

# Keynote Presentations

## LIME Connection II

Prof. Ian Anderson

[Examining the medical workforce](#)

The Univeristy of Melbourne

Over the last decade there has been an increasing focus nationally on the development of a workforce that is better equipped to deliver quality and effective health services to Indigenous Australians and contribute to the development of strategies as well as an engagement across a number of health disciplines. Here I want to focus on medical workforce development and provide a context for work that is currently being developed under the auspices of the Medical Deans of Australia and New Zealand. In particular I want to focus on the development of the Leaders in Indigenous Medical Education Network and the development of the quality agenda in medical education in relation to Indigenous health.

Mr. Tom Calma

The Indigenous Health Curriculum in Australian Medical Schools

The Human Rights & Equal Opportunity Commission

Indigenous peoples' health status in Australia is significantly poorer than that of the non- Indigenous population; of note, there is a 17-year gap in life expectation between the two groups. In his 2005 Social Justice Report, Commissioner Calma recommended that the governments of Australia commit to achieving equality of health status and life expectation between Indigenous and non-Indigenous Australians within 25 years. In order to achieve this goal, governments need to commit to Indigenous peoples' achieving equal access to primary health care and health infrastructure within 10 years; and to fund programs based on need.

Training a health workforce to work in primary health care – a workforce that understands Indigenous health problems and is comfortable working with Indigenous peoples – is a vital part of this plan. In 2004, the Medical Deans of Australia and New Zealand with Gregory Phillips finalised an Indigenous health curriculum framework for Australian medical schools, and the Australian Medical Council linked the accreditation of Australian medical schools to their implementation of the curriculum. Commissioner Calma surveys the implementation of the curriculum noting the wide variance in its adoption between Australian medical schools. He proposes the adoption of targets and deadlines to ensure its adoption by all Australian medical schools as soon as possible.

Dr. Lisa Jackson Pulver

Presentation One: [Culturally Safe Practice in the Australian Context](#)

The Univeristy of New South Wales

Presentation Two: Barawul Yana: Better Strategies for the Recruitment, Retention and Support of Indigenous Medical Students

Barawul Yana: Better Strategies for the Recruitment, Retention and Support of Indigenous Medical Students – a UNSW Project

Abstract: The University of New South Wales, as part of a research consortium with Monash University and James Cook University, undertook a project to look at opportunities for and barriers to Indigenous student entry to medical education. The UNSW project component identified the high school years as an important window of opportunity for encouraging and supporting the retention of Indigenous students through to tertiary education in medicine and other health programs.

Dr. Kelvin Kong

Indigenous Health: Australia's Core Business

Australian Indigenous  
Doctors' Association

A/Prof. Helen Milroy

'Indigenising' Medical Schools: Benefits for All

The University of Western  
Australia

The Centre for Aboriginal Medical and Dental Health at the University of Western Australia has been working over the past 11 years implementing recruitment, retention and support programs for Indigenous medical students as well as developing and teaching a 6 year integrated curriculum in Indigenous health within the Faculty of Medicine, Dentistry and Health Sciences. So often the student feedback indicates that teaching such a holistic model of health and wellbeing is 'good medicine' for everyone yet there remains significant resistance to adequately resourcing and expanding our programs.

Recruiting and graduating Indigenous medical students also contributes to a cultural shift within the medical school environment and offers a unique source of feedback for both general and Indigenous health curriculum. Many lessons have been learned along the way and this paper will reflect on the success and difficulties in maintaining the focus and continuing to build the profile of Indigenous issues within the Faculty. Potential strategies for building on success whilst maintaining the cultural grounding and security of our programs will be discussed.

Ms. Suzanne Pitama

Supporting the Whanau and the Cousins as Well: A Tale of Cultural Safety Within the Indigenous Medical Curriculum

The University of Otago

The genesis of Cultural Safety introduced Indigenous Health as a curriculum topic first into nursing and then into medicine. This session is aimed at discussing the University of Otago, Christchurch, as a case study for how cultural safety has influenced and impacted teaching Indigenous curriculum. It highlights strengths and opportunities of development that have occurred within the last 6 years.

Prof. Papaarangi Reid

Presentation One: [Indigenous Health is Every Doctor's Business](#)

The University of Auckland

Indigenous health intersects the business of medical training in numerous places and levels and yet some institutions, communities, staff and student bodies are still challenged to progress Indigenous health beyond lip service. What if things were different? What would it take? What barriers stand in the path of Indigenous health rights being met and who must take initiative and responsibility to address these issues? Seven simple steps to progress Indigenous health are discussed as well as seven serious challenges for the future.

Presentation Two: [Super Maori or Super Doc – the Indigenous Medical Graduate of the future](#)

A survey of Maori doctors in 2000 noted that many wanted to strengthen skills in Maori language and participation in cultural activities and that providing training and support in this area was seen as a priority. There is a need to contextualise this finding as subsequent opportunities for support have had variable levels of engagement. However a tension has developed as to whether Indigenous doctors need to be cultural experts as well as competent medical graduates. This tension is teased out in an attempt to describe the ideal Indigenous medical graduate of the future.

Dr. John Taylor

[Applied Demography & Indigenous Population Health](#)

The Australian National  
Univeristy

The structural circumstances facing Indigenous populations are increasingly diverse and locationally dispersed leading to variable outcomes and implications in terms of population health. In this presentation I explore key aspects of this diversity by bringing together the findings of recent regional and community demographic studies. The aim is to provide some sense of population scale and composition within which deliberations on population health policy might be considered. I do this by highlighting what, for want of a better term, might be described as emerging demographic hotspots in the sense that particular Indigenous population dynamics in particular locations and regions are giving rise to particular issues of public policy concern.

Prof. Ken Wyatt

[Rethinking our Workforce Needs not for Today but Tomorrow](#)

The Department of Health  
Western Australia

Currently we have been forced to acknowledge the reality of the dilemma of workforce shortages within the Health sector, which directly impact upon the level of skilled staff working within Rural and Remote communities. Can the emergent problem be fixed through the rethinking of the curriculum or is it about planning for a new and different workforce and are Medical Schools stuck in the historic practice of the past? Can innovation and being creative around developing a new workforce take account of the training the traditional workforce whilst exploring opportunities to provide a new style of worker who is multi skilled and can be a new multi skilled hybrid workforce. The implications for the rethinking of the Medical and Health School Culture and the Curriculum is challenging. Being creative and gaining change has enabled societies to advance – can Universities set the reform agenda for a new direction for a new and different worker to today's current workforce member.

Dr. Karina Walters

[Without Reservation Indigenizing the Academy](#)

The University of Washington