



**THE LIMENETWORK**  
Leaders in Indigenous Medical Education

# NEWSLETTER

ISSUE NO. 20 / March 2016

## LIME WELCOME

Welcome to the 20th edition of the Leaders in Indigenous Medical Education (LIME) Network Newsletter.

In this edition we are pleased to bring readers information about current LIME activities, as well as many new and ongoing projects being undertaken in the field of Indigenous health education.

We profile a number of teaching and learning initiatives, have information for clinicians and students, and highlight scholarships available. Our profile features LIME Reference Group Member Candice McKenzie, from Deakin University.

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



A framed Torres Strait Islander Headdress Dhari, our member survey prize. You can read more about the member survey on page 10.

Photo: Budd Photography

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](http://limenetwork.net.au/contact).

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

## INSIDE:

NETWORK UPDATE	02
TEACHING AND LEARNING	04
LIMENETWORK PROFILE: CANDICE MCKENZIE	11
GRADUATES AND CLINICIANS INFORMATION	12
STUDENT INFORMATION	14
SCHOLARSHIPS AND GRANTS	17
NEWS	18
CONFERENCES AND EVENTS	20
PUBLICATIONS AND RESOURCES	22
BACKGROUND	23

LOGO AND ARTWORK  
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# LIME NETWORK UPDATE

## LIME NETWORK TEAM

The Project Team includes Professor Shaun Ewen, Ms Odette Mazel, Ms Caitlin Ryan and Ms Erin Nicholls.

If you have questions, queries or good ideas, please contact us on T: +61 3 8344 9160 or E: [lime-network@unimelb.edu.au](mailto:lime-network@unimelb.edu.au).

## GOOD PRACTICE CASE STUDIES PUBLICATIONS

We are currently developing Volume Four of the LIME Good Practice Case Studies Resource. Papers are based on presentations at LIME Connection VI in Townsville 2015, and are being peer reviewed by a committee of LIME Reference Group Members.

Once finalised, the publication will be distributed through our Network, shared on our website, and featured in the LIME Network Newsletter.

To date, the three volumes of the Good Practice Case Studies Resource have been distributed to around 3000 people, including via online downloads of PDF versions.

You can visit the website for more information, where all three volumes of the Good Practice Case Studies Resource are available for viewing and download. Please contact us to have copies of the resources posted to you.

W: [limenetwork.net.au/resources-and-publications/good-practice-case-studies](http://limenetwork.net.au/resources-and-publications/good-practice-case-studies).

## LIME NETWORK WEBSITE

The LIME Network website provides resources for members. It houses information on [News](#), [Events](#), [Jobs](#) and [Scholarships](#).

The Students Section includes the [Indigenous Pathways into Medicine Online Resource](#) and contacts for [Indigenous Education Centres](#).

The Resources Section houses the searchable [Resources Hub](#), downloadable [Good Practice Case Studies](#) booklets and [Newsletters](#), as well as links to video recordings of previous [Slice of LIME Seminars](#).

If you know about resources, projects, news and events that we should highlight, or have feedback, please contact us via E: [lime-network@unimelb.edu.au](mailto:lime-network@unimelb.edu.au) or T: +61 3 8344 9160.

## DEANS MEETINGS

As part of the LIME Network Program's activities, LIME staff meet with medical school Deans and Reference Group members. We are currently planning meetings for 2016, including at the University of Sydney.

These meetings are designed to formally introduce the LIME Network Program to new Deans, and to update existing medical school leaders on current activities.

Feedback has been positive, including reports of increased Indigenous health initiatives and activity within medical schools following the meetings.

## ACCREDITATION TOOLS

The LIME Network Accreditation Tools, including the *Periodic Systemic Review and Curriculum Mapping Tools*, have been developed to assist schools to internally review and map their Indigenous health initiatives against Australian Medical Council Standards for Assessment Accreditation, and the CDAMS Indigenous Health Curriculum Framework.

The tools have been translated to an online format and trials across Australia and Aotearoa/ New Zealand are in process. Amendments are being made to the online survey tool as feedback is received from those undertaking the trials. We will inform members when the tools are available for use.

## SLICE OF LIME SEMINARS

Slice of LIME Seminars are professional development events for LIME members, on topics of interest. They are recorded and uploaded to [YouTube](#) for viewing.

The fifth [Slice of LIME Seminar](#), the Poche Indigenous Health Network Key Thinkers Forum on Health Literacy, held in October 2015 at The University of Sydney, is now available for viewing, along with the four other Slice of LIME Seminars at:

W: [youtube.com/LIMENetworkProgram](http://youtube.com/LIMENetworkProgram).

Contact us if you would like to host a Slice of LIME Seminar at your workplace, and see page 5 for more information.

## RESEARCH

The LIME Network is currently working on a number of research projects, including:

- Work with the Australian Medical Council to map how medical school accreditation teams consider and report against Accreditation Standards relating to Indigenous health, when assessing medical school programs (submitted for review);
- A piece on Student Placements in Aboriginal Community Controlled Health Organisations, identifying factors involved in successful

staff and student placements (submitted for review);

- A project on the relationships between Aboriginal Community Controlled Health Organisations and universities in the areas of curriculum development, student recruitment and graduation, clinical placements and research partnerships; and
- Trials of the online LIME Curriculum Mapping Tools.

We will continue to update LIME Network members on the progress of these projects in the coming months, via our website and upcoming Newsletters.

## INDIGENOUS PATHWAYS INTO MEDICINE ONLINE RESOURCE AND VIDEOS

The Indigenous Pathways into Medicine Online Resource is a database of pathways into medicine for all universities in Australia and Aotearoa/ New Zealand, to help future Indigenous students determine which university will be the best fit for them as they study to become a doctor.

The Indigenous Pathways into Medicine Videos are available as part of the resource.

W: [limenetwork.net.au/pathways](http://limenetwork.net.au/pathways).

## THE LIME NETWORK REFERENCE GROUP

Central to the success of the LIME Network is the [Reference Group](#), consisting of medical educators from each medical school in Australia and Aotearoa/ New Zealand, who aim to improve Aboriginal, Torres Strait and Māori health through medical education, as well as Indigenous medical student recruitment and support.

Reference Group meetings are held biannually, and are hosted by a different medical school for each meeting. A meeting of the Reference Group will be held on 8th March 2016 at Western Sydney University, along with a Leadership Workshop for Reference Group members on 9th March.

You can download and read the [biographies](#) for each of our Reference Group Members on the LIME Network website.

## LIME ON YOUTUBE



The LIME Network YouTube channel hosts videos relevant to Indigenous medical education. These include Indigenous doctors and students outlining their various pathways into medicine, and recordings of the Slice of LIME professional development seminars. Visit W: [youtube.com/LIMENetworkProgram](http://youtube.com/LIMENetworkProgram) to view the videos.

## LIME ON TWITTER



The LIME Network is on Twitter. Join us [@LIMENetwork](#) for the latest news and updates on current projects from LIME and others in the field.

## LIME ON FACEBOOK



The LIME Network is on facebook. Join us now to see the latest updates on LIME projects, including photos from LIME Connection, student related news, and scholarship opportunities. Membership continues to grow, with over 500 followers. Follow us at W: [facebook.com/LIMENetwork](http://facebook.com/LIMENetwork).

## TEACHING AND LEARNING

### CLOSE THE GAP PROGRESS REPORT- LIME NETWORK CITATION

The Close the Gap Progress and Priorities Report 2016 is a collaborative effort of the Close the Gap Campaign Steering Committee. It reports on progress of the Close the Gap Campaign to achieve Aboriginal and Torres Strait Islander health equality (as measured by life expectancy equality) by 2030.

