



THE LIME NETWORK
Leaders in Indigenous Medical Education

NEWSLETTER

ISSUE NO. 24/ July 2017

LIME WELCOME

Welcome to the 24th edition of the Leaders in Indigenous Medical Education (LIME) Network Newsletter.

In this edition we are pleased to bring readers a feature on LIME Connection VII held in April, including information about LIMelight Awards winners.

We highlight some teaching and learning initiatives, have information

for clinicians and students, and detail scholarships available. Our profile features medical student Kelly Langford, from the University of Western Australia, who received the LIMelight Award for Excellence in Indigenous Health Education—Student Leadership.

We hope you enjoy the Newsletter and encourage your contributions for our future publications.



The LIME Network Newsletter is published in March, July and November. It includes information about Indigenous health education and is designed as a resource for Indigenous and non-Indigenous health educators, students, practitioners, policy makers, community members and all those interested in improving Indigenous health outcomes.

The Newsletter is a collaborative publication that encourages information sharing between LIME

Network members, celebrating the many successes occurring in Indigenous health, and contributing positively to areas in which improvement is necessary.

If you have an article, story, picture or information about a project or an event, we would love to hear from you. Please contact us via W: limenetwork.net.au/contact.

**ENCOURAGE A COLLEAGUE
TO SIGN UP AS A LIME
MEMBER TODAY!**

INSIDE:

NETWORK UPDATE	02
TEACHING AND LEARNING	04
STUDENT RECRUITMENT	05
MEDICAL STUDENT PROFILE: KELLY LANGFORD	06
FEATURE: LIME CONNECTION VII	08
GRADUATES AND CLINICIANS INFORMATION	12
STUDENT INFORMATION	14
SCHOLARSHIPS AND GRANTS	15
CONFERENCES AND EVENTS	17
PUBLICATIONS AND RESOURCES	20
BACKGROUND	24

LOGO AND ARTWORK
by Michelle Smith
and Kevin Murray

NEWSLETTER DESIGN
by Justice Nelson
and Inprint Design

LIME NETWORK UPDATE

LIME NETWORK PROJECT TEAM

The Project Team includes

- Professor Shaun Ewen, Program Lead
- Ms Odette Mazel, Program Manager
- Ms Justice Nelson, Project Officer
- Ms Samantha Smith, Project Coordinator
- Ms Caitlin Ryan, Project Coordinator (currently on leave)



Photo: (l-r) Ms Justice Nelson, Ms Odette Mazel, Ms Samantha Smith, Professor Shaun Ewen, By Marley Holloway-Clarke

LIME REFERENCE GROUP

The LIME Network welcomes Ms Telfia Joseph as the new LIME Reference Group Member for The University of New South Wales. Telfia is a Jamatiji Wadjurri, Noongar woman from Western Australia who has been living East Side all of her adult life. She graduated with a Bachelor of Health Sciences (Community Development & Aboriginal Health) and a Masters of Philosophy which documented the contribution of immunisation service delivery occurring within Aboriginal Medical Services in NSW.

Telfia's work has focused on otitis media at the community level and immunisation delivery, availability and appropriateness for Aboriginal and Torres Strait Islander peoples nationally.

She is currently an Associate Lecturer with the School of Public Health and Community Medicine at UNSW and co-convenes Health Perspectives within Indigenous Australia.



LIME FUNDING

The LIME Network has been successful in securing funding for a further three years, until June 2020. The funding will allow the LIME Network to continue to work with medical schools and expand LIME projects to include a focus on specialist medical colleges.

Projects to be undertaken over the next six months will include the redevelopment of the LIME Network website, holding a LIME Reference Group Meeting, and beginning consultations with specialist medical colleges about ways in which the LIME Network might support their Indigenous health initiatives.



SLICE OF LIME SEMINARS

SLICE OF LIME SEMINAR 7: 1967 REFERENDUM - IMPLICATIONS FOR HEALTH THEN, NOW AND IN THE FUTURE

The seventh Slice of LIME seminar was hosted by the Poche Centre for Indigenous Health – Key Thinkers Forum, Sydney on Tuesday, May 30th.

The topic was '1967 Referendum – implications for health then, now and in the future'. Speakers included: Professor Tom Calma AO; Norma Ingram, Chair Wyanga Aboriginal Aged Care; Sol Bellear AM, Chair Aboriginal Medical Service Redfern, Land Rights Champion, NSW LALC; Boe Rambaldini, Manager, NSW Health, Centre for Oral Health Strategy; Gary Oliver, CEO National Congress of First People, and; Chontel Gibson, Faculty of Health Science, University of Sydney.

You can access the recording of this seminar [here](#).

WE HAVE MOVED

A reminder that the LIME Network office is now located at:

**Building 390
141 Barry Street, Carlton
The University of Melbourne,
Vic 3010**

If you are sending mail please make sure you note the building numbers as well as the street address. All other contact details remain the same.

NAIDOC WEEK - OUR LANGUAGES MATTER

The theme for NAIDOC Week 2017 was 'Our Languages Matter'. The LIME Network recognises cultural identity: connection to Country; the handing down of knowledge, and; spirituality as the factors important to Aboriginal and Torres Strait Islander health. Indigenous languages play a critical role in emphasising these factors.

The LIME Project team and Melbourne Poche Centre for Indigenous Health staff got together for a morning tea to celebrate NAIDOC week. On the menu was a selection of bushfoods, including wattleseed ANZAC biscuits, hummous with bush tomatoes and wattleseed cake with lemon myrtle butter cream.

LIME project and Melbourne Poche Centre staff also attended the Melbourne NAIDOC March from the Victorian Aboriginal Health Service (VAHS) in Fitzroy to Federation Square. It is estimated that approximately 5000 people attended the March.



LIME ON YOUTUBE



Our YouTube channel hosts Slice of LIME seminars and our Pathways into Medicine videos profiling Indigenous doctors and students talking about their own pathways into medicine. W: [youtube.com/ LIMENetworkProgram](https://www.youtube.com/LIMENetworkProgram)

LIME ON TWITTER



The LIME Network is on Twitter. Join us [@LIME__Network](#) for the latest news and updates on projects relevant to LIME Network members.

LIME ON FACEBOOK



Join us on Facebook to see updates on LIME projects, including student related news, and scholarship opportunities at W: [facebook.com/LIMENetwork](https://www.facebook.com/LIMENetwork).

TEACHING AND LEARNING

CULTURAL IMMERSION PROGRAM AT DEAKIN MEDICAL SCHOOL

For every Deakin medical graduate, the development of a strong knowledge base of Indigenous identity and culture is essential in opening the culturally safe lines of communication and forming the basis for a successful therapeutic relationship. Every year, Deakin University's School of Medicine facilitates a two-day Cultural Immersion Program, exposing students to various guest speakers including community members, Indigenous and non-Indigenous doctors and Elders.

The school aims to equip our medical graduates over two days with knowledge of effective approaches to Indigenous patient medical management, health promotion and care. We use a vertical teaching approach in which the school has aligned the content students are taught with the academic expectations described in learning standards. It links closely with the CDAMS Indigenous Health Curriculum Framework and includes a 1500-word assessment task.

