed that there was a need for it. One of the Colleges suggested that a standard curriculum might not address the specific requirements for each College.

14. More than a half of the Colleges (57.1%) reported their links either with the Medical Specialist Outreach Assistant Program (MSOAP) or the Urban Specialist Outreach Assistant Program (USOAP) or both. One of the Colleges was unaware of the programs.

15. Only 2 Colleges reported that they had some form of Indigenous scholarship provisions. Among those Colleges reporting no scholarship funding or provision, one of the Colleges is exploring funding opportunities.

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Fellows, trainees and IMGS to provide assistance in these areas.

Conclusions
It appears from the survey that although there is still a lack of targeted career pathways for Indigenous doctors in many Colleges, all of the Colleges considered the issue important. Respondents to the survey provided valuable information for effectively implementing the framework recommendations, including the Indigenous status record, Indigenous content in curricula, Indigenous employment and career development opportunity, cultural competency and cultural safety programs, and partnership with the Indigenous health related partners such as the AIDA, NACCHO and ACCHO. CPMC through this important project supports all of the Colleges through the implementation of the framework recommendations and hopes to promote Indigenous doctors’ career pathways and Indigenous medical specialist workforce.

that finance is not the barrier to an indigenous doctor pursuing specialist training. However, 6 Colleges (42.9%) expressed that they wanted to establish a scholarship for Indigenous trainees. 7 Colleges (50%), suggested CPMC might be involved in establishing scholarships.

16. Three Colleges (21.4%) reported that they had already established relationships with Indigenous community health posts to provide trainees placements whilst 6 Colleges (42.9%) indicated their willingness to establish such relationships. Other Colleges expressed different views including that the community health placements needed funding; and that providing community placements would not necessarily deliver more Indigenous specialists.

Ideas for the best strategy in providing trainees experience in Indigenous community health posts included that they should be mandatory; there should be provision for cultural mentoring and appropriate supervision; and that there should be accreditation of training sites and housing facilities.

One of the Colleges posited that we should make use of “existing training sites that currently have a higher proportion of Indigenous Australians as well as existing programs that provide an opportunity for
GUIDELINE FOR COLLECTING INDIGENOUS STATUS DATA WITHIN MEDICAL COLLEGES

Introduction

Under-identification of Aboriginal and Torres Strait Islander people in many health and education data collections remains a problem.

The Committee of Presidents of Medical Colleges (CPMC), in partnership with both the Australian Indigenous Doctors’ Association (AIDA) and the National Aboriginal Community Controlled Health Organisation (NACCHO), is committed to addressing this situation. This is evidenced by the CPMC’s Indigenous Medical Specialist Project’s priority:

given the variability of national census data, Colleges should collect the Indigenous status data of its members.

A systematic approach is required to ensure the standard Indigenous status question is asked correctly and consistently of all trainees and fellows within the medical College context. Information collected and analysed will be critical for improved planning, support and service responses at a range of levels including at the College, CPMC and national policy level.

The standard Indigenous status question

The guideline is based upon the standard national question contained in the National best practice guidelines for collecting Indigenous status in health data sets. The guideline states that inclusion of the Indigenous status question in all data collections normalises the question and reinforces its consistent use as standard practice (AIHW, 2009).

The following question should be asked of all trainees and fellows:

Are you of Aboriginal or Torres Strait Islander origin?

☐ No
☐ Yes, Aboriginal
☐ Yes, Torres Strait Islander

For persons of both Aboriginal and Torres Strait Islander origin, mark both 'yes' boxes.

Why is this important to you as a trainee or fellow?

Trainees

By answering the question, you are contributing to the collection of accurate information on participants of the College’s training program. This information is important for the College to design and implement an effective training program, including curriculum and learning materials design and implementation, mentoring, and culturally appropriate medical practices that can provide you with the best possible training opportunity.
Fellows
By answering the questions, you are contributing to the collection of accurate information on participants of the College’s fellowship program. This information will assist the College in the planning and provision of appropriate and improved fellowship services, including appropriate continuing professional development curriculum and learning materials.

Privacy
Your personal information collected by the College is subject to privacy laws and is strictly protected and used appropriately.

When to ask the question?
When first registered with the College as a trainee, and when applying for a fellowship after or almost completing the training.

How to ask the question?
• The question to be asked through the use of a form (online or otherwise)
Project highlights

Project website

CPMC National Aboriginal and Torres Strait Islander Medical Specialist Framework Project has designed and developed a project website which is now under construction through the CPMC office. Once the website is fully constructed and finalised by February 2013, it will sit under the CPMC website.