The 2016 report features a citation on the LIME Network Program (p24). Thanks to Sally Fitzpatrick from Western Sydney University for submitting the information:

'2.3 Cultural competence/respect of services:

'Preparing undergraduates and health professionals to deliver culturally respectful health services requires education programs that are evaluated for long-term improvements to practice.

'Communities of practice such as the Leaders in Indigenous Medical Education are working to embed lifelong learning skills for cultural competency within medical curricula.

'Such training across the sector is critical to achieving the institutional, professional and personal commitment required for systemic change. Healthcare providers need to not only reflect on their own attitudes, but take the lead to work collectively to effect systemic change. Self-reflection to eliminate bias, relationships with Aboriginal and Torres Strait Islander people and partnership building are seen as key to reducing health disparities.'

W: [humanrights.gov.au](http://humanrights.gov.au).

### ABORIGINAL AND TORRES STRAIT ISLANDER HEALTH CURRICULUM FRAMEWORK

The Commonwealth Department of Health is pleased to announce the release of the Aboriginal and Torres Strait Islander Health Curriculum Framework. The Department would like to again thank everyone who has contributed to the development of this resource.

The Framework has been developed to address the variable nature and extent to which Aboriginal and Torres Strait Islander health curriculums are being implemented by health professions and higher education providers. It provides a model with clear learning outcomes and associated capabilities which can be applied widely across tertiary learning contexts.

The Framework has been designed as a complete resource, explaining why Aboriginal and Torres Strait Islander curriculums should be implemented, how to do it successfully, and how to develop strong links between

higher education and the health sector to encourage and enable real change in health service delivery.

Recognising the critical role of accreditation authorities and professional regulation bodies, the Framework includes guidelines to assist these bodies in developing criteria to assess providers who will deliver the curriculums.

The Framework is divided into four sections:

- **Background** - background to the project, how the Framework and associated implementation and accreditation guidelines were developed.
- **The Elements** - outlines the core elements of the Framework, which identify and map key aspects of designing and implementing Aboriginal and Torres Strait Islander health curriculums.

- **Implementation Guidelines** - provides discussion, suggestions and resources to support higher education providers to effectively plan and successfully implement the Framework.
- **Accreditation Guidelines** - provides accreditation authorities with suggested criteria or elements that higher education providers are expected to have in order to demonstrate that Aboriginal and Torres Strait Islander curriculums are being delivered in line with accreditation standards.

Four appendices will also be released. The appendices include environmental scans of entry level health curriculums, accreditation and professional competency standards; a literature review; case studies and findings from the national consultations.

Download the Framework from  
W: [health.gov.au](http://health.gov.au).

## SLICE OF LIME PROFESSIONAL DEVELOPMENT SEMINARS

The LIME Network hosts Slice of LIME Professional Development Seminars on specific topics of interest for our members. LIME Members and others in the Indigenous health education community can join the seminars in their area in person.

For those who cannot attend, Slice of LIME Seminars are streamed online where possible. Online streams allow for off-site viewers to participate through a

moderated chat function, where they can comment, discuss the presentations among the online group, and pose questions to the speaker or panel.

The Slice of LIME Seminars are also recorded and uploaded to YouTube for later viewing. There are five recorded Slice of LIME Seminars on YouTube to date, and they have been viewed over 900 times.

The LIME Network has recently convened a Slice of LIME Seminars Committee, to formally assess applications to host the professional development seminars.

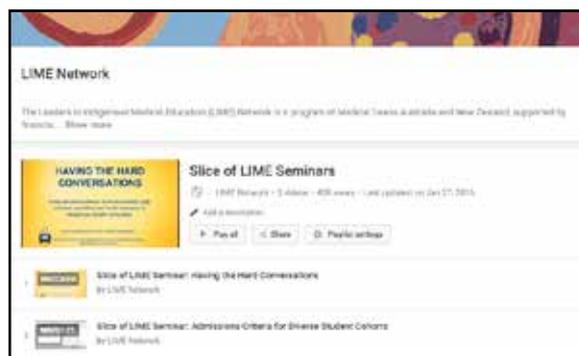
If you would like to host a Slice of LIME Seminar at your university, please visit the LIME Network website and fill in an application form. **W:** [limenetwork.net.au/resources-and-publications/slice-lime-seminars](http://limenetwork.net.au/resources-and-publications/slice-lime-seminars).

**Seminar One: Admissions Criteria for Diverse Student Cohorts**, was held in March 2014. Professor Fred Hafferty from the Mayo Clinic, USA, visited the University of Melbourne and presented the first Slice of LIME Seminar on admissions criteria, and the impact of the hidden curriculum on the teaching and learning of Indigenous health in medical education.

**Seminar Two: Having the Hard Conversations: Using deconstruction to work successfully with resistant, uncritical and racist responses to Indigenous health curriculum**, was held in August 2014. The University of Melbourne hosted presenters from the Poche Centre for Indigenous Health and Well-Being, Flinders University SA, Professor. Dennis McDermott and Mr Dave Sjoberg. The seminar focused on cultural safety in the health professions, and explored pedagogical methods for addressing issues such as racism, white privilege and stereotyping of Indigenous people, as encountered when teaching health science students.

**Seminar Three: 'Ngarra... Deep Listening...Seeing 'Two Ways', What can Indigenous knowledge, mindfulness and observational skills training bring to medical practice?** was held in September 2014 at Flinders University SA.

Presenters were Uncle Lewis Yerloburka O'Brien (Kaurna Elder),



Aunty Miriam-Rose Ungunmerr-Baumann, Professor. L.C. Chan and Dr Heather Gaunt. The Rapporteur for the session was Professor Lambert Schuwirht and facilitator was Professor Dennis McDermott.

**Seminar Four: Finding Common Ground - Avoiding the Terminology Trap**, was a Poche

Indigenous Health Network Key Thinkers Forum and a National Senior Teaching Fellowship activity, supported by the Office of Learning and Teaching. The forum was held at the University of Sydney in April 2015. It focused on identifying and applying critical elements of cultural competency/humility/safety for effective cross-cultural work. It brought together key thinkers in this area to search for common ground, and sought to clarify our understanding of which elements, across the array of health care models, are critical to success, along with identifying any less-obvious barriers to effectiveness. The forum was chaired by Dr Tom Calma, and featured Dr Melanie Tervalon; Dr Rhys Jones; Professor Juanita Sherwood; Professor Dennis McDermott; and Dr Barry Lavallee.

**Seminar Five: Health Literacy**, was hosted by the University of Sydney in October 2016. The event was chaired by Dr Tom Calma and was part of the Poche Indigenous Health Network Key Thinkers Forum.

# TEACHING AND LEARNING

## AMC LEADERSHIP IN INDIGENOUS HEALTH

The Australian Medical Council (AMC) is an independent national standards and assessment body for medical education and training. Its purpose is to ensure that standards of education, training and assessment of the medical profession promote and protect the health of the Australian community.

It is the accreditation authority for the medical profession, appointed under the Health Practitioner Regulation National Law, in force in states and territories in Australia. It accredits medical programs in New Zealand in collaboration with the Medical Council of New Zealand.

In March 2015 the AMC set up an Indigenous Planning Advisory Group. The Group looks at ways the AMC could maximise its leadership in Indigenous health by strengthening relationships, creating opportunities, and engaging more actively and effectively with Aboriginal and Torres Strait Islander communities and the Māori people of New Zealand, to improve and protect the health of these communities.

The Advisory Group is co-chaired by Dr Noel Hayman, Director of Inala Indigenous Health Service, and Dr Gregory Phillips, Executive Director of ABSTARR Consulting.