We build on this knowledge in subsequent years, ending in a final year Aboriginal health elective placement for students interested in specialising in the field.

The Cultural Immersion Program was developed in collaboration with Deakin University's Institute of Koorie Education (IKE) and has been running successfully since 2015 and is now being revised and tailored to suit other faculty programs teaching Indigenous health.

Contact:

Candice McKenzie,
Coordinator - Indigenous Medical
Education
Deakin University

E: candice.mckenzie@deakin.edu.au



STUDENT RECRUITMENT

KARNKANTHI INDIGENOUS EDUCATION PROGRAM

The University of Adelaide is in the heart of traditional Kaurna country and has had a strong history of supporting and strengthening opportunities for Aboriginal students. The first dedicated Aboriginal Education program, Wirltu Yarlū (meaning Sea Eagle in Kaurna language), now called 'Wirltu Yarlū Aboriginal Education' was established in 1996 and is responsible for Aboriginal and Torres Strait Islander recruitment, support, education and research. The University of Adelaide and Wirltu Yarlū is committed to graduating Indigenous students.

Indigenous education and health is always viewed from the point of disadvantage or deficit (Noel Pearson, Empowered communities). Although much work needs to be done to alleviate Aboriginal people from impoverishment on various levels, new directions should be made for empowerment, development and individual success.

KarnKanthi (meaning 'lifting up' in Kaurna language) Indigenous Education Program is a new pathway, education and development program at The University of Adelaide for high-achieving Aboriginal and Torres Strait Islander students in Years 11 and 12. It is the university pathway program to focus on identifying and supporting gifted and high achieving Indigenous students. It runs apace with existing school curriculums and provides support for students to succeed. KarnKanthi aims to address the under representation of high achieving and gifted Indigenous students.

Its vision is to identify, nurture and graduate future Indigenous leaders of distinction who have the potential to succeed in university education. KarnKanthi's long term aim is to develop a positive reinforcing loop for Aboriginal graduate students to return to their communities as role models and ambassadors.

KarnKanthi Indigenous Education Program is a relatively new strengths-based educational model, based on an empowerment model where behaviour modification and motivation is based on positive psychology that reinforces self-determination and where the decision making rightfully falls in the hands of the people who are affected by the outcomes. It aims to achieve this by:

- Focusing on early identification of gifted students with academic potential;
- Preparing students for tertiary education;
- Building on students' existing strengths and potential;
- Engaging and empowering parents and families to support students throughout school and remove any barriers;
- Providing the students with pathways to degrees of choice;
- Helping more students enrol in university;
- Empowering students to take control of their futures; and
- Helping them build resilience.

The program offers academic skills training via preparatory and revision programs, study skills development and exam preparation. It also provides personal development

skills such as leadership, systems thinking and career development through mentoring with peers and experts. It offers students, scholarships and private tutoring through Wirltu Yarlū. It also assists students with Apple I Pad Pro and Microsoft surface Pro bundle, and University Union memberships amongst other things. It will bring visibility to high achieving students, assist in closing the gap in under representation of Indigenous students in the university sector, and contribute to the tertiary education system more broadly.

For further information visit <http://www.adelaide.edu.au/wirltu-yarlū/>



THE UNIVERSITY
of ADELAIDE

MEDICAL STUDENT PROFILE

KELLY LANGFORD, UNIVERSITY OF WESTERN AUSTRALIA

Kelly Langford is a 3rd year medical student at the University of Western Australia. She is studying in Broome as part of the Rural Clinical School Program. Kelly is from Cairns, Queensland and identifies as a Badjala woman from Fraser Island and a Darraba woman from Starckie.

Kelly was inspired by her Nana's enthusiasm and passion for helping Aboriginal and Torres Strait Islander people. Hearing of the positive impact her Nana had as a drug and alcohol counsellor on the health and wellbeing of her clients, Kelly has pursued a profession that will allow her to improve the health of Aboriginal and Torres Strait Islander people.

One of the biggest struggles Kelly says she faces with studying medicine is trying to learn so much content in such a short period of time. To achieve this requires hard work, dedication and belief in yourself. In order to study medicine, she had to move away from her home and family who she is very close to. Fortunately, Kelly returns home during the mid-year and end-of-year break. When she graduates she hopes to return to her family and community in Cairns to practice medicine.

Kelly says it is a privilege to be a medical student and to be able to sit down with a patient and listen to their story. As a medical student, she says you have the time to uncover many details of a patient's life. In giving a patient time to share their story

you can have a positive impact on their wellbeing even if the information you uncover doesn't directly affect their care.

Kelly is involved with many activities that demonstrate her commitment to Indigenous health. She is the Indigenous Health Officer for the National Rural Health Student Network (NRHSN) where she ensures there is a representation of an Aboriginal and Torres Strait Islander medical student voice in the Executive Committee. She presented on behalf of the NRHSN at the World Rural Health Conference (WONCA) on the topic - The Importance of a Culturally Competent Health Curriculum.

As the AIDA Student Representative Committee member for UWA in 2016, Kelly represented the voice of Indigenous medical students at her university. She participated in developing the AIDA video resource 'Debunking the Myths' that unpacks questions faced by Indigenous medical students.

Last year Kelly was the Indigenous Community Activity Coordinator for her Rural Health Club 'Students and Practitioners Interested in Rural Practice, Health, Education Xetcetera' (SPINRPHEX). She organised and facilitated an event where Indigenous health professionals ran workshops for students on the topics of culturally appropriate bedside manner, working in Indigenous rural communities, and Indigenous culture and identity.

During NAIDOC 2016, Kelly organised a stall to encourage and inspire Indigenous students to study medicine. She shared with students her personal experience studying medicine and information about entry pathways.

Between 2015 and 2017 Kelly was a university tutor for Indigenous students.

At the LIME Connection VII, Kelly received the LIMELight Award for Excellence in Indigenous Health Education – Student Leadership. She says one of the highlights of Connection for her was hearing about the different ways universities incorporate Indigenous health in their curriculum. She used the information she gained from Connection in a presentation she delivered at the World Rural Health Conference on the importance of a culturally competent health curriculum.

Kelly says it was great to be able to share information about what is happening locally, nationally and internationally in regards to Indigenous medical education. Other highlights were the basket weaving and traditional bush tucker workshops, as well as the opportunity to visit the First Peoples exhibition at Bunjilaka Aboriginal Cultural Centre at Melbourne Museum.

Throughout her medical degree, Kelly has attended two LIME Connections. She says these conferences inspire and motivate her to complete her degree and to continue to advocate on behalf of Indigenous peoples for improved health and wellbeing.



Photo: Kelly Langford By Marley Holloway-Clarke

LIME CONNECTION VII -

THE FUTURE OF INDIGENOUS HEALTH EDUCATION: LEADERSHIP, COLLABORATION, CURRICULUM

The seventh biennial LIME Connection was held in Melbourne, Australia from 4–7 April 2017. The event was co-hosted by Deakin University, Monash University and The University of Melbourne.