The main objective of the website is to provide information particularly to Indigenous medical undergraduates and graduates to help them in choosing a medical specialty in their professional career path and to assist them to achieve their career aims. The website also will report the progress of the various aspects of the CPMC project.

Te ORA Scientific Conference, 2012

The Te ORA Scientific Conference, 2012, was held in Ahipara, Kaitaia, Northland, New Zealand from 31 August to 2 September 2012.

The conference was organised by the Te Ohu Rata o Aotearoa, Maori Medical Practitioners Association, and the theme of the conference was “What does it mean to be a Maori Doctor?”

At the 3-day conference, 14 scientific papers were presented in areas such as cardiovascular disease, psychiatric diseases, and family violence screening in general practice, sports injury, child health and immunisations, and medical workforce development.

In addition to the above, a report on Te Whatu, medical students mentoring service that aimed at providing practical support and encouraging more Maori medical practitioners to undertake or complete vocational training was presented by the Project Office of the mentoring program carried out under the auspices of the Te Ohu Rata o Aotearoa. It was reported that the mentoring project was a one year pilot project with evaluation every six month. Based on the 2 evaluations, it was found that peer mentoring was more effective than any other kind of mentoring, such as mentoring from the senior doctors.

The mentoring process involved both clinical and non-clinical mentoring.

Pacific Region Indigenous Doctors’ Congress Conference, 2012

The 6th Pacific Region Indigenous Doctors’ Congress Conference (PRIDoC) was organised by the Australian Indigenous Doctors’ Association (AIDA) and held at Alice Springs from 3 to 6 October 2012.

The theme of the conference was “Connectedness acknowledging the bonds Indigenous peoples share, and the significance of their connections to land and culture to our health and wellbeing.”

Various scientific papers were presented at the conference, also one from the CPMC National Aboriginal and Torres Strait Islander Medical Specialist Framework Project.

Dr Netra Khadka presenting a paper on the CPMC National Aboriginal and Torres Strait Islander Medical Specialist Framework Project

Ms Rhonda Thomson Te Whatu (Mentoring) Coordinator (first from the right), Dr Netra Khadka (middle) and Ms Terina Moke, CEO, Te ORA (left).
Farewell and welcome to Co-Chairs, CPMC AIHS

Outgoing Co-Chairs:

Both Professor Geoffrey Metz and Associate Professor Peter O’Mara jointly co-chaired the CPMC Indigenous Health Subcommittee for two years, until October 2012.

Professor Metz represented CPMC whilst Associate Professor O’Mara represented AIDA to the Subcommittee. The new Co-Chairs representing CPMC and AIDA are Dr Maria Tomasic and Dr Tammy Kimpton respectively.

Since the beginning of the project, both Professor Metz and Associate Professor O’Mara helped shape the project in relation to the implementation of the Framework Recommendations.

The project is thankful to both Professor Metz and Associate Professor O’Mara for the contribution they made to the project during their respective tenure and the support to the Senior Project Officer.

The project wishes them all the best in their future endeavour in Indigenous health promotion.
Dr Maria Tomasic is the President of the Royal Australian and New Zealand College of Psychiatrists. She has a broad experience in rural and remote psychiatry and forensic psychiatry, the latter currently involving criminal and victim impact assessments and a special interest in the area of Indigenous offenders. She also works at the Centre for Disability Health in South Australia dealing with mental health problems in people with intellectual disability, autism spectrum disorders and brain injury. She has been visiting psychiatrist to traditional indigenous communities in the Anangu Pitjantjatjara Yankunytjatjara Lands in central Australia since 2003. Her other roles include examining overseas trained doctor’s for the Australian Medical College (AMC). She is a Graduate of the Australian Institute of Company Directors.

Dr Tammy Kimpton is the President of the Australian Indigenous Doctors’ Association (AIDA). She is a Tasmanian Aboriginal woman and currently works in the upper Hunter Valley as a GP registrar. Her interest includes child health, addiction medition, and emergency medicine.

Dr Kimpton is passionate about education and wants to see many Aboriginal and Torres Strait Islander people working in the medical profession, especially to promote optimal health for all Indigenous Australians.

The project welcomes both Drs Tomasic and Kimpton on-board and wishes all the best in guiding the project.
About Associate Professor Kelvin Kong, the first Indigenous surgeon in Australia

Associate Prof. Kelvin Kong is the first Indigenous surgeon in Australia and the first Aboriginal Fellow of the Royal Australasian College of Surgeons (RACS), specializing in Otolaryngology, Head and Neck Surgery.