The Advisory Group's membership is drawn from Indigenous stakeholder organisations such as the

Australian Indigenous Doctors' Association (AIDA), Māori Medical Practitioners Association (Te ORA) and Leaders in Indigenous Medical Education (LIME), peak bodies that are stakeholders in the AMC's major accreditation and assessment functions, and members of the Australian Medical Council.

In acknowledging that Australia's responsibilities to Aboriginal and Torres Strait Islander people should be reflected in the medical education process, the AMC has seen it has a responsibility to address the inequalities that relate to Indigenous health outcomes and has been a global leader in including Indigenous health as part of the accreditation standards for basic medical education, and more lately, specialist training programs.

The AMC and the Advisory Group have worked together to put forward an effective and visible strategy for engagement with Indigenous health organisations, students and medical practitioners, to support the AMC's purpose across its policy, accreditation, standard-setting and assessment functions.

The proposed strategy has been presented to the AMC governing body, the Directors, and the Council, and work will begin soon on addressing the issues.

The strategy suggests actions in a number of areas including:

- A statement of purpose and

commitment;

- Governance and organisational reform;
- Publications and examinations for international medical graduate assessments;
- Accreditation of education providers and programs; and
- Working with other stakeholder bodies.

Council at its AGM considered a number of the issues and challenges identified by the Advisory Group and agreed that taking action in these areas will help strengthen relationships, create opportunities, and assist the AMC to engage more actively with Aboriginal and Torres Strait Islander communities and the Māori people of New Zealand to improve and protect the health of these communities.

While some of the recommendations for action are straightforward and can be incorporated in AMC standard business processes, others will require reworking of AMC processes and comments, and additional resources.

A small group made up of members of the larger group will begin working through the recommendations for action in 2016.

For more information, please contact Karen Oldfield via E: [karin.oldfield@amc.org.au](mailto:karin.oldfield@amc.org.au).

## ALL ABOARD FOR A SEA-CHANGE IN HEALTH

Danielle Dries, ANU medical student and Indigenous Health Officer for the National Rural Health Student Network.

Palm Island is stunningly beautiful. This was the first thing I noticed when I arrived for my medical placement in January this year. The tropical waters of the Great Barrier Reef lap at its shores, washing away any preconceptions one may have from media reports about this place, 57 kilometres and a world away from Townsville.

The opportunity to immerse myself in this environment was a privilege. Better still, was the chance to dive deeper and connect with the people. I was taken in by a family on the island and they welcomed me as part of their community. They taught me to listen, helped me learn, and enabled me to reflect on my role and responsibility as a future health professional.

For four weeks I was part of a team at the Palm Island Community Company (PICC) Child and Family Centre, working with wonderful staff who I now consider friends. I was fortunate to have Raymond Blackman as my supervising doctor, mentor, and teacher during this time.

As an Aboriginal medical student, it was empowering and inspiring to be mentored by an Aboriginal doctor. With so few around, and less in supervising roles, this was an opportunity and experience I will remember throughout my career.

Dr Blackman's teachings involved not only what we were seeing in the clinic, but also an understanding of the history, culture and social aspects of Palm Island. I was learning about health and wellbeing inside and outside the clinic, taking in a holistic approach and understanding how health of an individual impacts upon many.

Listening to Dr Blackman speak about his people with such respect was powerful.



He taught me to look beyond the history which is most commonly told, that of the last 200 years. We discussed over 40,000 years of history, our strengths and intelligence, and the advanced ways that we had hunted and lived in harmony with the land. I can reflect on my Pop saying similar things about our people.

In the clinic, I was forced out of my comfort zone, I had to think differently in the sense of remote health, and tropical health. It was a valuable experience to not always jump to what is the most common but think about alternatives.



In 2014, the Australian Indigenous Doctors' Association reported there were 204 Aboriginal and Torres Strait Islander doctors registered. This has more than doubled since 2004 and will continue with more than 300 Aboriginal and Torres Strait Islander students studying medicine.

Palm Island is one of the centres of a growing wave that is rippling across our nation. As we start to see more doctors like Dr Blackman in the frontline of health delivery, there will be opportunities for growth in other ways. Not only does it help and inspire Aboriginal students like myself, but it also benefits non-Indigenous students and training registrars to learn about culturally appropriate care and see the world from another perspective.

We still have a long way to go, if you take population parity as a measure of success. With Indigenous Australians constituting 3% of the population, an additional 2,000-plus Aboriginal and Torres Strait Islander doctors would be needed to reflect that proportion of the medical workforce. It is a journey worth walking and from what I experienced at Palm Island, one that will be incredibly rewarding for this country.

## TEACHING AND LEARNING

### LIVING ON COMMUNITY: REFLECTIONS FROM TWO HEALTH STUDENTS ON PLACEMENT IN KATHERINE, NORTHERN TERRITORY; ARE WE READY?

In October 2015, two university health students from New South Wales undertook a two-month placement coordinated by Flinders University Northern Territory.

We stayed in University accommodation in Binjari, an Aboriginal community approximately 20 kilometres from Katherine town, home to around 300 people from varying language groups, including Wardaman, Jawoyn and Walpiri people.

The opportunity to live among members of the community whilst on placement provided an invaluable insight into the factors contributing to the ongoing disparities in health outcomes between Aboriginal and Torres Strait Islander Australians and their non-Indigenous counterparts.

Our experiences as health students are a testament to the value of remote and rural clinical placements, which emphasise cultural immersion and community engagement.

**Thomas Kovács, Medicine,  
University of Newcastle**

As part of my university's 'Health Equity Selective' placement, I focused on acute rheumatic fever (ARF) and the resulting condition, rheumatic heart disease (RHD), as sentinel conditions of health inequality.

In developed communities across the globe, improvements



Participants in the Binjari Placements.

in living conditions and access to healthcare over the last 100 years have dramatically reduced the prevalence of these diseases.

However, their burden on Aboriginal and Torres Strait Islander communities in the Northern Territory remains close to the highest in the world.

Aboriginal and Torres Strait Islander patients accounted for 98% of all cases of ARF in the Northern Territory between 2005 and 2010, and in 2010 alone, RHD was 122 times more common in Aboriginal and Torres Strait Islander patients under the age of 35.

Living on community, I observed those factors contributing to this disparity, including poorer access to hygiene, household

overcrowding, poorer access to specialist cardiology services, and poorer adherence to secondary prophylaxis.

Speaking with members of the community day to day, I came to appreciate these challenges first-hand.

Working in the community health clinic, I witnessed the implementation of the RHD control program.

I saw the benefit of healthcare delivery that fosters a sense of belonging in the community; employing respected community members, offering home visits, and providing a service that was personalised, holistic, and culturally-appropriate.

**Kiya Alimoradian, Speech Pathology, University of Sydney**

Given my placement was at a local primary school in town, being housed in an Aboriginal community where a number of students lived gave me an interesting insight into some of the factors affecting education and health outcomes in Indigenous populations.

Seeing the living conditions on community and access to amenities and services helped me to better understand what I was seeing on placement.

At the same time, having the opportunity to spend time with the children away from the school and see how they interact with each other and other members of the community, provided me with insight into the sociocultural underpinnings of their everyday language use and communication.

Living in close proximity to members of the community that I saw everyday in the clinical setting also provided greater opportunities to build rapport, which I have learnt to be of especially high importance when working in this area.

Overall, I have found this to be a highly rewarding experience and one that has greatly enhanced my skills in working with Indigenous Australians; an area that I had previously received minimal tuition in as part of my university degree.