The conference was attended by 228 delegates from Australia, Aotearoa/New Zealand, the USA and Canada. Delegates included Indigenous community members, students and professionals including university staff and educators, medical practitioners, representatives from Indigenous health organisations and specialist college staff.

The conference program included presentations and perspectives relating to Indigenous health teaching and learning, curriculum development and research, community engagement and student recruitment and graduation.

Conference Program

There was a total of 55 presentations which included:

- 3 panel sessions;
- 5 situated learning activities;
- 4 keynote addresses;
- 5 workshops;
- 3 student presentations;
- 4 poster presentations; and
- 31 oral presentations.

Presenters were from Australia, Aotearoa/New Zealand, Canada, Hawaii and mainland USA with the majority of presenters (73%) being Indigenous. All presentations required at least one Indigenous author.

Evaluations were received from 40% of those who attended the conference. Of all those respondents, 98% (n=89) regarded the program as good to excellent.

Day 1 of the conference was held on the traditional lands of the Wadawurrung people at the You Yangs Regional Park. The day commenced with a traditional Welcome to Country with conference proceedings following which included a Keynote address by Associate Professor Richard Frankland, and panel discussion. Delegates then participated in situated learning activities facilitated by Victorian Aboriginal community members. Activities included:

- Walking the Journey to Big Rock Lookout;
- Koala Tour;
- Basket Weaving (women only);
- Didgeridoo Workshop (men only); Boomerang Throwing; and Ochre Painting; and
- Traditional Bushfoods Workshop.

Delegates reported that the situated learning day was a positive way to start the conference as it provided insight into local Aboriginal culture. Others commented that the day at the You Yangs was the highlight of the Conference.



This was my first LIME Conference and was quite honestly the best conference I attended in 35 years of practice. The sessions had a clear focus and the speakers were willing to share their experience



LIME Connection VII Delegate



Photography: Marley Holloway-Clarke



Photography: Marley Holloway-Clarke

BURSARIES

To support the attendance of Indigenous students and community members, 45 bursary places were awarded. This is the highest number in the history of LIME Connection. Thirty-nine places went to Aboriginal, Torres Strait Islander and Māori medical students and six to Aboriginal, Torres Strait Islander and Māori Community members.

Bursaries were funded by a number of medical schools across Australia and Aotearoa/New Zealand including Australian National University, Curtin University, Flinders University, Griffith University, The University of Adelaide, The University of Auckland, The University of Sydney, University of New South Wales, University of Notre Dame Fremantle, University of Otago, University of Queensland, Western Sydney University and James Cook University. In addition,

Monash University and the University of Western Australia assisted and co-facilitated with the LIME Network for their own Indigenous medical students and community members to attend.

It was a privilege to attend LIME and be surrounded by leaders within indigenous medical education, particularly as I begin my journey into medicine

LIME Connection VII Bursary Recipient



Photo: LIME Connection VII Student Bursary Recipients, By Marley Holloway-Clarke

OVERVIEW OF CONFERENCE OUTCOMES

Most delegates reported that LIME Connection VII had fulfilled their expectations with highlights being the keynote addresses, in particular Dr Evan Adams' presentation titled 'Two-Eyed Seeing'. The situated learning day at the You Yangs, Welcome to Country ceremonies and the Student Panel were also highly regarded.

The reported benefits of attending for delegates were most notably the opportunities for networking and developing connections. Delegates also commented that they benefitted from the conference by learning through shared stories and feeling empowered and inspired.

A common theme throughout the conference was the experience of contending with racism and bias in Indigenous health education and

the ways to overcome this. Many delegates specified the importance of cultural safety, leadership and institutional transformation to developing quality and effective Indigenous health curriculum.

Other outcomes included gaining an awareness of the effects of cultural loads; increased understandings of the complexities of teaching Indigenous health in medical education; and the opportunities for learning through networking and sharing.

Delegates reported that their participation in LIME Connection has encouraged increased discussion with colleagues on strategies to influence change within the workplace; provided motivation, inspiration and empowerment to continue their work in Indigenous health; and provided an evidence base to support and facilitate change.

CONFERENCE REPORT

For a full report on the conference including evaluation findings and the Bursary report visit the [LIME website](#). You can also access the photos from LIME Connection [here](#).



LIMELIGHT AWARDS

The LIMELight Awards recognise the significant and outstanding work that staff, students and medical schools undertake in teaching and learning of Indigenous health, as well as student recruitment and support. The awards were presented to the winners by Wurundjeri Elder Aunty Di Kerr and Boonwurrung Elder Aunty Carolyn Briggs at the Connection Dinner.

The winners of the 2017 LIMELight Awards are as follows:

- **Excellence in Community Engagement:** Aboriginal Health Team, University of Notre Dame, Australia, Fremantle
- **Excellence in Indigenous Health Curriculum Implementation:** MIHI the Maori Indigenous Health Institute, University of Otago, Christchurch
- **Excellence in Indigenous Student Recruitment, Support and Graduation:** MAPAS – Maori and Pacific Admission Scheme, The University of Auckland
- **Excellence in Indigenous Health Education Research:** Dr Melissa Lewis, University of Missouri, and Dr Elena Curtis, The University of Auckland
- **Excellence in Indigenous Health Education Student Leadership:** Kelly Langford, University of Western Australia
- **Excellence in Indigenous Health Education Leadership:** Professor Shaun Ewen, The University of Melbourne

For more information on award winners, please see the [LIME Network Website](#).



Photo: LIMELight Award Winners, By Marley Holloway-Clarke

GRADUATES AND CLINICIANS

Australasian College for Emergency Medicine launches first RAP

In March the Australasian College for Emergency Medicine (ACEM) launched its first [Reconciliation Action Plan](#) (RAP).

The launch – which kicked off with a traditional smoking ceremony and didgeridoo performance – took place at ACEM's Melbourne HQ.

The RAP builds on the work ACEM has already undertaken as part of its reconciliation journey, including developing elements of [Relationships](#), [Respect](#), and [Opportunities](#).

In 2015 ACEM won an [Australia and New Zealand Internet Award](#) (ANZIA) for its [educational tools and resources](#) designed for doctors and other healthcare workers to enhance culturally competent communication and overall care for Aboriginal, Torres Strait Islander and other culturally and linguistically diverse patients in the emergency department.

In December this year ACEM will release guidelines for emergency departments to integrate cultural awareness into the daily work practices and processes for all staff.

In harmony

FACEM Dr Elizabeth Mowatt, Chair of ACEM's RAP Reference Group and an emergency medicine doctor based in Cairns, told ACEM staff in March, the day chosen for the launch of the RAP was Harmony Day.

'The message of Harmony Day is "everyone belongs"' Dr Mowatt said. 'For those not familiar with the idea behind the day, it aims to engage people to participate in their community, respect cultural and religious diversity and foster a sense of belonging for everyone.'



Photo: (L-R) Dr Elizabeth Mowatt, Artist Luke Mallie and ACEM President Professor Anthony Lawler

ACEM's RAP for 2017-2018 defines the College's strategy for furthering its commitment to reconciliation with Australia's First Peoples.

ACEM President, Professor Anthony Lawler, said the RAP signified the culmination of one stage of ACEM's reconciliation journey and the beginning of another.