Kelvin hails from the Worimi people of Port Stephens, north of Newcastle, NSW, Australia. He completed his Bachelor of Medicine, Bachelor of Surgery at the University of NSW in 1999. He embarked on his internship at St. Vincent's Hospital in Darlinghurst and pursued a surgical career, completing resident medical officer and registrar positions at various urban and rural attachments. Along the way, his has also been privileged in serving the rural community as part of secondments to peripheral hospitals. He is now practising in Newcastle as a Surgeon specialised in Paediatric & Adult Otolaryngology, Head & Neck Surgery (Ear, Nose & Throat Surgery).

He is part of a strong, medical family. His mother is a nurse and his father a GP. His sister Marlene is a General Practitioner and her twin Marilyn, is Australia’s first Aboriginal Obstetrician and Gynaecologist.

Being surrounded by health, he has always championed for the improvement of health and education, particularly pertaining to ATSI people.

Complementing his surgical training, he is kept grounded by his family, who are the strength and inspiration to him, remaining involved in numerous projects and committees to help give back to the community. He is the current Chair of the RACS Indigenous Health Committee and also the member of CPMC Australian Indigenous Health Subcommittee. He is also one of the working group members of the CPMC National Aboriginal and Torres Strait Islander Medical Specialist Framework Project who is actively involved in contributing to the effort of increasing Indigenous medical specialist in Australia.
The Royal Australasian College of Physicians

RACP Scholarships for Indigenous Doctors

The Royal Australasian College of Physicians (RACP), through its Reconciliation Action Plan, is committed to identifying opportunities that support Aboriginal, Torres Strait Islander and Māori doctors and medical students. The RACP currently offers a variety of scholarships that provide support for Indigenous trainees to undertake and complete the RACP’s training programs, and to attend conferences for professional development.

Most recently, the RACP in conjunction with the Australian Indigenous Doctors’ Association (AIDA) offered scholarships to support Aboriginal, Torres Strait Islander and Māori physician trainees to attend the 6th Pacific Region Indigenous Doctors’ Congress Conference (PRIDoC). AIDA proudly hosted PRIDoC at the Alice Springs Convention Centre from 3-6 October 2012.

The scholarships were awarded to two Māori trainees from New Zealand, Dr Marty Davis and Dr Jade Tamatea. Both scholarships recipients advised that they found PRIDoC to be a highly enjoyable and valuable experience, with the opportunity to meet with and learn from senior Indigenous doctors. The RACP congratulates Dr Davis and Dr Tamatea on this achievement.

Earlier this year, the RACP awarded similar scholarships to support Aboriginal, Torres Strait Islander and Maori trainees, doctors and medical students to attend the RACP’s premier event, the RACP Future Directions in Health Congress 2012. The recipients of these scholarships were Dr Mataroria Lyndon and Mr Paul Saunders.

This was the second year that the scholarships were awarded, and the RACP intends to offer similar scholarships to the RACP Future Directions in Health Congress 2013, which will be held from 26-29 May 2013 at the Perth Convention & Exhibition Centre. Further information about these scholarships will be made available on the RACP website.

The RACP is in the process of planning a project to review the scholarships it offers to Indigenous trainees, doctors and medical students. It is hoped that through this process, the RACP can offer targeted and culturally appropriate initiatives that best meet the needs and preferences of Indigenous doctors, and to support them into and through completion of the RACP’s physician training programs.

The Royal Australian College of General Practitioners

National guide to a preventive health assessment for Aboriginal and Torres Strait Islander people

The review and updating of the first (2005) edition of the National guide to a preventive health assessment for Aboriginal and Torres Strait Islander people (‘National Guide’) was a joint initiative of the National Aboriginal Community Controlled Health Organisation (NACCHO) and The Royal Australian College of General Practitioners (RACGP) National Faculty of Aboriginal and Torres Strait Islander Health. The National Guide is a practical resource intended for all health professionals delivering primary healthcare to Aboriginal and/or Torres Strait Islander people. Its purpose is to provide GPs and other health professionals with an accessible, user-friendly guide to best practice in preventive healthcare for Aboriginal and Torres Strait Islander patients.

To download a copy of the National Guide to a preventative health assessment for Aboriginal and Torres Strait Islander people, please visit: www.racgp.org.au/aboriginalhealth/nationalguide

Or for more information please contact Nikola Merzliakov on 03 8699 0313 or Nikola.Merzliakov@racgp.org.au
The Flinders Adelaide Indigenous Medical Mentoring (FAIMM) program

The Flinders Adelaide Indigenous Medical Mentoring (FAIMM) program is a well-established forum that organises informal gatherings between indigenous medical and dental students and a group of interested doctors three or four times a year. The meetings often include a meal, with a presentation from an invited speaker, or one of the doctors in the group.