For more information, please contact Associate Professor Pascale Dettwiller, the Director at Flinders Northern Territory, Katherine site.

Pascale can be contacted via E: [pascale.dettwiller@flinders.edu.au](mailto:pascale.dettwiller@flinders.edu.au).



## TEACHING AND LEARNING

### LIME NETWORK MEMBER SURVEY 2016

LIME members recently participated in a survey gathering information on how Network members utilise the available resources and activities, and how these resources and activities are influencing their work and workplaces.

Survey participants were entered into a draw to win a framed Torres Strait Islander Headdress Dhari, made by Toby Cedar at CDA Balas Designs in Townsville.

Congratulations to Cicily Nesbit who was the winner of the prize!

A report on the findings of the survey will be published in the coming month, and will be available on the LIME Network website.

Many thanks to all who participated in the survey - the information is extremely valuable for our project planning.



Caitlin and Odette drawing the prize.

### REFLECTIONS FROM A LIME REFERENCE GROUP MEMBER - GAYE DOOLAN, ANU

I have recently resigned my position as ANU representative on the LIME Reference Group and it made me reflect on the role of LIME, its achievements and how it has impacted on me personally.

A number of things come to mind but I think the most influential role LIME has had is supporting the implementation of what we know as the CDAMS Indigenous Health Curriculum Framework.

This framework for many medical schools in Australia, and I am being so bold as to say Aotearoa/ New Zealand as well, has been the guiding principles for the way in which Indigenous health is taught. It has set a benchmark for all medical schools to aspire to and indeed achieve.

One cannot reflect upon the work of LIME without immediately thinking of the six LIME Connections that have been held. I have been fortunate in

attending the last four of these and each time have considered it a highlight of my year. I have come away re-invigorated and truly inspired by the presentations and the wonderful educators and students who actively participate at LIME Connections.

The LIME Network has developed a number of resources from Good Practice Case Studies for use in academia, to video clips providing information to Indigenous applicants considering medicine as a career. All these resources are freely available and shared in an open and collegiate manner.

For me personally, what I have taken away from being a member of the LIME Reference Group, is the friendship of some



exceptional people who are dedicated to making a difference to improve how Indigenous health is taught in our medical schools, raising the awareness of Indigenous health issues and sharing their knowledge and expertise. For this I thank you.

**Gaye Doolan**, Australian National University, Canberra.

# LIME NETWORK PROFILE

## CANDICE MCKENZIE, DEAKIN UNIVERSITY

My name is Candice McKenzie. I am 26 years old and a proud Arrende/Walpiri Woman from Alice Springs, Central Australia.

I was raised in Darwin, Northern Territory before moving to Victoria three years ago. I have completed a Bachelor Primary Education at the Institute Koorie Education (IKE) at Deakin University, and am now completing my final year of a Masters in Public Health.

### **What is your current role and what does it involve?**

I began working at IKE in 2013, before moving to the School of Medicine in 2015, where I was appointed the Coordinator Indigenous Medical Education, Lecturer in Public Health Medicine.

In this current position I oversee Indigenous student retention and completion (this is quite robust and includes scholarships, accommodation, marketing, maintaining student administration and committee representative).

I also work in collaboration with other medical staff on the integration of Indigenous perspectives within our curriculum and lecture Aboriginal health content to our year one and two Public Health Medicine cohorts.

Finally, I undertake the delivery of cultural awareness training across our clinical sites (for staff).

### **How did you become interested in Indigenous health?**

My passion is and has always been my people, our communities, our children, and our future.

I work with my people, for my people and I aim to increase awareness and encourage inclusivity and reconciliation amongst the broader population.

### **Are you working on any exciting or inspiring projects at your institution on Indigenous health education that you'd like to share?**

Deakin University in relation to other universities nationally is quite young – so this always makes for an interesting time.

The work being done is collaborative and innovative and my team and I are continually looking for ways to improve our work - this is done very well with the consultation of community members, students, elders and the Institute of Koorie Education.

### **What is your history with the LIME Program?**

My time with the LIME Project to date has been short and sweet. However, LIME has ignited my passion in life and the work being done is truly exciting.



This group makes what I do refreshing - each time I have met with this group, I walk away having learnt something new, or made a new friend, or developed my professional network.

### **Do you have any advice for Indigenous people thinking about a career in health, or health education?**

I encourage all people to follow your dreams. I also note here the work being done by medical schools nationally and internationally and the unlimited support that follows from dedicated academics and support staff.

Your journey is your own and we are all here on this journey with you. To encourage, to inspire, to support.

Contact E: [candice.mckenzie@deakin.edu.au](mailto:candice.mckenzie@deakin.edu.au).

# GRADUATES AND CLINICIANS

## BARWON HEALTH INDIGENOUS MEDICAL CAREERS

Did you know that Barwon Health are committed to Closing the Gap and increasing the employment and retention of Aboriginal and Torres Strait Islander people in their workforce?

Through our Aboriginal Employment Plan, Barwon Health aim to employ Aboriginal and Torres Strait Islander people in both clinical and non-clinical roles throughout the organisation.

Currently Barwon Health have Aboriginal staff employed in nursing, allied health (physiotherapy & occupational therapy), mental health, administration and a small team of Aboriginal Hospital Liaison Officers.

We'd like to extend our workforce to include Junior Medical Doctors (Interns, Residents and Registrars).

As an award winning regional health provider and Victoria's largest regional health service, we are one of the busiest hospitals (University Hospital, Geelong) in the state.

We serve the Barwon South West region with the dedication and commitment of 6,500 staff and 1000+ volunteers.

Additionally we provide care at all stages of life and circumstance through a wide range of services from

emergency and acute care to mental health, primary care, community services, aged care, and sub-acute/rehabilitation.

Working as part of our team, staff experience includes working with innovative, knowledgeable and experienced colleagues.

Staff have intensive support and guidance from fellow team members and management who exhibit our Barwon Health values, of Respect, Compassion, Commitment, Accountability and Innovation.

Barwon Health currently employs 350+ Junior Medical Officers in Geelong, Warrnambool, Hamilton and Colac. Highly sought after Internships provide an outstanding supportive culture in which to start your working life as a doctor. Following the Internship an extensive range of postgraduate accredited training is available.

Additionally, Barwon Health's commitment to Aboriginal health extends to include our soon to be released Reconciliation Action Plan, our Aboriginal Health Advisory Gathering and the Byermitj Aboriginal Events Committee any or all of which staff may elect to be involved in.

We have established community, education, employment and training relationships/partnerships with the

Wathaurong Aboriginal Co-operative, Deakin University (the School of Medicine and the Institute of Koorie Education) and the Gordon Institute of TAFE.

The successful and respectful engagement of Aboriginal people across our organisation will assist in developing our cultural responsiveness, promote the benefit of preventative health services and the importance of accessing health services at the earliest opportunity.

If you want to contribute to Closing the Health Gap for your mob and also want to be recognised, be challenged and be your best; then contact Barwon Health today.

For more information on Aboriginal and Torres Strait Islander employment and career opportunities please contact the Koorie Workforce Talent Acquisition Officer on T: +61 3 4215 0532 or E: [Smcguirk@barwonhealth.org.au](mailto:Smcguirk@barwonhealth.org.au).



## VALE PROFESSOR NEIL THOMSON

Professor Neil Thomson (Founding Director of the Australian Indigenous Health/*nfo*Net) passed away peacefully on the 24th January 2016 surrounded by his loving family. He was a passionate, brilliant, and generous man in his family and professional life.