'For my fellow Board Directors and senior College office bearers, I challenge you to lead the College's commitment to reconciliation through your workplace and in your local community', Professor Lawler said. 'We can do this by encouraging emergency departments to develop environments that show respect for Aboriginal and Torres Strait Islander peoples, their cultures and knowledge. And a crucial aspect of what we all must do, is to foster ongoing relationships that support efforts to recruit and retain Aboriginal and Torres Strait Islander medical graduates in specialist emergency medicine training.'

The RAP has been sent to ACEM's key stakeholders and partners, including Health Minister Greg Hunt, state and territory health ministers, and other specialist medical colleges.

ACEM will continue to work with [Reconciliation Australia](#) to review the RAP at the end of 2018 in order to develop a new plan for action.

A fine art

As part of the development of the RAP, the College asked leading Aboriginal and Torres Strait Islander artist Luke Mallie to create a unique illustration representing the collaboration between ACEM and Indigenous communities working together to achieve the RAP's aims.

Luke's creation – The Spirit of Well-Being – depicts the connection between the body, mind and spirit. It highlights the importance of striving to maintain well-being in all areas of our lives, to live the happiest and healthiest life possible.

A copy of the artwork was presented to ACEM RAP Reference Group Community Representative Jacqui Gibson.

Visit www.acem.org.au to learn more about the College's reconciliation vision.

[Download ACEM's RAP](#)

INDIGENOUS PHD FAMILIARISATION PROGRAM FOR HEALTH SCIENCE STUDENTS AND GRADS

The Melbourne Poche Centre for Indigenous Health, based at the University of Melbourne, has a focus on Indigenous PhD recruitment and support.



Undertaking a PhD is an opportunity to develop expertise in a specific area of research, and contribute to an evidence base for influencing policy and practice.

This year's Familiarisation Program is specifically tailored to Indigenous doctors, allied health professionals and health science students who are considering a PhD.

Over three days, the program includes workshops and networking opportunities that will enable you to:

- Connect with some of Australia's prominent indigenous and non-Indigenous researchers
- Participate in specialised learning focusing on PhD applications, grant writing, and research skills
- Engage with leading research institutes about possible partnership projects
- Develop your research proposal ideas with other Indigenous PhD students; and
- Learn more about the support available at the University of Melbourne for Indigenous PhD students
- This fully funded program runs from 31 July until 2 August 2017 and will be held at the University of Melbourne's Parkville campus. Expressions of interest from health practitioners across Australia are encouraged.

To express interest in the program or for more information, please contact Warwick Padgham, Senior Project Officer, on (03) 8344 0828 or email padghamw@unimelb.edu.au



STUDENT INFORMATION

AIDA Aboriginal and Torres Strait Islander medical student mentoring program

In 2017 the Student Representative Committee (SRC) in the Australian Indigenous Doctors' Association (AIDA) is trialing its mentoring program that targets Aboriginal and Torres Strait Islander medical students. The SRC consists of a representative member from each of the medical school campuses in Australia as elected by the student membership. The aim of the 2017 SRC project is to work with the AIDA secretariat and locally-based provider Mentorloop to pilot an online mentoring program for AIDA student members. The program is based on the model of self-matching where students can access a list of possible mentors or mentees and select their preferred relationship. Mentors can join the program without being members of AIDA through invitation. The self-matching process allows autonomy for students when developing mentoring relationships. The platform provides guidance through the 6 month relationship by sending prompts such as goal planning and relationship building activities and training offerings. Relationships can be developed online, face-to-face or a mixture of the two approaches depending on the needs of the mentor and mentee. The SRC will be presenting a mid-term report at the AIDA conference in the Hunter Valley in September 2017.

Please contact mentoring@aida.org.au for more information about the mentoring program.



Do you want to make a difference in Australian Indigenous Health?

Rowan Nicks Russell Drysdale Fellowship in Australian Indigenous Health and Welfare 2018

This Fellowship awards up to \$60,000 (negotiable depending on qualifications &/or experience) for a 12-month period.

The Fellowship is designed to support individuals wanting to make a contribution in the area of Australian Indigenous Health and Welfare. The Fellowship particularly aims to support workers and the development of future leaders in Australian Indigenous Health & Welfare.

Australian Indigenous people are strongly encouraged to apply.

Fellowships could take the form of

- A salary for a 12 month period, whilst undertaking a program, at a level commensurate with the Fellow's experience and qualification OR
- A stipend and payment of course fees to undertake approved education or research

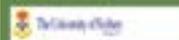
The Fellowship is open to Australian citizens or permanent residents who have appropriate prior experience and/or education and wish to:

- Undertake approved programs/activities OR
- Undertake further education OR
- Undertake a research project

Closing date: Friday September 22, 2017

For further information about the Fellowship and for application forms, please visit the website: <http://www.ifa.org.au/indigenous/education/awards/indigenous/awards/awards>

Or contact Louise Lewler, Sydney Medical School, University of Sydney on 0418 251 864 or at louise.lewler@sydney.edu.au.



Australian Indigenous Doctors' Association



**THE UNIVERSITY OF
SYDNEY**

SCHOLARSHIPS AND GRANTS

AMA Indigenous Medical Scholarship

The AMA Indigenous Medical Scholarship supports Aboriginal and Torres Strait Islander students to study medicine and achieve their dream of becoming doctors. Each year the AMA offers one scholarship to an Aboriginal and/or Torres Strait Islander student studying medicine at an Australian University, but with the help of your tax deductible donation we can increase the number of Scholarships offered each year and help grow the Indigenous medical workforce.

The value of the Scholarship is \$10,000 per annum for the full duration of a medical degree.

By supporting an Indigenous medical student throughout their medical training, you are positively contributing to improving health outcomes for Aboriginal and Torres Strait Islander people.

If you are interested in making a contribution, you can do so by downloading the donation form at <https://ama.com.au/donate-indigenous-medical-scholarship>.

Further information about the Scholarship is available at <https://ama.com.au/advocacy/indigenous-peoples-medical-scholarship>

For enquiries please contact the AMA via email at indigenousscholarship@ama.com.au

or phone (02) 6270 5400.

MIGA 2017 Elective Grants Program

This Program offers six Grants of \$3,500 to medical students undertaking their university elective in a developing community and is a fantastic way of supporting students interested in global health issues, as well as providing aid to the communities they visit.

At MIGA we acknowledge the additional challenges faced by Indigenous medical students in completing their qualifications and are passionate about achieving equity for this group. In recognition of this, we started an initiative in 2013 where each year we set aside one of the six Elective Grants specifically for awarding to an Indigenous medical student applicant.

This dedicated Grant aims to support students in broadening their skills and experience through exposure to the delivery of health care in a different setting, and also brings medical skills and aid to communities in desperate need, both in Australia and abroad.

For information about the Program and application form follow this [link](#)

Roberta Sykes Scholarship

The Roberta Sykes Scholarship provides supplementary financial assistance to Indigenous postgraduate students who wish to undertake studies at recognised overseas universities.