In addition FAIMM organises dinners at high schools which have a high number of indigenous boarders. Each dining table has doctors, indigenous medical/dental students and indigenous boarding students. The university students provide mentorship and information about university and career options.

ANZCA’s Indigenous Health Committee intends to establish similar groups in other Australian cities. For more information please contact Paul Cargill, Policy Officer, Community Development, ANZCA on pcargill@anzca.edu.au or 03 8517 5393.

Australian and New Zealand College of Anaesthetists

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The Royal Australian and New Zealand College of Psychiatrists

*Increasing the number of Indigenous psychiatrists in Australia.*

The Royal Australian and New Zealand College of Psychiatrists (RANZCP) is committed to increasing the number of Aboriginal and Torres Strait Islander graduates entering into, and successfully completing, psychiatry training. The College’s 2012-2014 Strategic Plan contains this specific goal as one of six strategic priorities.

An initiative introduced by the College in 2012 is to sponsor three (3) to four (4) Aboriginal and Torres Strait Islander medical students or junior doctors to attend the RANZCP Annual Congress, which in 2012 was held in Hobart.

Our hope is that this experience will enable those attending Congress to discover that psychiatry offers doctors a privileged place to understand people holistically and to hear their individual personal stories. It is also a flexible and varied speciality in great demand and with enormous scope for research. In May 2012 two medical students and two junior doctors received RANZCP sponsorship and attended the Congress in Hobart.

“Attending the RANZCP Congress was an enriching learning experience”, said Dana Slape, one of the initial four sponsorship winners. “The commitment of the College and their members to Aboriginal and Torres Strait Islander mental health was evident. The RANZCP is already comparatively successful in recruiting Indigenous junior doctors to specialist training but it was clear that they were keen to be involved in improving those numbers even more”.

Dr Sean White was another 2012 sponsorship recipient. “Attending the RANZCP Congress in Hobart provided me with wider exposure to the different fields of Psychiatry” he said. “I met with the NSW rural support group for Psychiatry Registrars that consisted of doctors at different levels of training. The group invited me to dinner at one of Hobart’s waterside restaurants, where I was able to get a good insight about the support provided for registrars and the training program.”

Dr Sean White also said that he “met with Australian Indigenous and Maori elders who work closely with mental health teams and psychiatrists. It was good to see the College respect the grassroots and community views of Psychiatrists.”

The RANZCP’s membership currently includes two Australian Indigenous psychiatrists and four Australian Indigenous trainees. It is encouraging to note that Dr Sean White, who attended the 2012 Congress, applied for and has been accepted into psychiatry training which he will commence in 2013.

The RANZCP is also working to improve its collection of membership data and in the coming weeks will ask all Fellows and trainees to participate in a survey which will ask if they are of Aboriginal or Torres Strait Islander origin.

Next year, the RANZCP will celebrate its 50th Anniversary and again offer sponsorships for up to four (4) Aboriginal and Torres Strait Islander medical students or junior doctors to attend the 2013 RANZCP Annual Congress, which is being held in Sydney from 26-30 May 2013. If you would like more information about this program, you are invited to contact Ms Jessica Spiers, Manager External Relations, via jessica.spiers@ranzcp.org or on (03) 9601 4926.
Australasian College for Emergency Medicine

International Medical Graduate (IMG) Workshop – Monday 29th and Tuesday 30th October 2012

As part of the Department of Health and Ageing Funded “Improving Australia’s Emergency Department Medical Workforce” projects, on Monday 29th and Tuesday 30th 2012, the Australasian College for Emergency Medicine (ACEM) held a workshop designed to analyse the educational needs of International Medical Graduates (IMGs) working in emergency medicine in Australia.

In addition to the participation of IMGs, the College invited involvement from ACEM Fellows and Trainees, education and cultural competency experts, Aboriginal Liaison Officers (ALOs) and other relevant parties with a particular interest and professional background in three of ACEMs National Project areas. These three sub projects that were discussed in detail at the IMG Workshop Include:

**Best of Web:** this project will be a collation of interesting, relevant information specific to emergency medicine for ACEM members that can be accessed via the ACEM website using a member’s log in. The information will be presented in an easy to digest format with reviews, summaries, podcasts and video. Each online resource will be assessed, reviewed and tagged for a specific user group and interest and will align with ACEM curriculum.