Neil's long and distinguished career was dedicated to promoting and improving the health and well-being of the Aboriginal and Torres Strait Islander people. Neil's determination and long-term involvement in Aboriginal and Torres Strait Islander health began with his tertiary training in medicine, mathematics, anthropology and public health.

His foundation of more than 25 years' experience gave him the

credentials as a leading authority in the translation of Aboriginal and Torres Strait Islander health into practical strategies that informed policy and practice to deliver positive health outcomes.

In 1997, Neil was responsible for the establishment of the Australian Indigenous Health/*nfo*Net which, due to his pioneering efforts, is a nationally respected, innovative and award winning resource.

### ABOUT HEALTHINFONET

The Australian Indigenous Health/*nfo*Net is an internet resource that informs practice and policy in Indigenous health by making research and other knowledge accessible. In this way it contributes to 'Closing the Gap' in health between Aboriginal and Torres Strait Islander peoples and other Australians.

Working in translational research with a population health focus, Health/*nfo*Net makes research and other information available in a form that has immediate, practical utility for practitioners and policy-makers in Aboriginal and Torres Strait Islander health, enabling them to make decisions based on best evidence.

Visit **W:** [healthinfonet.ecu.edu.au](http://healthinfonet.ecu.edu.au), or you can contact Tara Hoyne via **T:** +61 8 9370 6109 or **E:** [t.hoyne@ecu.edu.au](mailto:t.hoyne@ecu.edu.au).

## NEW HEALTHINFONET RESOURCE: THE WOMEN'S HEALTH YARNING PLACE

Health/*nfo*Net has developed a Women's health Yarning Place in partnership with the Monash Centre for Health Research and Implementation (MCHRI).

The free online Yarning Place will facilitate closer connection for those working across the country in Aboriginal and Torres Strait Islander women's health in a variety of settings including health promotion, clinical care, health research and policy.

It also provides a space to share stories, successes and learnings.

Jacqui Boyle from MCHRI who oversaw the submission with the steering committee of the National Partnership for Indigenous Women's Health Research to the Potter Foundation (who funded the Yarning Place) said "Researchers, clinicians, policy makers and most importantly, women have identified the need for a national communication network.

"The Yarning Place enables groups to share collaborative opportunities and results in clinical and community programs, research, resources and success stories".

The Yarning Place, which is free to join, is now live and can be accessed on the Health/*nfo*Net web resource, or via **W:** [yarning.org.au/group/20](http://yarning.org.au/group/20).



'Women Sharing', Artist: Samantha Snow

## STUDENT INFORMATION

### KRUKI INDIGENOUS SUMMER SCHOOL

A pioneering summer school aimed at building confidence and motivation in students thinking about a career in medicine, commenced at the University of New England (UNE) in Armidale in November 2015.

The summer school was named by UNE Elder in Residence, Uncle Colin O'Hoy, in honour of the local Anaiwan language. Kruki, pronounced Croc-I, means medicine man.

Students were welcomed to UNE at the Oorala Aboriginal Centre by Uncle Colin, Oorala Director Greg Davidson, Head of School of Rural Medicine (SRM) Professor Steve Doherty along with Oorala and SRM staff.

Seven Aboriginal and Torres Strait Islander students (with parents/carers) from Years 9 to 12 attended Kruki, travelling from Broken Hill, Blue Mountains, Tamworth and Armidale. The students experienced a week in the life of a medical student at UNE, attending anatomy classes, Problem Based Learning tutorials, working on patient care, and also enjoying the University's facilities such as sport, the library and residential colleges.

A highlight of their week was the final simulated emergency (based on the Working Problem they had studied). The students visited the new teaching facilities at the Tablelands Clinical School in the Armidale Rural Referral Hospital. They were guided by Professor Steve Doherty (Emergency



L-R: Muriel Hunter suturing; Thelma Dauvunau suturing; Kruki Indigenous Summer School participants, parents and SRM Aboriginal staff members.

Physician), Emma Ratajczyk (Simulation Coordinator) and a simulated patient through an ED simulation, including stabilising the patient, wound dressing, and suturing.

Importantly the students visited local Aboriginal Health Services and met Aboriginal Health Workers, finding out more about local health programs. This gave the students an opportunity to think about Problem Based Learning activities within an Aboriginal and Torres Strait Islander context.

Aboriginal Academic Lecturer in the School of Rural Medicine, Ms Lisa Shipley and Aboriginal Support Officer Shannon Smith said "the purpose of the week is to build confidence and motivation among those who might be considering medicine as a career path and demystifying the study of medicine for our young people."

"We are also keen to demonstrate to parents the kind of support available through UNE's Oorala Aboriginal Centre and the SRM".

The Kruki Indigenous Summer School is part of a broader strategy, at UNE's School of

Rural Medicine, led by Associate Professor Amanda Nagle and funded by a Higher Education Participation and Partnership Programme grant from the Australian Government Department of Education and Training.

The aim is to increase the recruitment and retention of Aboriginal and Torres Strait Islander students from regional and rural areas enrolling in the Joint Medical Program (a partnership with the University of Newcastle, Hunter New England Health District and Central Coast Local Health District). UNE'S SRM is set to welcome and support three new Aboriginal and Torres Strait Islander medical students into Year 1 in 2016, and planning has started for the organisation of "Kruki 2016".

*"I never would of thought of medicine for a career because it just seemed to be a career for the academically gifted, but Kruki taught me that anyone can do it as long as you give it your all."* - Cody McGrady Franks

For more information on the program please contact Lisa Shipley E: [lshiple4@une.edu.au](mailto:lshiple4@une.edu.au).

## BUILDING THE PIPELINE TO THE NORTHERN TERRITORY MEDICAL PROGRAM: KATHERINE FUTURE STARS!

In 2015, Flinders Northern Territory decided to actively engage in building the Indigenous medical student pipeline by establishing a sciences award for Year 10 and 11 students at high school who have shown interest and progress in sciences topics.

In November 2015, St Joseph Catholic College in Katherine celebrated the achievements of their pupils. Principal Dennis Graham and Deputy Principal Beverley Hayes invited Flinders University to present the Flinders Northern Territory Science awards to three pupils in Year 10.

The award recipients were Debra Pappberll, Lloyd Raymond and Elmore Anzac.

Ian Lee, a Year Three Northern Territory Medical Program student on placement in Katherine for 20 weeks, presented the awards and had a chat to the pupils, encouraging them in their future endeavours.

This year is the first time Flinders Katherine and St Joseph Catholic College have collaborated on two projects, the Flinders Science Awards for Indigenous Pupils and a Speech Pathology Student-led Clinic at the college, to assist pupils with language and speech difficulties.

In Katherine we believe that a strong community-campus partnership for varied projects and programs, with local

educational organisation, is the key to build capacity and confidence in our local pupils. This capacity and confidence will support them to undertake further studies and fulfil some of their dreams - and they are many!

For more information please contact E: [pascale.dettwiller@flinders.edu.au](mailto:pascale.dettwiller@flinders.edu.au).



The recipients receiving their awards.

## STUDENTS TAKE A STAND TO CLOSE THE GAP

Danielle Dries, Indigenous Health Officer for the National Rural Health Student Network

Aboriginal and Torres Strait Islander health issues will be at the fore as the National Rural Health Student Network celebrates its 21st birthday this year. The student network is hosting a 21st event in Canberra on 17 March, coinciding with National Close the Gap Day.

We will be showcasing innovation in rural health and how it can make a difference to the lives of Indigenous Australians.

Meanwhile, our member Rural Health Clubs will be holding local events at universities across Australia to mark the day.