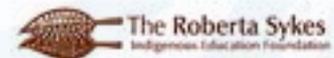
The value of the Scholarship is up to \$30,000 for the period of one year, paid directly to the recipient in equal instalments at the start of each semester or term, subject to satisfactory academic progress. Applicants may reapply for the Scholarship in subsequent years.

To be eligible, applicants must:

- Have an undergraduate degree with a strong academic record.
- Be accepted into a postgraduate course work or research degree at a recognised overseas university.
- Be of Aboriginal or Torres Strait Islander descent, identify as Aboriginal or Torres Strait Islander and be accepted as such by the community in which they live or have lived.
- Be able to demonstrate that they have, or will have, sufficient funds to support themselves during the course of their postgraduate degree (such as through another scholarship, private sponsorship or personal funds).
- Be able to demonstrate that their studies will be of benefit to their community upon their return to Australia.

Applications for part-time study will be considered in special circumstances.

For more information visit <http://www.robortasykesfoundation.com/roberta-sykes-scholarships.html>



Australian College of Rural and Remote Medicine

The Australian College of Rural and Remote Medicine (ACRRM) has five, funded Academic Posts available for registrars for the 2018 training year. Academic Posts are open to ACRRM registrars training on the Australian General Practice Training Program, and are fully supported and mentored through RTOs, universities and colleges.

Funding

All ACRRM Academic Posts attract the following funding:

- salary equivalent to the registrar's university 'Lecturer Level A' (0.5 FTE)
- clinical loading equivalent to that of an academic staff member 'with significant responsibility for patient care' (0.5 FTE)
- statutory on-costs of 9.5% superannuation and 2% workers compensation
- access to a professional development fund to the value of \$3,000 (ex GST)
- access to Registrar Research Funding to the value of \$5,000 (ex GST)
- allocation of up to \$4,000 to cover attendance costs for the Primary Health Care Research Conference and the Rural Medicine Australia Conference.

Key Dates

- 29 May: Applications open
- 14 July 2017: Applications close
- September 2017: Letter of offer
- November 2017: Academic registrar orientation webinar
- January/February 2018: Academic Post commence.

For further information visit the [website](#)

The House Call Doctor Futures in Indigenous Health Scholarship

The House Call Doctor Futures in Health Indigenous Scholarship recognises the immense contributions of Indigenous Australians throughout all sectors of society. However, the scholarship also acknowledges that Indigenous health professionals remain too few, numbering an estimated 0.3% of the national healthcare workforce.

At House Call Doctor, our team believes that healthcare professionals should reflect the diversity of patients they care for. Healthcare professionals from diverse backgrounds offer unique perspectives that enable the medical workforce to be more understanding and responsive to patient needs, both on an individual and community level.

About the Scholarship

One student will receive \$10,000 to go towards their academic costs in 2018

Applications will open on 15th June 2017 and close on 15th December 2017

Eligibility

You must be:

- 18 years or older
- An Australian citizen or permanent resident
- Identify as Aboriginal and/ or Torres Strait Islander
- Be an undergraduate student studying a medical/ health field at an Australian University
- Entering at least your 2nd year of study in 2018

- Can provide written documentation where required, such as a Statutory Declaration or other supporting documents

For further information about how to apply visit <https://housecalldoctor.com.au/about/indigenous-scholarship/>



CONFERENCES AND EVENTS

Victorian Aboriginal Health Education Summit

Weenthunga Health Network and VACCHO are hosting a Summit on 7 August at Victoria University, facilitated by Associate Professor Greg Philipps, which aims to strengthen the quality of Aboriginal health education and curricula in Victorian universities. The Summit focuses on improving the teaching of Aboriginal health (and ways working with Aboriginal clients/communities) to students studying in health courses in Victorian universities. The key Summit objectives are to identify strategies for:

- Aboriginal academic leadership and faculty-wide strategic investment
- Aboriginal community engagement in curriculum & teaching excellence
- Professional development and support for Aboriginal and non- Aboriginal academics
- Collaboration and sharing across courses and universities

The Honourable Jill Hennessy MP Minister for Health will open the Summit. Participants will hear from VACCHO on the Victorian health workforce. They will hear from speakers from IAHA, CATSINaM and LIME on national health workforce developments. There will be a presentation on the Aboriginal & Torres Strait Islander Health Curriculum Framework. The Program includes presentations from universities on case studies of good practice.

We are hoping an outcome

of the Summit will be the establishment of a Victorian network linking all key players to facilitate ongoing collaboration.

To register go to: www.trybooking.com/QIPV.

CATSINaM's Annual Professional Development Conference

We invite you to be part of the CATSINaM Professional Development Conference held at the Gold Coast, Australia from the 10th - 12th of October 2017. The Conference, themed "Claiming our Future" purpose is to share information while working towards and integrated approach to improving the outcomes for Aboriginal and Torres Strait Islander Australians. The Conference also provides an opportunity to highlight the very real difference being made in Aboriginal and Torres Strait Islander health by our Members.

To this end, we are offering a mixed mode experience with plenary speaker sessions, panels, and presentations as well as professional development workshops. The CATSINaM Gala Dinner and Awards evening, held on the night of October 11th, purpose is to honour the contributions of distinguished Members to the field.

<http://catsinam.org.au/events-folder/conference-catsinam>

Ngar-wu Wanyarra Aboriginal Health Conference 2017, Melbourne Australia

The 3rd annual Ngar-wu Wanyarra Aboriginal Health Conference will be held at The University of Melbourne, Department of Rural Health,

49 Graham St (opposite GV Health) Shepparton on Wednesday 11th Thursday 12th October 2017

The Australian & New Zealand Association for Health Professional Educators (ANZAHPE) 2017 Conference

[ANZAHPE](http://www.anzahpeconference.com.au/) will be held in Adelaide, South Australia from the Tuesday 11 - Friday 14 July 2017. The theme of the meeting is *Transitions*. This inclusive theme is open to multiple interpretations. *Transitions* asks us to consider where we have been, where we are and where we are going in our personal, professional and organisational learning journeys.

<http://www.anzahpeconference.com.au/>

Rural Medicine Australia Conference 2017

Rural Medicine Australia is the peak annual conference and medical science forum of the Australian College of Rural and Remote Medicine (ACRRM) and the Rural Doctors Association of Australia (RDAA). The conference is coming to Melbourne in October 2017 and promises a packed program and full complement of exhibitors

<https://acrrm.eventsair.com/QuickEventWebsitePortal/rma17/home>

World Indigenous Peoples Conference on Education (WIPCE) 2017

Toronto, Canada

World Indigenous Peoples Conference on Education 2017 Theme: "A Celebration of Resilience" July 24th - July 29th, 2017. Six Nations Polytechnic and TAP Resources are excited to host the World Indigenous Peoples Conference on Education - the most prestigious Indigenous education event the world has to offer! We are very grateful to the Native Hawaiian Education Association, WIPCE 2014 host, for their kindness, generosity, wisdom and most of all, their friendship as we transition to 2017

<http://www.wipce2017.com/>

RACMA 2017 Conference

The conference will be held 18-21 October, Melbourne Australia. 2017 is a time for reflection, celebration and looking towards the future. The theme of this year's conference is Past Reflections Future Directions.