**Indigenous Health and Cultural Competency:** this project will seek to produce high quality multimedia educational resources including a podcast series as well as forming a resource package in Indigenous Health and Cultural Competency with the overall aim of enhancing culturally appropriate knowledge and understanding within this professional development area.

**Mentoring:** this project will develop and disseminate various resources to support IMG Mentors with the overall aim of enhancing supervision and mentoring offered to IMGs, further assisting their integration into Australasian Emergency Departments and advancing their pathway to ACEM Fellowship.

The participation, enthusiasm, input and expertise shared in the two-day IMG Workshop proved to be a valuable means of garnering interest and knowledge in these project areas as they move forward.

If you have any questions or seek further information on these ACEM project areas, please contact Holly Donaldson, ACEM Manager Continuing Professional Development (CPD), via holly.donaldson@acem.org.au.
Administration of the portal is provided by the Royal Australasian College of Surgeons.

**RACS Inaugural Indigenous Health Forum Annual Scientific Congress**

The Royal Australasian College of Surgeons (RACS) is pleased to announce that this year’s Annual Scientific Congress in Auckland in May will host the College’s inaugural forum on Indigenous Health. This realises one of the important aims of the College Indigenous Health Policy, “to promote and support the inclusion of Indigenous people and Indigenous health topics at College conferences.”

The inaugural program will provide cross-Tasman perspectives on the Indigenous health experience. It also aims to highlight what the past may teach us as a College as we progress our engagement in Indigenous health. We are very honoured that keynote addresses will be given by highly respected Indigenous and non-Indigenous academics and medical practitioners, including, Dame Ann Salmond, Sir Mason Durie and Dr Jacob Jacob. The scientific program will open with an official Maori welcome by First Nation representatives.

It is envisaged that future forums will give voice to the substantial work already being done by surgeons in Aboriginal, Torres Strait Islander and Maori health. It will provide an opportunity to reflect, learn, and consider culturally appropriate and sustainable approaches to the health care that is being delivered.

As in past years, the Indigenous Health Committee will hold its face to face meeting at a local Indigenous organisation, to meet staff and be informed of the work they do. This year the meeting will be hosted by the Hoani Waititi Marae. Hoani Waititi Marae is a recognised leader in Maori medium education and is acknowledged internationally for its development of Indigenous education programmes. It also enjoys the reputation of having created a number of successful alternate education, training, health, social and justice initiatives as models for New Zealand.

For further details on the Indigenous Health Forum please visit the ASC website http://asc.surgeons.org/, or contact the RACS Indigenous Health Committee Secretariat at: indigenoushealth@surgeons.org

A/Prof. Kelvin Kong, Chair
RACS Indigenous Health Committee
INDIGENOUS HEALTH FORUM
Royal Australasian College of Surgeons

Annual Scientific Congress
SkyCity / Crown Plaza, Auckland, NZ

Wednesday 8 May 2013
1:30pm - 3:30pm

Australia - Lessons from the Past.
Keynote speaker to be confirmed

New Zealand - The Journey So Far
Dame Anne Salmond
Anne Salmond is the Distinguished Professor of Maori Studies and Anthropology at the University of Auckland. Her collaboration with elders of the Te Whaanaau-a-Apanui and Ngati Porou Maori tribes over many years led to three books about Maori life. In 1995 she was made a Dame Commander of the British Empire for Services to New Zealand History.

The View Ahead From Alice Springs
Dr Ollapalli Jacob Jacob (Alice Springs)
Jacob Jacob is a general surgeon at Alice Springs hospital and senior lecturer at Flinders University. His current clinical and research areas of interest are Trauma, acute pancreatitis and delivery of surgical services to indigenous people across barriers of distance and culture. Dr Jacob is the Director of Surgery Alice Springs Hospital.

New Zealand- The View Ahead
Sir Mason Durie (Palmerston North)
Mason Durie is a member of the Rangitane and Ngati Kauwhata (Maori) tribes. He is a Fellow of the Australian and New Zealand College of Psychiatry and 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. Professor Durie recently retired as the Professor of Maori Research and Development and Deputy Vice-Chancellor at Massey University.
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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 31 May 2013 to publish it in the next newsletter due out in July 2013.

©This newsletter is developed and published by Dr Netra Khadka on behalf of the CPMC Australian Indigenous Health Subcommittee National Aboriginal and Torres Strait Islander Medical Specialist Framework Project (CPMC NATSIMSFP), January 2013, Melbourne.