The ARMS Rural Health Club at ANU is running a conference on Indigenous health while clubs like MIRAGE (Sydney), RUSTICA (Tasmania) and ROUNDS (Notre Dame) are having Close the Gap barbeques and pledge-signing.

As a network, we will continue to advocate for improvements to Aboriginal and Torres Strait Islander health. Specifically, we want to see more opportunities for Indigenous students to pursue health careers. We also want to encourage culturally responsive health graduates through the provision of a quality Aboriginal and Torres Strait Islander health curriculum for all health students.

Our 21st theme of innovation in healthcare is particularly relevant.

As students, we want to train and work in a patient-focused, needs-based environment that makes the best of technology, education and health promotion.

That means making quality healthcare accessible for all Australians.

The National Rural Health Student Network brings together more than 9,000 medical, nursing and allied health students who belong to 28 university Rural Health Clubs.

If you are a former Rural Health Club member, and you'd like to be involved in our 21st celebrations, we'd love to hear from you.

Please email E: [nrhsn@rhwa.org.au](mailto:nrhsn@rhwa.org.au) or call T: +61 3 9860 4700.

# STUDENT INFORMATION

## POCHE CENTRE INDIGENOUS PHD FAMILIARISATION PROGRAM 2016

The Melbourne Poche Centre for Indigenous Health will be running its second Indigenous PhD Familiarisation Program in August 2016.

The Familiarisation Program, held to facilitate the development of prospective Indigenous graduate research students at the University of Melbourne, will run from 8-10 August 2016. Expressions of interest to attend this fully-funded program will open in mid-April and close 6 June 2016.

Established in 2014, the Melbourne Poche Centre for Indigenous Health seeks to become Australia's preeminent training and development program for emerging and established Indigenous leaders.

The Centre provides support and opportunities for graduates, emerging leaders and



established leaders in health to grow their influence and network, and mobilise an agenda for change in their field of health practice.

For more information on the Familiarisation Program, including a report on last year's workshops (pictured), please visit

W: [indigenousresearch.unimelb.edu.au](http://indigenousresearch.unimelb.edu.au).

## AIDA STUDENT RESOURCES

The Australian Indigenous Doctors' Association (AIDA) Student Representative Committee (SRC) comprises Indigenous medical student representatives from most Australian medical schools. They are leaders among AIDA's Indigenous medical student membership and provide advice and guidance to AIDA on the development of initiatives that support medical students through their medical journeys.

The role of the AIDA SRC is to represent their Indigenous medical student peers to AIDA. Student representatives also represent AIDA at the university, community and national level.

The SRC provide advice to AIDA on issues that affect Indigenous medical students, such as medical curriculum and Indigenous student support.

The SRC also provides input into AIDA's policy and advocacy work, such as AIDA's Research Agenda and Cultural Safety.



The SRC are leaders amongst AIDA's Indigenous medical student membership and provide advice and guidance to AIDA on the development of initiatives that support our growing membership.

The SRC has produced two resources for Indigenous medical students.

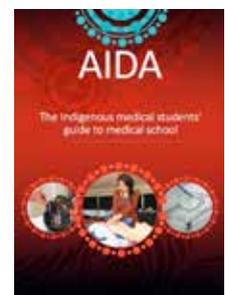
The *Indigenous Medical Students Guide to Internships* was published in 2013, and the *Indigenous Medical Students Guide to Medical School* was published in 2014.

The *Indigenous Medical Students Guide to Internships* provides an

online resource for Aboriginal and Torres Strait Islander students to assist in preparing applications for medical internship, and includes profiles of interns and state-based information on internships and application processes.

The *Indigenous Medical Students Guide to Medical School* is a compilation of lessons learned first-hand, and of tips and tricks for starting, and completing, medical school. There are many 'guides to medical school' released in Australia by other organisations, but this is the only one written for Indigenous medical students, by Indigenous medical students.

You can find the resources on the AIDA website at W: [aida.org.au](http://aida.org.au).



## SCHOLARSHIPS AND GRANTS

### [John Flynn Placement Program \(JFPP\) - register your interest!](#) Closes: 30 March 2016

It's the exciting time of the year again where medical students interested in rural and remote medicine have the chance to register to apply for the popular John Flynn Placement Program (JFPP).

An initiative of the Australian Government and administered by the Australian College of Rural and Remote Medicine (ACRRM), the unique program allows medical students to experience rural life as a doctor in a rural or remote community in Australia.

The students spend eight weeks over a period of four years in the community under the guidance of an experience rural doctor.

The students are generally matched with a community host and contact, to help them become part of the community and truly experience rural life.

As part of JFPP, the student also will receive paid travel and accommodation, and a stipend to cover incidentals associated with the placement. To view if you are eligible or to apply for JFPP visit the website and register your interest.

If you have any questions about JFPP, the registration and application process, please contact the JFPP team via E: [jfpp@acrrm.org.au](mailto:jfpp@acrrm.org.au) or T: 1800 231 231.

W: [acrrm.org.au](http://acrrm.org.au).

### [The RACP President's Indigenous Congress Prize](#) Closes: 25 March 2016

The Royal Australasian College of Physicians (RACP) is offering the RACP President's Indigenous Congress Prize to medical students, junior medical officers and physician trainees who identify as being of Aboriginal, Torres Strait Islander or Māori descent.

The purpose of this initiative is to: provide educational opportunity; network with peers and meet healthcare professionals; develop an awareness of career opportunities as a physician and activities of RACP; raise awareness of work being done by RACP to help Close the Gap; support understanding of the health of Aboriginal, Torres Strait Islander and Māori peoples. The Prize will support attendance at this year's RACP Congress 2016 in Adelaide from 16–18 May.

W: [racp.edu.au](http://racp.edu.au).

### [Aborigines Advancement League Grant](#) Closes: 31 March 2016

Study Grants are available for Australian Indigenous and Torres Strait Islander students of the University of South Australia and Flinders University who are enrolled full-time in a postgraduate or medical degree and are permanent residents of South Australia.

Recipients will be determined by Grade Point Average, a written statement; a supporting statement from the applicant's

program director, course coordinator or supervisor; and economic need of the applicant. The value is AU\$5,000 per annum to a maximum of AU\$10,000. Contact Chris Crabbe, Advancement Services, T: +61 8 8302 7634 or E: [foundation.officer@unisa.edu.au](mailto:foundation.officer@unisa.edu.au).

W: [w3.unisa.edu.au/scholarship](http://w3.unisa.edu.au/scholarship).

### [Bendi Lango Bursaries for Aboriginal and Torres Strait Islander Postgraduate Psychology](#) Closes: Friday, 1 April 2016

Applications are now open for the Bendi Lango initiative, established by the Australian Psychological Society to support postgraduate psychology students of Aboriginal and Torres Strait Islander descent.

Each award is valued at AU\$15,000 per annum in either a Masters coursework degree (MPsych) or professional Doctorate (DPsych or PsychD).

W: [psychology.org.au/awards](http://psychology.org.au/awards).

### [Indigenous Dental Hygienist Student Study Grants](#) Closes: 30 April 2016

The Australian Dental Association Foundation (ADAF) is offering up to 5 study grants to students of Aboriginal or Torres Strait Islander background who are undertaking a course of study that will lead to registration as a dental hygienist.

W: [adaf.org.au/grants-scholarships](http://adaf.org.au/grants-scholarships).

## NEWS

### AUSTRALIAN INDIGENOUS DOCTORS' ASSOCIATION UPDATE

The start to 2016 has been a very busy time for AIDA and we are looking forward to a busy and productive year.

AIDA's signature professional networking event, AIDA 2016 will be held in Cairns on 14-17 September 2016 with the theme 'A journey of strength and resilience'. The abstract submission process is now open and can be submitted until 15 April 2016.