The Subthemes are:

- Quality, Patient Safety and Health Service Delivery
- Facilitating Effective Behavioural Change
- Diversity in Medical Leadership
- Women in Medical Leadership
- Politics, Funding and their Impact on Healthcare
- Future Directions in Healthcare

For further information and registration see [here](#)

Annual Research Translation Symposium, 2017

The National Health and Medical Research Council (NHMRC) and the Lowitja Institute will co-host the 6th Annual Research Translation Symposium in 2017. The symposium will be held in Brisbane on 14 – 15 November with a focus on Aboriginal and Torres Strait Islander Health research and knowledge translation.

<https://www.nhmrc.gov.au/media/events/2017/6th-annual-nhmrc-symposium-research-translation-co-hosted-lowitja-institute>



AIDA
CONFERENCE 2017
Family • Unity • Success
20 years strong

20-23 September
Oaks Cypress Lakes Resort, Hunter Valley, NSW

The Australian Indigenous Doctors' Association (AIDA) is a not-for-profit, member based, professional association contributing to equitable health and life outcomes, and the cultural wellbeing of Aboriginal and Torres Strait Islander people.

In 2017 our annual conference will celebrate 20 years since the inception of AIDA. The AIDA Conference will bring together industry experts, key decision makers, Indigenous medical students, doctors and those interested in Aboriginal and Torres Strait Islander health and medicine.

To participate in the conference you can:

- REGISTER TO ATTEND
- PARTNER, EXHIBIT OR SPONSOR A STUDENT OR JMO TO ATTEND
- BECOME A PRESENTER

#AIDAconf2017 #FamilyUnitySuccess
aida.org.au/conference

RACMA Professional Development Spring Forum

The Royal Australasian College of Medical Administrators was founded with the aim of promoting and advancing the study of health services management by medical practitioners. By combining the training skills derived from the discipline of medicine with the knowledge and techniques of management, medical practitioners are uniquely qualified to ensure that the highest standards of medical care are maintained. Therefore, an education programme has been developed to enable Candidates to become effective members of the health care team with an insight into the needs and aspirations of both the consumers of medical care and its providers.

Where: Melbourne Exhibition and Convention Centre

When: 18-21 October 2017

Six Reasons to attend the RACMA Professional development forum:

- Practical, interactive activities designed for medical leaders and managers and accredited by the College
- Learn from top international and Australian educators
- Select from a range of options relevant to your scope of practice
- Share ideas and knowledge with colleagues in a friendly, relaxed atmosphere
- Achieve up to 50% of your annual CPD requirements at one event
- Flexibility in our programming means you can choose to come for just half a day or the whole three days

For more information on the Summer Forum please see: <http://www.racmacme.com.au>

IAHA Conference – Care, Cultures, Connection

Indigenous Allied Health Australia (IAHA), a national not for profit, member based Aboriginal and Torres Strait Islander allied health organization, will hold its' 2017 IAHA National Conference at the Rendezvous Scarborough Perth in Western Australia, 27 – 29 November 2017

The conference theme is Care, Cultures and Connection, which reflects three key factors that influence the health and wellbeing of Aboriginal and Torres Strait Islander peoples. Within an Aboriginal and Torres Strait Islander context, building culturally responsive connections and relationships and valuing cultures, cultural knowledges, and perspectives will contribute to the delivery of culturally safe and responsive care.

Abstracts are now open and Registrations open 1 July 2017. For further information visit <http://iahaconference.com.au/about-the-conference/>

Te ORA Hui-ā-Tau & Scientific Conference 2017

Date: 7 - 10 December

Venue: Te Whare Wānanga o Aotearoa ki Porirua, Wellington

Karanga / Call for Abstracts:

Te Ohu Rata o Aotearoa (Te ORA) welcomes all Māori Doctors, Medical Students and other interested parties to submit abstracts that related to the theme and subthemes of the 2017 Hui-a-Tau.

The theme for the 2017 Hui-a-Tau is: Poipoia ō tātou ngākau - Care, compassion and connection.

Te ORA is an organisation that represents all Māori doctors. In the Te ORA whakapapa, there are individuals, including the late Paratene Ngata, whose values of care, compassion and connection guided their mahi. In our Hui-ā-Tau 2017, we want to create a space where we are able to present on, discuss, and reflect on these values and what they mean for both ourselves and our communities.

For further information visit: <http://www.teora.maori.nz/news/call-abstracts-hui-ā-tau-scientific-conference-2017-porirua-wellington>

The Royal Australian College of General Practitioners Conference 2017, Sydney Australia

This conference will be held in Sydney from 26 – 28 October and will focus on the theme, General practice: the foundation of patient-centred care. It will provide networking opportunities for delegates and a chance to broaden clinical knowledge.

The conference will focus on a range of streams, including:

- Better systems and data
- Education and research
- Health equity
- Quality care
- Sustainability and financial modelling

For further information visit <http://gp17.com.au>

PUBLICATIONS AND RESOURCES

Aboriginal and Torres Strait Islander Health Performance Framework, 2017

The Health Performance Framework 2017 Report is the sixth biennial report. It shows encouraging improvements in aspects of health, including a decline in the overall health burden among Aboriginal and Torres Strait Islander peoples. However, it also shows that concerning health gaps remain between Indigenous and non-Indigenous Australians.

The report was released on 30 May 2017 and can be accessed on the Prime Minister and Cabinet [website](#)

Explainer: why 300 Indigenous leaders are meeting at Uluru this week

Hobbs, H., The Conversation (online), May 23, 2017

Around 300 Aboriginal people and Torres Strait Islanders will gather from today at Uluru to hold a [First Nations Convention](#). Running over four days, the meeting is the culmination of 12 regional dialogues held across the country on the constitutional recognition of Indigenous Australians.

At Uluru, delegates from each dialogue will aim to [reach consensus on](#) whether and how best to achieve this change.

W: www.theconversation.com

Culture is Strong

Morgan, S., The Border Mail (online) May 26, 2017

The first medical professionals dedicated to helping Indigenous people in the North East are set to start work in Wangaratta in July.

W: <http://www.bordermail.com.au/story/4688683/culture-is-still-strong/>

The Uluru Statement, 2017

Coming from all points of the southern sky, over 250 Delegates gathered at the 2017 First Nations National Constitutional Convention and today made a historic statement from the heart in hopes of improving the lives of future generations.

https://www.referendumcouncil.org.au/sites/default/files/2017-05/Referendum_Council_Media%20Release_Uluru_Statement_from_the_Heart_3.pdf

Mental Health in Remote and Rural Communities

Bishop, L., Ransom, A., Laverty, M., & Gale, L. (2017)

Royal Flying Doctor Service of Australia

Each year, around one in five, or 960,000, remote and rural Australians experience a mental disorder. The prevalence of mental disorders in remote and rural Australia is the same as that

in major cities, making mental disorders one of the few illnesses that does not have higher prevalence rates in country Australia compared to city areas.