We hope AIDA 2016 will again connect and inspire our members and key stakeholders to maintain the momentum to grow more Aboriginal and Torres Strait Islander doctors.

AIDA would like to encourage our colleagues and partners to support AIDA 2016 by widely promoting the event amongst their networks and where possible, through sponsorship, attendance and presentations.

AIDA 2016 will provide a culturally safe and stimulating professional networking and development event that showcases the strength, resilience and contribution of Indigenous medical students and doctors to the medical profession.

AIDA is continuing to represent across the sector on approximately 30 national

committees, such as the Aboriginal and Torres Strait Islander Health Workforce Working Group, the Close the Gap Steering Committee, National Health Leadership Forum, GP Roundtable, National Medical Training Advisory Network, AMA committees, Medical Colleges' Indigenous Health Committees and the Committee of Presidents of Medical Colleges.

We are also engaging with our networks on cultural safety such as preparing and delivering presentations on cultural safety to numerous national peak-body and College conferences.

The AIDA President, Dr Kali Hayward recently presented at the annual conference of the Australasian College of Sports Physicians on 14 February.

AIDA also continues to provide policy submissions to issues concerning Aboriginal and Torres Strait Islander health and well-being, most recently on the issue of GP Salary Support.

Since late 2015, AIDA has also provided submissions to the MBS Review, HETI's Draft Postgraduate Year One Interim Curriculum, the National Health Performance Authority's review of the Performance and Accountability Framework indicators, and input

into a joint submission led by CATSINaM on aged care issues.

In December 2015, AIDA signed an MOU with the Australian Medical Students' Association (AMSA) to support Aboriginal and Torres Strait Islander students' governance and productive working relationships between AIDA and AMSA.

Our Student Representative Committee (SRC) will work with AMSA in 2016 to develop an online resource that will support medical students in dispelling some of the common myths around Aboriginal and Torres Strait Islander health and alternative pathways into university.

The AIDA SRC recently met in Canberra on 26-27 February to outline the priorities for the year and for some – meet each other for the first time. It was a very collegiate and productive two days.

Finally – the AIDA CEO, Ms Kate Thomann has recently announced her resignation to return to her public service career. A process to recruit a new CEO is underway.

To submit an abstract for the AIDA Conference, please visit the website **W:** [abstracts.aida.org.au](http://abstracts.aida.org.au).



The Australian Indigenous Doctors' Association Ltd

*Yaga Bugaul Dungun*

## THANK YOU TO KATE THOMANN - AIDA

AIDA Reports that 'AIDA Chief Executive Officer, Ms Kate Thomann, will resign from her position after 18 months in the role. Ms Thomann has been on secondment from the Australian Public Service and will return to that role. AIDA will shortly be recruiting to fill the position of CEO and the Board has formed a Panel to search for a successor to Ms Thomann.

'Ms Thomann has been tireless in her leadership of AIDA and leaves the organisation in a strong position, with the highest number of members in its history. From this base, AIDA can continue to grow the capacity of Indigenous doctors and medical students.

'AIDA continues to participate on over 30 committees nationally and regularly engage with stakeholders across the medical education and training continuum on a multitude of issues.'

The LIME Network would like to thank Kate for her work over the past 18 months, during which LIME and AIDA have collaborated on a number of activities, including LIME Connection VI in Townsville. We look forward to continuing the work set out in the collaboration agreement with AIDA and Medical Deans Australia and New Zealand

We wish Kate the best of luck for her return to the public service and her future work.

## VALE DR BLAISDELL

The LIME Network wishes to extend condolences to the family, friends and colleagues of Dr Richard Kekuni Blaisdell, who passed away in February 2016. Dr Blaisdell was a Professor Emeritus of medicine at the University of Hawai'i, and a longtime organizer in the Hawaiian Sovereignty Movement. He was loved and respected by his colleagues and friends, and made a significant contribution to Native Hawaiian and Indigenous health, as well as Indigenous education.

At LIME Connection III in 2007, Dr Blaisdell was scheduled to present the Opening Plenary Address on '*Pono Ka Ho'ona'auao Ola Maoli (Pono Indigenous Health Education)*', however ill health prevented him from travelling to Australia to attend the conference at very short notice. We are very sorry to hear about this loss to the Indigenous health education community.

## VALE PROFESSOR CHAN

We are incredibly sad to report that our colleague and friend Professor Li Chong (LC) Chan passed away late in 2015. The LIME Network will remember LC as a vibrant and kind collaborator, who brought warmth and openness to his work. LIME Network members will particularly remember his outstanding keynote address '*Medical humanities and the*

*restoration of humanistic care to patients and community*', at LIME Connection V in Darwin, 2013.

LC was farewelled in Hong Kong in January, with LIME Network colleagues in attendance. We would like to extend our condolences to his family, friends and colleagues.

## CONFERENCES AND EVENTS

### [Ottawa and ANZAHPE 2016](#) Perth, WA, 9-23 March 2016

The 17th Ottawa Conference and Australian and New Zealand Association of Health Professional Educators (ANZAHPE) 2016 Conference will focus on a continuum of health professions education and assessment, in sessions covering undergraduate, graduate and continuing education.

W: [ottawa2016.com](http://ottawa2016.com).

### [National Close the Gap Day National, 17 March 2016](#)

Every year people are encouraged to hold their own event on National Close the Gap Day to raise awareness about the 10-17 year life expectancy gap between Indigenous and non-Indigenous Australians. The Close the Gap campaign has achieved an enormous amount with community support.

W: [oxfam.org.au/what-we-do/indigenous-australia/national-close-the-gap-day](http://oxfam.org.au/what-we-do/indigenous-australia/national-close-the-gap-day).

### [Harmony Day National, 21 March 2016](#)

Harmony Day is a day of cultural respect for everyone who calls Australia home – from traditional owners of this land to those who have come from around the world. By participating in Harmony Day activities, people can learn and understand how all Australians from diverse backgrounds equally belong to this nation and enrich it.

W: [harmony.gov.au](http://harmony.gov.au).

### [World Indigenous Cancer Conference 2016](#) Brisbane, QLD, 12-14 April 2016

The inaugural World Indigenous Cancer Conference 2016 (WICC) is hosted by Menzies School of Health Research, in partnership with the International Agency for Research on Cancer (IARC). The theme is 'Connecting, Communicating and Collaborating across the Globe'. Participants including researchers, public health practitioners and clinicians, nurses, allied health and other related professionals, advocacy groups, and Indigenous community groups and leaders from around the globe are encouraged to attend.

W: [ccm.eventsair.com/2016-world-indigenous-cancer-conference](http://ccm.eventsair.com/2016-world-indigenous-cancer-conference).

### [11th International Medical Education Conference \(IMEC\)](#) Kuala Lumpur, Malaysia, 20-22 April 2016

IMEC 2016 is a 3-day interactive conference featuring internationally renowned speakers and trainers, covering a wide range of topics related to the impact and outcome of culture and values in the education and practice of health professionals.

IMEC 2016 is also a platform for educational innovators to present their innovations for the Ron Harden Innovation in Medical Education (RHIME) Award.

W: [imu.edu.my/imec/index.php](http://imu.edu.my/imec/index.php).

### [Rural Doctors Workforce Agency Annual Rural Health Conference](#) Adelaide, SA, 13 May 2016

Save the date for the Rural Doctors Workforce Agency (RDWA) Annual Rural Health Conference 2016.

W: [nrhsn.org.au/events](http://nrhsn.org.au/events).

### [NTGPE Compass Teaching and Learning Conference 2016](#) Darwin, NT, 13-15 May 2016

Save the date for the NTGPE Conference. You can visit the website for more information.

W: [ntgpe.org/events/1013](http://ntgpe.org/events/1013).

### [National Sorry Day National, 26 May 2016](#)

Sorry Day is a significant day for Aboriginal and Torres Strait Islander peoples, particularly for Stolen Generations survivors. In 1998 the first 'Sorry Day' was held in Sydney, and it is now commemorated across Australia, with thousands participating in memorials and events.

W: [nsdc.org.au](http://nsdc.org.au).

### [National Reconciliation Week National, 27 May-3 June 2016](#)

Reconciliation Week is a time to join the reconciliation conversation and reflect on shared histories/achievements. It celebrates respectful relationships between Aboriginal and Torres Strait Islander people and other Australians.

W: [reconciliation.org.au](http://reconciliation.org.au).

Mabo Day  
National, 3 June 2016

Mabo Day is held nationally on 3 June to celebrate the life of Eddie Koiki Mabo. Learn more via VACHHO.

W: [vaccho.org.au](http://vaccho.org.au).

ICEMEN 2016  
Sault Ste. Marie, Ontario, Canada  
20-25 June 2016

ICEMEN 2016 is a five-day conference exploring themes of social accountability and community engagement in medical education and research.

Specifically, ICEMEN will investigate how community-driven health education and research builds healthy communities. The full ICEMEN 2016 Conference comprises of:

- Conference on the Move, 20-21 June

This bus excursion will showcase several community partners. Among other activities, delegates will experience Canadian wilderness medicine, local cuisine, and Aboriginal culture.

- Indigenous Research Gathering, 23-24 June

The Indigenous Research Gathering will bring together Aboriginal Community Partners and researchers to discuss 'Ways Tried and True' for deep and sustained collaboration with Aboriginal Communities.

- Northern Health Research Conference, 24-25 June

The Northern Health Research

Conference explores research activities arising from community-based activities and highlights projects under way from students, residents, and community-based researchers.

The conference provides opportunities for collaboration and networking.

W: [icemen2016.ca](http://icemen2016.ca).

AMA QLD Third Annual Junior Doctor Conference  
Brisbane, QLD, 25-26 June 2016

Save the date! For more information please visit the Australian Medical Association of Queensland (AMAQ) website.

W: [amaq.com.au](http://amaq.com.au).

Aboriginal Health Conference  
Perth, WA, 2-3 July 2016

The conference theme, The Youth of Today, the Elders of Tomorrow, will be addressed through presentations, clinical updates, workshops, hands-on sessions and learning opportunities that are professionally accredited.

Abstract submissions for oral and e-poster presentations are invited. Abstracts about research and projects across all areas of Aboriginal health, community engagement, education and workforce development are sought. **Abstracts are due 4 April 2016.**

W: [ruralhealthwest.com.au](http://ruralhealthwest.com.au).

Melbourne Poche Centre PhD Familiarisation Program  
Melbourne, Vic, 8-10 Aug 2016

The Melbourne Poche Centre will hold a Familiarisation Program for potential PhD students in August. Visit the Poche Centre website to read about the 2015 program outcomes and to get in touch if you would like to apply for 2016.

W: [poche.mdhs.unimelb.edu.au](http://poche.mdhs.unimelb.edu.au).

AIDA 2016 – A Journey of Strength and Resilience  
Cairns, QLD, 14-17 Sept 2016

AIDA 2016 will be an opportunity to bring together our members, guests, speakers and partners from across the sector to recharge and reflect on the importance of strength and resilience in continuing to grow the number of Aboriginal and Torres Strait Islander medical students, doctors, medical academics and specialists.

W: [aida.org.au](http://aida.org.au).

The Lowitja Institute International Indigenous Health and Wellbeing Conference  
Melbourne, Vic, 8-10 Nov 2016

The conference will celebrate, share and strengthen Indigenous knowledges and bring together Indigenous people from around the world. Underpinned by a strong cultural framework, the conference will connect our peoples, and others committed to working with us, to shape our future. **Abstracts due 28 March.**

W: [lowitjaconf2016.org.au](http://lowitjaconf2016.org.au).

## PUBLICATIONS AND RESOURCES

For more publications visit the [LIME Network Resources Hub](#).

### [Aboriginal and Torres Strait Islander Health Curriculum Framework](#)

Australian Government  
Department of Health, 2016.

The Aboriginal and Torres Strait Islander Health Curriculum Framework has been developed to address the variability amongst all health professions and higher education providers in terms of the nature and extent to which Aboriginal and Torres Strait Islander curriculum is being implemented.

W: [health.gov.au](http://health.gov.au).

### [Assessing compliance with Aboriginal & Torres Strait Islander health research guidelines within systematic reviews](#)

MacLean S, Ritte R, Thorpe A, Ewen S & Arabena K, 2015.

Australian research guidelines emphasise that research into Australian Aboriginal and Torres Strait Islander health should be conducted in accordance with specific principles. These include: involvement of Indigenous people; making findings accessible; and ensuring that communities benefit from studies in which they participate. Nonetheless, these features are not measured by existing quality appraisal / risk of bias assessment tools that are designed for use in systematic reviews. We report here on the development and trial of a tool for use in systematic reviews of Indigenous health interventions.

W: [healthbulletin.org.au](http://healthbulletin.org.au).

### [Close the Gap Progress and Priorities Report 2016](#)

Close the Gap Steering Committee, Australian Human Rights Commission, 2016.

This report is a collaborative effort of the Close the Gap Campaign Steering Committee. Funding for, and project management of, the report was provided by Oxfam Australia. It reports on progress of the Close the Gap Campaign to achieve Aboriginal and Torres Strait Islander health equality (as measured by life expectancy equality) by 2030. The 2016 report features a citation on the LIME Network Program (see p4).

W: [humanrights.gov.au](http://humanrights.gov.au).

### [Closing the Gap Prime Minister's Report 2016](#)

Department of Prime Minister and Cabinet, Australian Government, 2016.

This 2016 Closing the Gap report shows, as in previous years, that there have been mixed levels of success in meeting the targets set by the Council of Australian Governments (COAG) in 2008. The report shows that, while progress against a number of the targets has been limited, the actions taken over recent years are making a difference.

The data summarised in this report provides valuable insight into where the need is greater and what strategies are most effective.

W: [dpmc.gov.au](http://dpmc.gov.au).

### [National Close the Gap Day Resource](#)

Oxfam Australia and Lynore Geia, 2016.

For Close the Gap Day (17 March), Oxfam Australia provide resources for your event, including a video highlighting Indigenous health on Palm Island with Lynore Geia.

W: [oxfam.org.au](http://oxfam.org.au).

### [Mildura Welcome Baby to Country: A strengths based approach to Aboriginal community wellbeing](#) Gilby R & Antoine J, Monash University, 2015.

Despite colonisation, Aboriginal people have determinedly maintained cultural practices and knowledge. We describe the process of reinvigoration of a Ceremony of Welcoming Babies to Country and the wellbeing impacts for those involved.

W: [med.monash.edu.au](http://med.monash.edu.au).

### [The Aboriginal Cultural Safety Initiative: An innovative health sciences curriculum in Ontario colleges and universities](#) Shah C & Reeves A, Int Journal of Indigenous Health 2015.

The Aboriginal Cultural Safety Initiative (ACSI) created at Anishnawbe Health Toronto offers an innovative curriculum to address gaps in postsecondary health sciences curricula in this area for future healthcare providers.

W: [journals.uvic.ca](http://journals.uvic.ca).

## 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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