Yet suicide and self-harm rates are higher in remote and rural Australia than in major cities. With residents of very remote areas twice as likely to die from suicide as city residents. Farmers, young men, older people, and Aboriginal and Torres Strait Islander (Indigenous) Australians face the greatest risk of suicide.

https://www.flyingdoctor.org.au/assets/documents/RN031_Mental_Health_D5.pdf

Hospital use in Aboriginal and non-Aboriginal patients with chronic disease

Whyatt, D., Yap, M., Tenneti, R., Pearson, G., Vickery, A. (2017)

Emergency Medicine, Australasia; Early View, p1-8.

[View Abstract/article: Hospital use in Aboriginal and non-Aboriginal patients with chronic disease](#)

View website: [Emergency Medicine Australasia](#)

Indigenous Health: what they don't teach you in medical school

Gedye, O., (2016)

Australian Medical Student Journal. 2016, Vol. 7 Issue 2, p80-82

Indigenous health education is an important part of the curriculum for medical students. However, there are limited opportunities within the course for students to interact with patients from an Indigenous background. Following an Indigenous health placement in a remote community in the Eastern Kimberley region, a final year medical student reflects on how her medical education did not prepare her for the overwhelming social issues impacting on the health of Indigenous Australians.

https://issuu.com/amsj/docs/amsj_v7_i2

The Development of an Indigenous Health Curriculum for Medical Students

Lewis, M., Prunuske, A. (2017)

Academic Medicine: Journal of The Association of Medical Colleges 2017 May; Vol 92 (5), p641-648

Indigenous populations experience dramatic health disparities; yet, few medical schools equip students with the skills to address these inequities. At the University of Minnesota Medical School, Duluth campus, a project to develop an Indigenous health curriculum began in September 2013. This project used collaborative and decolonising methods to gather ideas and opinions from multiple stakeholders, including students, community members, faculty, and administration, to guide the

process of adding Indigenous health content to the curriculum to prepare students to work effectively with Indigenous populations.

http://journals.lww.com/academicmedicine/Fulltext/2017/05000/The_Development_of_an_Indigenous_Health_Curriculum.35.aspx

Challenges to Indigenous health curriculum design – Bringing the Aboriginal and Torres Strait Islander Health Curriculum Framework to life

Silversten, N., Lawrence, M., McDermott, D. (2017)

Australian Nursing and Midwifery Journal, Vol 24, No. 9, April 2017: 41. 2017

While it is our responsibility to produce culturally safe graduates with a nuanced grasp of Aboriginal and Torres Strait Islander health needs, there are central challenges in curriculum writing for Indigenous health today.

https://issuu.com/australiannursingfederation/docs/anmj_april_2017_issuu_254b95647bcb50

Bringing Them Home 20 years on: an action plan for healing

Anderson, P., Tilton, E. (2017)

Aboriginal and Torres Strait Islander Healing Foundation

This review outlines a plan of action to meet the continuing and emerging needs and rights of Stolen Generations members and their families, based on the priorities of the Stolen Generations, the evidence

of the effects of the failure to implement the Bringing Them Home report (1997) recommendations, the report's recommendations and underlying principles.

<http://healingfoundation.org.au/app/uploads/2017/05/Bringing-Them-Home-20-years-on-FINAL-SCREEN-1.pdf>

Dear PM: My name is Isiah and I am 6 years old. I hope you have a yarn with Clinton

McInerney, M., Croakey (online) June 13, 2017

Expect six-year old Melbourne boy Isiah Hobba – now dubbed a 'Gunditjmara warrior – to be walking in Clinton Pryor's footsteps one day.

W: <https://croakey.org/dear-pm-my-name-is-isiah-and-i-am-6-years-old-i-hope-you-have-a-yarn-with-clinton/>

Improving Indigenous health through education

Hart, M., Moore, M., Lavert, M.

The Medical Journal of Australia, 2017; 207(1):11-12

In an inquiry into Indigenous health in 1979, the House Standing Committee on Aboriginal Affairs noted: "When innumerable reports on the poor state of Aboriginal health are released there are expressions of shock or surprise and outraged cries for immediate action. However, the reports appear to have no real impact and the appalling state of Aboriginal health is soon forgotten until another report is released".

https://www.mja.com.au/journal/2017/207/1/improving-indigenous-health-through-education?utm_source=MJA+news+alerts&utm_campaign=a92dc1130f-MJA_news_3_July_2017&utm_medium=email&utm_term=0_8c7e70a099-a92dc1130f-31386817

Caring for country and the health of Aboriginal and Torres Strait Islander Australians

Schultz, R., Cairney, S.

The Medical Journal of Australia, 2017; 207(1):8-10

Health services for Aboriginal and Torres Strait Islander people are expensive. The National Aboriginal Community Controlled Health Organisation reported that government Aboriginal and Torres Strait Islander health and hospital service expenditure per person in 2010-11 was \$8190 nationally, and as high as \$16 110 in the Northern Territory, compared with \$4054 per non-Indigenous person. Increasing expenditure on health services for Aboriginal and Torres Strait Islander people is not closing the gap in health outcomes at the rate to which governments have committed.

https://www.mja.com.au/journal/2017/207/1/caring-country-and-health-aboriginal-and-torres-strait-islander-australians?utm_source=MJA+news+alerts&utm_campaign=a92dc1130f-MJA_news_3_July_2017&utm_medium=email&utm_term=0_8c7e70a099-a92dc1130f-31386817

Recognising the communication gap in Indigenous health care

Amery, R.

The Medical Journal of Australia, 2017; 207(1):13-15

The communication gap between health professionals and Indigenous Australians has a significant impact on health outcomes. Limited health

literacy is not confined to Indigenous people, but is greatly magnified for speakers of Indigenous languages in comparison, for example, to non-English speaking migrants from countries where a scientific approach to medicine is practiced and where health concepts are already codified. The communication gap is most pronounced in remote areas where cultural and linguistic differences are greatest. The close interdependence of language and culture amplifies the gap, such that communication difficulties in these communities run deeper than language barriers alone.

<https://www.mja.com.au/journal/2017/207/1/recognising-communication-gap-indigenous-health-care>

Embedding cultural safety in Australia's main health care standards

Lavery, M., McDermott, D., Calma, T.

The Medical Journal of Australia, 2017; 207(1):15-16

In Australia, the existing health safety and quality standards are insufficient to ensure culturally safe care for Indigenous patients in order to achieve optimum care outcomes. Where "business as usual" health care is perceived as demeaning or disempowering – that is, deemed racist or culturally unsafe – it may significantly reduce treatment adherence or result in complete disengagement, even when this may be life threatening. Peak Indigenous health bodies argue that boosting the likelihood of culturally safe clinical care may substantially contribute to Indigenous health improvement. It follows that a more specific embedding of cultural safety within mandatory standards for safe, quality-assured clinical care may strengthen the currently inadequate Closing the Gap mechanisms related to health care delivery.

<https://www.mja.com.au/journal/2017/207/1/embedding-cultural-safety-australias-main->

[health-care-standards?utm_source=MJA+news+alerts&utm_campaign=a92dc1130f-MJA_news_3_July_2017&utm_medium=email&utm_term=0_8c7e70a099-a92dc1130f-31386817](https://www.mja.com.au/journal/2017/207/1/health-care-standards?utm_source=MJA+news+alerts&utm_campaign=a92dc1130f-MJA_news_3_July_2017&utm_medium=email&utm_term=0_8c7e70a099-a92dc1130f-31386817)

Disparities in experiences and outcomes of hospital care between Aboriginal and non-Aboriginal patients in New South Wales

Sutherland, K., Hindmarsh, D., Moran, K., Levesque, J.

The Medical Journal of Australia, 2017;(1):17-18

A recently published study across 23 countries and 28 populations highlighted the pervasiveness of poor health outcomes among Indigenous people. In Australia, while gaps in health status between Aboriginal and non-Aboriginal people are well documented, until now little was known about the extent of differences in Aboriginal patients' experiences of care and self-reported outcomes following hospitalization. In New South Wales, the Bureau of Health Information (BHI) has recently released a report based on survey responses from 2682 Aboriginal and 2297 non-Aboriginal patients. The report highlights differences between Aboriginal and non-Aboriginal patients' experiences, particularly in terms of interpersonal aspects of care, coordination and integration, and patient-reported outcomes. Many of the findings have implications for hospital doctors.

https://www.mja.com.au/journal/2017/207/1/disparities-experiences-and-outcomes-hospital-care-between-aboriginal-and-non?utm_source=MJA+news+alerts&utm_campaign=a92dc1130f-MJA_news_3_July_2017&utm_medium=email&utm_term=0_8c7e70a099-a92dc1130f-31386817

The health of Indigenous Australians

Thompson, G., Talley, J., Kong, K.
The Medical Journal of Australia,
2017;207(1):19-20

Tackling the clinical, social, cultural, communication, and research determinants of health together

The news on Indigenous health is not all bad. We know that lack of progress in Closing the Gap is unacceptable, and attention has turned to social determinants as the principle barriers to Indigenous health equity, as highlighted in this and previous issues of the MJA by Michael Marmott. As in this issue of the Journal, however, we can reflect on the past not only as an admonishment, but also as guide to moving forward in a coherent manner.

https://www.mja.com.au/journal/2017/207/1/health-indigenous-australians?utm_source=MJA+news+alerts&utm_campaign=a92dc1130f-MJA_news_3_July_2017&utm_medium=email&utm_term=0_8c7e70a099-a92dc1130f-31386817

Dignity, social investment and the Indigenous health gap

Marmott, M.

The Medical Journal of Australia,
2017; 207(1):22-23

Government recognition is an important step: action is needed

In general, Australians are healthy. The data bear this out. A summary measure, life expectancy, puts Australian men in an elite group at the top of the global rankings just behind, in order, Hong Kong, Iceland, Switzerland, Italy, Israel and Sweden.

Australian women too, are near the top of the international life expectancy league. Hong Kong now exceeds Japan, and a few other countries enter, but Australian women are in an elite healthy group.

https://www.mja.com.au/journal/2017/207/1/dignity-social-investment-and-indigenous-health-gap?utm_source=MJA+news+alerts&utm_campaign=a92dc1130f-MJA_news_3_July_2017&utm_medium=email&utm_term=0_8c7e70a099-a92dc1130f-31386817

NAIDOC Awards: Dianne Ryder, Ollie George and Patty Mills among winners

Zhou.N, The Guardian (online), July 1, 2017

The President of the Aboriginal and Torres Strait Islander veterans association of Western Australia, Dianne Ryder; the last living fluent speaker of the Badimaya language, Ollie George; and the NBA champion Patty Mills are among the winners of the 2017 NAIDOC Awards.

W: <https://www.theguardian.com/australia-news/2017/jul/01/naidoc-awards-dianne-ryder-ollie-george-and-patty-mills-among-winners>

Why many high-achieving Indigenous students are shunning university

Gore.J, The Conversation (online), June 27, 2017

Indigenous students remain vastly underrepresented in higher education in Australia. According to Universities Australia, Indigenous people comprise 2.7% of Australia's working age population but only 1.6% of university domestic student

enrolments.

W:<https://theconversation.com/why-many-high-achieving-indigenous-students-are-shunning-university-79749?sg=e9ac9757-c4b2-4f0d-82b5-773be99b1764&sp=1&sr=2>

Report on the findings of the 2016 AIDA member survey on bullying, racism and lateral violence in the workplace

Australian Indigenous Doctors Association, 2017

'(...) racism has had and continues to have a real and damaging impact on the health of Aboriginal and Torres Strait Islander people. (It is) embodied in dubious practices, disparities in access and subtle variations in effort within the health and other institutions and programs (and) it is clear that full health equity cannot be achieved until racism (...) can be overcome.'

W:https://www.aida.org.au/wp-content/uploads/2017/07/Report-on-AIDA-Member-Survey_Final.pdf

BACKGROUND

The Leaders in Indigenous Medical Education (LIME) Network Program is a dynamic network dedicated to ensuring the quality and effectiveness of teaching and learning of Indigenous health in medical education, as well as best practice in the recruitment and graduation of Indigenous medical students.

We do this through a bi-national presence that encourages and supports collaboration within and between medical schools in Australia and Aotearoa/New Zealand, and by building linkages with the community and other health science sectors.

The LIME Network is a program of Medical Deans Australia and New Zealand supported by funding from the Australian Government Department of Health.*

It was developed as a stand alone project in 2008 and stemmed from the Indigenous Health Project (2002-2008). Major outcomes of this Project included the Indigenous Health Curriculum Framework and the Critical Reflection Tool, which remain important resources.

The LIME Network Program's significant outcomes include:

- Facilitation of bi-annual **Reference Group** meetings to provide opportunities for those working in Indigenous health & medical schools to collaborate, share information, provide feedback & network;
- The biennial **LIME Connection** conference, providing a forum for knowledge transfer & dissemination, also including the **LIMELight Awards** to celebrate successes;
- The **Indigenous Student and Community Bursary Scheme**, providing the opportunity for student networking & peer support at LIME Connection;
- Publication of the tri-annual **LIME Network Newsletter** promoting best practice & sharing successes in the field;
- Maintaining the **LIME Network Website**, housing information on LIME Network projects, news & events;
- Building the evidence base of Indigenous health curriculum & student recruitment & support, through publishing **Good Practice Case Studies Booklets** & a Special Edition of the **ANZAHPE Focus on Health Professional Education Journal**;
- Developing & implementing **internal review tools**, supporting medical schools to reflect & evaluate performance;
- Supporting Indigenous people to explore pathways to studying medicine, through the **Indigenous Pathways into Medicine Online Resource & Video Profiles**;
- Strengthening capacity & sharing knowledge among network membership through **Slice of LIME Seminars**;
- Developing a **Peer Support Statement and Strategy** that operates across universities;
- Building linkages across health disciplines & with medical colleges through **networking and information sharing**;
- Supporting collaboration between medical schools & Indigenous Community Controlled Health Organisations through **Regional Meeting facilitation**; and
- Hosting meetings with **medical school Deans**, to introduce the LIME Network & update existing medical & health science staff on program activities.

CONTACT DETAILS

If you would like more information regarding LIME Network activities, would like to become a member, or have something you would like to contribute to the next Newsletter, please contact us:

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